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TITLE 2. ADMINISTRATION

CHAPTER 10. DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT DIVISION

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Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

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Questions about these rules? Contact:

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The release of this Chapter in Supp. 24-2 replaces Supp. 22-3, 1-10 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 2. ADMINISTRATION

CHAPTER 10. DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT DIVISION

Authority: A.R.S. § 41-621 et seq.

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Chapter heading revised at request of Department, Office File No. M11-239, filed July 8, 2011 (Supp. 11-3).

Laws 1983, Ch. 98, 121, transferred authority for Risk Management Services to the Director of Administration effective July 27, 1983.

Article 1 consisting of Sections R2-10-101 through R2-10-105; Article 2 consisting of Sections R2-10-201 through R2-10-204; Article 3 consisting of Sections R2-10-301 through R2-10-304 adopted effective July 27, 1983.

Former Sections R2-10-01 through R2-10-05, R2-10-50 through R2-10-53, R2-10-100 through R2-10-103 renumbered and readopted with conforming changes.

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ARTICLE 1. COVERAGE AND CLAIMS PROCEDURE**R2-10-101. Definitions**

The following definitions apply in this Chapter unless the context otherwise requires:

1. "Agency" means a state department, board, or commission.
2. "Agency loss prevention committee" means a panel of individuals established by the head of an agency to develop and oversee the agency's loss prevention program.
3. "Agency loss prevention coordinator" means an individual chosen by the head of an agency to implement the agency's loss prevention program and who is the agency's liaison with Risk Management.
4. "Attorney General's Office" means the Liability Management Section of the Attorney General's Office assigned to defend claims covered by A.R.S. § 41-621.
5. "Client" means an individual in custodial care of a provider through contract or court order with a state agency through programs listed in A.R.S. § 41-621(B).
6. "Confined space" has the meaning of 29 CFR 1910.146(b) Occupational Safety and Health Standards for General Industry, The Industrial Commission of Arizona, Division of Occupational Safety and Health, February 1, 1998, which is incorporated by reference in this Chapter. This incorporation by reference does not include any later amendments or editions. Copies of the incorporation by reference are available for inspection at the Industrial Commission of Arizona, 800 West Washington, Phoenix, Arizona and in the Office of the Secretary of State, Public Service Department, 1700 West Washington, Phoenix, Arizona.
7. "Contaminant" means a substance that is radioactive, infectious, carcinogenic, toxic, irritant, corrosive, sensitizer or an agent that damages the lungs, skin, eyes, mucous membranes, and other body organs.
8. "Data Breach" means any theft, loss, or unauthorized acquisition, unauthorized access to, or unauthorized disclosure of nonpublic data or information or hardware containing nonpublic data or information, in the insured's care, custody, or control, that does or may compromise the privacy, security, confidentiality, or integrity of such data or information.
9. "Deductible" means the amount of a loss that the agency will pay before Risk Management is obligated to pay anything.
10. "Department" means the Department of Administration, an agency of the State of Arizona.
11. "Emergency" means an immediate health threat.
12. "Environment" means navigable waters, surface waters, groundwater, drinking water supply, land surface or subsurface strata, and ambient air, within or bordering on this state.
13. "Environmental Contractor" means a company hired by the state to conduct environmental site investigations and remediation work.
14. "Environmental property claim" means a demand or payment resulting from chemical or biological damage to the environment.
15. "Ergonomics" means a science of the relationship between human capability and the work environment, which the Department uses to design a job, task, equipment, or tool to conform comfortably within the limits of human capability.
16. "Feasibility study" means a remediation plan based upon a site investigation to clean up a contaminated site by an environmental contractor.
17. "Geophysical survey" means a radar, magnetic, electric, gravity, thermal, or seismic survey.
18. "Groundwater" means water beneath the ground in sediments or permeable bedrock.
19. "Hazardous substance or waste" means hazardous waste as defined in A.R.S. § 49-921(5).
20. "Health threat" means evidence that exposure to a specific type and concentration of contaminant is harmful to human health. This evidence shall be based on at least 1 study conducted by the National Institute of Occupational Safety and Health or the Environmental Protection Agency in accordance with established scientific principles.
21. "Incident" means an event involving an agency employee, facility, or equipment that results in an occupational injury or illness, personal injury, or loss of or damage to state property, or an event involving the public that exposes the state to a liability loss.
22. "Loss prevention" means any action or plan intended to reduce the frequency and severity of property, liability, or workers' compensation losses.
23. "Occurrence" means an accident, incident or a series of accidents or incidents arising out of a single event or originating cause and includes all resultant or concomitant insured losses.
24. "Passenger van" means any motor vehicle designed, modified, or otherwise capable of being configured to carry not less than 8 passengers and no more than 15 passengers.
25. "Personal protective equipment" means any clothing, material, device, or equipment worn to protect a person from exposure to, or contact with, any harmful material or force.
26. "Provider" means an individual or entity authorized to provide services to state clients as outlined in A.R.S. § 41-621(B) that is not contractually required to indemnify and hold the state harmless.
27. "Remedial action" or "remediation" means the process of cleaning up a hazardous substance or waste site by an environmental contractor.
28. "Risk Manager" means the Administrator for the State Risk Management Program.
29. "Risk Management" or "RM" means the State Risk Management Program.
30. "Security Incident" means an event that creates a reasonable suspicion that nonpublic data or information, or hardware containing nonpublic data or information, in the insured's care, custody, or control, may have been compromised, or that measures put in place to protect such data or information may have failed.
31. "Security System Breach" means any unauthorized access to, unauthorized use or misuse of, damage, deletion, or modification to, or denial of authorized access to, a computer system within the care, custody, or control of the insured, by cyber-attacks, through any electronic means, including malware, viruses, worms, and Trojan horses, spyware and adware, zero-day attacks, hacker attacks, and denial of service attacks.
32. "Self-insurance" means state-provided loss protection for an agency, employee, or other person or entity who is insured through RM funds.

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33. "Site assessment" means the process of completing and assessing a site investigation and a feasibility study.
34. "Site investigation" means a detailed examination by an environmental contractor of an area of a building or ground suspected of being contaminated with a hazardous substance or waste.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Former Section R2-10-101 repealed, new Section R2-10-101 adopted effective June 12, 1989 (Supp. 89-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended effective September 15, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Amended by final rulemaking at 23 A.A.R. 3239, effective January 8, 2018 (Supp. 17-4). Section amended by final rulemaking at 30 A.A.R. 1941 (May 31, 2024), effective July 6, 2024 (Supp. 24-2).

R2-10-102. Reporting Procedures

- A. Any agency, provider, or other person or entity insured pursuant to A.R.S. § 41-621 shall report a property loss, liability claim, or incident that may give rise to a claim under A.R.S. § 41-621 to RM as follows:
 1. A physical injury within 1 day of the incident orally, in writing, or by electronic means.
 2. Property damage expected to exceed \$10,000 within 1 day of the incident orally, in writing, or by electronic means.
 3. Property loss expected to exceed \$10,000 within 1 day of the incident orally, in writing, or by electronic means.
 4. Except for the Board of Regents and State Universities, a data breach, security system breach or security incident orally or in writing to the ADOA Chief Information Officer within 72 hours of the incident or when the agency should have reasonably known of the incident. For the Board of Regents and State Universities, a data breach, security system breach or security incident orally or in writing to the ADOA Risk Manager within 72 hours of the incident or when the agency should have reasonably known of the incident.
 5. All other claims or incidents within 10 days of the incident in writing or by electronic means.
- B. Any agency, officer, employee, or other person or entity insured pursuant to A.R.S. § 41-621, who receives a claim, notice, summons, complaint or other process by any claimant or representative shall immediately forward the claim to RM. This applies to all claims for injuries or damages whether the reporting party believes there to be a factual basis for the claim, but excludes contract lawsuits or other matters not covered under A.R.S. § 41-621.
- C. Anyone who is insured pursuant to A.R.S. § 41-621 shall cooperate in accordance with A.R.S. § 41-621(N) with RM and the Attorney General's office or other counsel appointed by the Attorney General to represent the insured, including providing all information and materials requested to investigate and resolve a claim.
- D. An agency shall submit a report of a loss on the following RM forms:
 1. A loss involving a state-owned vehicle or a state driver on the "Automobile Loss Report". Information required includes: the agency involved, facts of the incident, the vehicles involved, description of injuries to individuals,

names of witnesses, and the police agency that investigated the incident.

2. A loss involving private property damage, or injury to a member of the public as a result of alleged acts or omissions of a state officer, employee, or other person insured pursuant to A.R.S. § 41-621, other than a loss arising out of use of a motor vehicle, on a "General Liability Report". Information including the agency and employees involved, facts of the incident, name of the claimant, and description of the claimant's injuries, witnesses to the incident, and the name of the police agency that investigated the incident.
3. A loss to state property, whether personal property (other than motor vehicles) or real property, on the "Property Loss Report". Information includes the agency and employees involved, facts of the incident, description of the damaged property, the party responsible for the loss, names of witnesses, and the police agency investigating the loss.
4. A loss to employee-owned property covered under A.R.S. § 41-621(A)(4) on the "Property Loss Report". Information necessary to document the loss and calculate the actual dollar value of the claim is required. In addition, the employee shall submit a copy of any written agreement between the employee and the employing state agency authorizing the use of the employee-owned property on the job, and a copy of the Personal Property Inventory form (PROPINV) maintained by the employing state agency.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Section amended by final rulemaking at 30 A.A.R. 1941 (May 31, 2024), effective July 6, 2024 (Supp. 24-2).

R2-10-103. Liability Claim Procedures

- A. RM shall investigate all reported liability claims to determine coverage. RM shall notify the appropriate insurance carrier, if applicable, and evaluate the merits of self-insured claims and coordinate defense and settlements under A.R.S. § 41-621.
- B. State employees shall direct all contacts concerning any liability claim against the state, its agencies, officers, agents, or employees by a third party to RM, the Attorney General's office, or an independent contractor representing either of those offices.
- C. Unless authorized by law, an agency, officer, or employee shall obtain prior approval from the Risk Manager or Attorney General's office before disclosing oral discussions, written reports of claims, or lawsuits to anyone other than state-authorized personnel. Prior permission for each discussion or report is necessary to comply with this subsection.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Section amended by final rulemaking at 30 A.A.R. 1941 (May 31, 2024), effective July 6, 2024 (Supp. 24-2).

R2-10-104. Self-insured Property Claim Procedures

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- A. RM shall not cover a property loss covered under the terms of the state's self-insurance program for state agencies if the loss is not reported to RM as required by R2-10-102(A), or is reported later than 90 days following discovery of the incident. RM shall cover a property loss only if there is proper documentation as to the cause and dollar amount of the loss. RM shall only cover those claims with documentation submitted to RM within 1 year of the date of discovery. If a loss to a building or structure requires more than one year to repair or replace, the Risk Manager may grant an extension of time to document the amount of the loss. An agency shall submit a request for an extension in writing to the Risk Manager no later than 11 months from the date of loss. The request shall contain clear justification for the delay, and a projected date of completion.
- B. RM shall investigate all reported property claims to determine coverage (and notify the appropriate excess insurance carrier if applicable) and coordinate settlements under A.R.S. § 41-621.
- C. RM or, upon request, the agency involved, shall obtain competitive bids for the necessary repairs or replacement. RM shall authorize and approve all repair or replacement.
- D. RM shall review and approve consulting services, when required of a architect or engineer who are advising the state on the repair, replacement, or construction of state buildings that have been partially or totally damaged and that are to be paid for by RM funds.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12 1989 (Supp.89-1). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2).

R2-10-105. Employment Discrimination Claim Procedures

- A. Upon receipt of a notice of discrimination charge, the agency or employee shall:
 - 1. Within 7 days, send a copy of the charge to RM and the Attorney General's office.
 - 2. Contact the Attorney General's office for any required legal assistance during the administrative process.
 - 3. Provide to RM a completed copy of any response, prior to filing. RM shall review the information contained in the response and assist in resolution during administrative process.
- B. The agency shall provide a copy of a decision or Right to Sue Letter to RM within 7 days.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-2). Former Section R2-10-105 renumbered to Sections R2-10-106 and R2-10-107, new Section R2-10-105 renumbered from R2-10-106 and amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2).

R2-10-106. State-owned Property Coverage and Limitations

- A. The Department provides property loss coverage for state-owned buildings on a replacement-cost basis for items actually replaced or repaired. Property loss coverage for state-owned personal property is replacement cost less depreciation. For

agencies with a total appropriated and non-appropriated budget of less than \$1 million, property claims will be subject to a \$100 per occurrence deductible. A property deductible of \$2,500 per occurrence shall apply to all other agencies.

- a. Subrogation collections shall reimburse the fund from which a deductible was paid up to the amount of the deductible and on a primary basis.
- b. No deductible shall apply to property loss coverage afforded in accordance with A.R.S. § 41-621(B).
- B. RM shall not include the cost of labor in property loss reimbursement if state employee labor cost for repair or replacement is allocated from appropriated funds. RM shall determine whether to use state employees or contractors for repair work based upon availability.
- C. Property loss coverage includes all state-owned property except: roads, bridges, tunnels, dams, dikes, and retaining walls.
- D. Property loss coverage includes coverage for necessary business interruption losses resulting from an insured direct physical loss or damage to property that is self-insured pursuant to A.R.S. § 41-621.

Historical Note

Adopted effective June 12, 1989 (Supp. 89-2). Former Section R2-10-106 renumbered to R2-10-105, new Section R2-10-106 renumbered from R2-10-105(A) and (B) and amended effective December 18, 1992 (Supp. 92-4).

Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Amended by final rulemaking at 23 A.A.R. 3239, effective January 8, 2018 (Supp. 17-4). Section amended by final rulemaking at 30 A.A.R. 1941 (May 31, 2024), effective July 6, 2024 (Supp. 24-2).

R2-10-107. Liability Coverage and Limitations

- A. The following coverage and limitations apply in this Chapter:
 - 1. The Department provides liability coverage within the limitations of A.R.S. § 41-621 for a state officer or employee while driving a state-owned or other vehicle in the course and scope of employment.
 - a. Coverage shall be on a primary basis for a state-owned, leased, or rented vehicle and on an excess basis for any other vehicle.
 - b. The state shall not provide coverage for damage or loss of a personal vehicle.
 - 2. A state officer or employee operates a state-owned vehicle within the course and scope of employment if driving:
 - a. On authorized state business,
 - b. To and from work,
 - c. To and from lunch on a working day,
 - d. To and from meals while on out-of-town travel.
 - 3. A state officer or employee does not operate a personal vehicle within the course and scope of employment when driving:
 - a. To and from work,
 - b. To and from lunch in the area of employment and not on authorized state business,
 - c. On other than state-authorized business.
- B. A volunteer acting at the direction of a state official, within the course and scope of state-authorized activities, is covered under A.R.S. § 41-621.
- C. A claim alleging a civil rights violation is covered through RM, unless otherwise excluded, except there is no coverage for payment of that portion of a settlement or judgment for position status adjustments.

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D. The state shall cover a state officer, employee, or other person self-insured pursuant to A.R.S. § 41-621, for liability on an excess basis while using such insured's personal aircraft within the course and scope of employment with the state subject to the following conditions:

1. A state officer, employee, or other person self-insured pursuant to A.R.S. § 41-621 shall carry a minimum of \$1,000,000 in aircraft liability coverage.
2. Any state officer, employee pilot, or other pilot self-insured pursuant to A.R.S. § 41-621, must obtain approval prior to flying on state business. To obtain this approval, such insured pilot shall complete an RM pilot application form that requests the pilot's name, airman's certificate number, driver's license number, aircraft description, rating, and flying hours, and submit it to RM for review with a certificate of insurance evidencing the required limits of coverage on a personal aircraft. To maintain RM approval, such insured pilot shall submit an updated pilot application form and certificate of insurance annually.
3. RM shall send a letter to the pilot self-insured pursuant to A.R.S. § 41-621 approving or rejecting an application to fly a personal aircraft on state business. The approval letter shall be presented to the appropriate department head and a copy sent to the agency's loss prevention coordinator.
4. Every pilot self-insured pursuant to A.R.S. § 41-621 shall maintain a current FAA pilot certification.
5. Every pilot self-insured pursuant to A.R.S. § 41-621 shall meet the pilot warranties in the aircraft insurance policy owned by the state.
6. Every pilot self-insured pursuant to A.R.S. § 41-621 shall hold all licenses, certificates, endorsements, and other qualifications, including proficiency checks and recent experience, required by the FAA or other federal, state, or local statutes and rules to act as pilot-in-command or as a required crew member for the aircraft being flown. The pilot-in-command shall meet current requirements for carrying passengers.
7. Course and scope of employment with the state does not include:
 - a. Personal use of an aircraft;
 - b. An aircraft for hire, reward or commercial use;
 - c. Agricultural operations;
 - d. Carrying external loads;
 - e. Performing aerial acrobatics.
8. No pilot self-insured pursuant to A.R.S. § 41-621 shall carry more passengers on an aircraft than the number defined in the aircraft insurance policy purchased by RM.
9. The Department shall not cover damage or loss of the agent, officer, or employee-owned aircraft.
10. The requirements in this Section apply to a non-state employee pilot flying on behalf of an agent, officer, or employee on authorized state business.
11. All aircraft used for state business shall comply with all statutes and rules of the FAA and other federal, state, and local jurisdictions for flight.

Historical Note

Renumbered from R2-10-105(C) through (J) and amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Section corrected to reflect amendment on file with the Office of the Secretary of State effective January 12, 1995 (Supp. 97-1). Amended by final rulemaking at 6

A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Amended by final rulemaking at 23 A.A.R. 3239, effective January 8, 2018 (Supp. 17-4). Section amended by final rulemaking at 30 A.A.R. 1941 (May 31, 2024), effective July 6, 2024 (Supp. 24-2).

R2-10-108. Deductibles and Waivers

- A.** Agency Claim Settlement or Judgment More Than \$150,000.
1. The Department shall charge each agency a deductible of not more than \$10,000 on each claim settlement or judgment approved for payment of more than \$150,000.
 2. RM shall waive the deductible if the agency provides a response to RM containing an agency action plan to be taken to eliminate or limit similar future risk to the state, and:
 - a. The agency action plan is submitted to RM within 60 days of the agency's notification of claim approval or payment. The agency action plan shall include the following:
 - i. Findings outlining the cause or causes of the claim;
 - ii. Actions that will be implemented to prevent recurrence of similar losses or claims;
 - iii. Development of action items and time lines for completion; and
 - iv. Appointment of an agency contact to act as a liaison for all matters relating to the plan.
 - b. RM approves the agency action plan as reasonable and effective; and
 - c. The agency implements the plan within 30 days of RM approval, and provides periodic status reports as outlined in the approved Agency Action Plan.
 3. If the agency fails to comply with all the conditions outlined in subsection (A)(2), RM shall charge a deductible of \$10,000 on the subject judgment or claim payment as well as each subsequent claim resulting from that cause or exposure until the agency fully complies with subsection (A)(2).
- B.** RM may waive any deductible to any agency for just cause. Just cause may exist when the application of a deductible is not warranted due to the circumstances of the claim, or is in the best interest of the state.
- C.** If a dispute arises between RM and the agency pertaining to this Section, one or more meetings shall be held at progressively upward, incremental Department of Administration management levels until the agency and RM reach a solution.

Historical Note

Adopted effective September 15, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 4384, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 23 A.A.R. 3239, effective January 8, 2018 (Supp. 17-4).

R2-10-109. Computation of Time

In computing any period of time prescribed or allowed in this Chapter, the day from which the designated period begins to run shall not be included. The last day of the period shall be included unless it is a Saturday, Sunday or legal state holiday. When the period of time is less than 7 days, intermediate Saturdays, Sundays, and legal state holidays shall be excluded in the computation.

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Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2).

R2-10-110. Cyber Breach Coverage and Limitations

A. To meet the requirement of A.R.S. § 41-621(A), the Arizona Department of Administration shall provide insurance for all the following:

1. Investigation, response and crisis management for data breaches, security system breaches or security incidents.
2. Data restoration.
3. Business interruption and extra expense.
4. Network security liability.
5. Privacy liability.
6. Regulatory defense and associated fines and penalties if not prohibited by law.
7. Media content liability.
8. Payment Card Industry Data Security Standards defense and associated fines and penalties if not prohibited by law.
9. Investigation of a security incident.
10. Other exposures where insurance may be required to protect this state and its departments, agencies, boards and commissions to the extent it is determined necessary and in the best interest of the state.

B. The Director of the Department of Administration shall determine which agencies will be afforded coverage or limited coverage as prescribed in A.R.S. § 41-621(A). The Director may consider any of the following circumstances in denying or limiting coverage to selected agencies, boards, commissions and any such other insured;

1. An agency, board, or commission specifically requests exclusion from coverage. If the Director of the Department of Administration grants such an exclusion from coverage, then this exclusion shall include an exclusion from any self-insurance provided by ADOA Risk Management and any excess insurance that ADOA Risk Management may have purchased.
2. Securing coverage for a specific agency, board, or commission will prejudice the Department's ability to secure coverage for other state agencies, boards and commissions.

C. Notwithstanding R2-10-106, a deductible shall be applied for each occurrence covered by the Department as provided for in A.R.S. § 41-621(F). For agencies with a total appropriated and non-appropriated budget of less than \$2 million, a per occurrence deductible of 5% of the total appropriated and non-appropriated budget shall apply. A deductible of \$100,000 per occurrence shall apply to all other agencies. If the Director determines that an agency, board, or commission has one or more of the following circumstances, the deductible as calculated in this Section shall be double:

1. For failure to timely report as prescribed in R2-10-102(A)(4),
2. For failure to produce timely underwriting information when requested by the Department,
3. For failure to act timely on a known security issue,
4. For failure to cooperate with the Arizona Department of Administration information technology security team,
5. For failure to seek Risk Management approval to indemnify or limit a contractor's liability for losses as prescribed in R2-10-301(B), or
6. For any other action or non-action that prejudiced the Department in securing insurance, increased insurance

costs, limited insurance coverage, or exposed the state to increased exposure as provided for in A.R.S. § 41-621(F).

Historical Note

New Section made by final rulemaking at 30 A.A.R. 1941 (May 31, 2024), effective July 6, 2024 (Supp. 24-2).

ARTICLE 2. LOSS PREVENTION**R2-10-201. Submission of Building Plans**

If an agency anticipates the cost to construct, alter, or repair a state-owned or leased building to exceed \$100,000, the agency shall submit building plans to RM prior to a pre-planning conference with an architect to allow RM to offer recommendations for loss prevention measures.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-1). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Amended by final rulemaking at 23 A.A.R. 3239, effective January 8, 2018 (Supp. 17-4).

R2-10-202. Purchase of Specialized Hazard Control Equipment

- A. An agency shall notify the RM Loss Prevention Manager prior to starting the procurement process for any specialized safety or security equipment or system exceeding \$50,000. RM shall assist each agency to determine whether the equipment or system will adequately perform its specialized function and is in compliance with applicable codes.
- B. RM shall submit any comments or recommendations regarding specialized safety or security equipment or system to the agency within 10 days from the date RM receives notification of a planned procurement.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Amended by final rulemaking at 23 A.A.R. 3239, effective January 8, 2018 (Supp. 17-4).

R2-10-203. Hazard Reporting

Any agency, officer, agent, or employee shall advise a supervisor, loss prevention coordinator, or loss prevention committee chairperson of any suspected or potential hazards that may require inspection, investigation, or requires action to correct. A supervisor shall report an identified hazard that cannot be corrected to the agency head. The agency head shall notify RM of any hazard that cannot be corrected by the agency or that requires further evaluation and assessment before corrective action can be taken.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2).

R2-10-204. RM Loss Prevention Consultative Services

- A. The Risk Manager shall schedule, evaluate, and assess each state agency's loss prevention programs and facilities to iden-

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tify program deficiencies or hazardous conditions that might lead to loss. Following an evaluation or assessment, RM shall submit a written report to the agency head and loss prevention coordinator, with recommendations to eliminate or control physical hazards or correct unsafe practices and procedures.

- B. An agency shall respond in writing to RM recommendations detailing the agency's corrective action plan within 60 days. The agency shall review the recommendations to determine cost feasibility and integration into agency plans. The agency shall notify RM of the corrective action it intends to take. An agency shall report in writing every 30 days until the agency completes corrective action or Risk Management determines the agency has taken all reasonable corrective action.
- C. Subsection (B) does not apply to an RM recommendation in response to an agency request for a hazard assessment.

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2).

R2-10-205. Development and Implementation of Agency Loss Prevention Programs

- A. An agency head shall develop and implement an agency loss prevention program that integrates loss prevention and safety policy into all agency activities. The agency shall incorporate into the loss prevention program the requirements of this Section, applicable state and federal standards, state worker and property protection measures, and programs, practices, and procedures to protect the state from third-party liability claims.
- B. An agency head, in coordination with RM, shall develop and implement policies, practices, and procedures to reduce the frequency and severity of a future incident if:
 - 1. The agency has or may have a loss; and
 - 2. Federal or state rules, or National Consensus Standards have not been developed, or do not apply to protect the state from such losses.
- C. RM shall publish criteria and program information as guidance for an agency to use in its loss prevention program and shall interpret and explain state, federal, and National Consensus Standards.

Historical Note

Adopted effective Aug. 12, 1985 (Supp. 85-4). Amended effective June 12, 1989 (Supp. 89-2). Section repealed, new Section adopted effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2).

R2-10-206. Agency Loss Prevention Program Management

- A. An agency shall issue a policy letter to all agency employees that expresses the agency commitment to prevent or control losses. The letter shall solicit the support of agency personnel to the goals and objectives of loss prevention. The agency shall include the letter in the agency loss prevention program document, which shall be available for review by all agency personnel.
- B. An agency head shall appoint a qualified management level or professional employee as loss prevention coordinator. The loss prevention coordinator shall conduct and coordinate the agency's loss prevention program. The loss prevention coordi-

nator shall be an ex-officio member of the agency's loss prevention committee and report to the agency head on matters pertaining to administration of the loss prevention program and safety within the agency. The loss prevention coordinator interprets and applies policies and procedures, chairs and coordinates the agency safety committee, reviews agency loss claims, and makes recommendations to prevent future losses. The loss prevention coordinator shall provide technical information to employees and agency management concerning Arizona Department of Safety and Health (ADOSH) and Arizona Department of Environmental Quality (ADEQ) requirements as well as RM policies, procedures, and the rules in this Chapter.

- C. Each agency head shall establish an agency loss prevention committee to develop, implement and monitor the agency's loss prevention program. The agency shall appoint to the committee management level personnel representing each major division within the agency. An agency with multi-level organizational structures shall ensure that committee membership is representative of the functional and geographical divisions of the agency.

Historical Note

Adopted effective December 18, 1992 (Supp. 92-4).
Amended effective January 12, 1995 (Supp. 95-1).
Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2).

R2-10-207. Agency Loss Prevention Program Elements

Each agency loss prevention committee or individuals designated by the agency head shall develop, implement, and monitor the following loss prevention program elements of an occupational health and safety program (as applicable to their agency):

1. New employee and continuous in-service training programs that include:
 - a. Safety and loss prevention education regarding property protection, liability exposure, and workplace safety;
 - b. Agency-specific safety training regarding emergency plans, actions, and first-aid; and
 - c. Job-specific safety training to employees performing tasks where:
 - i. Frequent or severe accidents have occurred; or
 - ii. There is a potential for frequent or severe accidents.
2. Documentation and recordkeeping of employee training;
3. An emergency plan for each agency location that establishes procedures to follow in the event of serious injury, fire, or other emergency that can be reasonably foreseen at the specific agency location. The emergency plan shall:
 - a. Designate an employee responsible for formulating, implementing, testing, and maintaining the emergency plan;
 - b. Contain procedures for notification of emergency response personnel and safe evacuation of personnel from the location, including an evacuation diagram that shall be visibly posted throughout each location;
 - c. Contain procedures for obtaining first-aid, medical treatment, and emergency transportation in the event of serious injury; and
 - d. Require that the plan be periodically tested and evaluated and identified deficiencies corrected;
4. Procedures for scheduled safety inspections of buildings, grounds, equipment, and machinery. An agency shall document the results of each inspection and forward

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- notice of any deficiencies to the loss prevention coordinator for corrective action. The agency loss prevention committee or coordinator shall follow-up on inspection recommendations to ensure action is taken to remedy a noted deficiency. The agency loss prevention committee or coordinator shall bring an uncorrected deficiency to the attention of the agency head;
5. Procedures for accident and incident investigations:
 - a. An agency shall develop procedures for reporting an accident or incident involving personnel, property, automobile, liability, industrial injury, environmental damage, and a mishap or near miss to the agency's loss prevention coordinator or loss prevention committee. The loss prevention coordinator and loss prevention committee shall review the accident and incident reports and identify the corrective action necessary to prevent recurrence;
 - b. Procedures for reporting, investigating, and recording maintenance of a work-related accident or incident shall include:
 - i. Timely and accurate reporting of each work-related accident or incident;
 - ii. Investigation of each accident or incident to gather pertinent information, determine cause, and recommend a solution to prevent recurrence of a similar accident or incident;
 - iii. Compiling, analyzing, and evaluating all data derived from the investigation to determine the frequency, severity, and location of an accident or incident and communicating the information to appropriate agency personnel; and
 - iv. Maintaining records of employee injury under A.A.C. R20-5-629;
 6. A maintenance program for state-owned vehicles, equipment, and grounds under the control of that agency that includes:
 - a. A preventive maintenance program with a written schedule of routine inspection, adjustment, cleaning, lubrication, and testing of equipment including boilers and machinery, fire protection, security and emergency equipment, and motor vehicles;
 - b. Safety procedures such as "lock-out-tagout" and "buddy procedures" for jobs subject to a serious accident such as those involving working in a confined space, operating dangerous equipment and machinery, and working on electrical equipment; and
 - c. Personal protective equipment for a specific job or area including training on proper fit, use, care, maintenance, inspection, cleaning, and storage;
 7. A fire protection program that complies with the Arizona State Fire Code, located in A.A.C. Title 4, Chapter 36. This program shall incorporate best practices and standards that protect state of Arizona employees, the general public, and resources entrusted to the agency.
 8. Systems and procedures to protect the personal security of each employee and prevent loss of or damage to state property, including:
 - a. Security escorts, exterior lighting, identification badges, and electronic access systems;
 - b. Labeling systems, inventory control procedures, property removal procedures, and key control systems; and
 - c. Building and ground security systems, alarms systems, electronic surveillance, perimeter fencing, and security patrol services.
 9. A land, facility, equipment, or process environmental protection program that includes:
 - a. Procedures to ensure compliance with all applicable local, state, and federal environmental laws;
 - b. Identification of equipment, processes, and practices that may cause water pollution, air pollution, or land and property contamination;
 - c. Procedures to prevent or control emissions and discharges in excess of local, state, and federal laws and rules; and
 - d. Procedures to investigate, report, and remediate any discharge or contamination in excess of local, state, or federal laws and rules;
 10. An industrial hygiene program that encompasses an existing or potential health hazard within an agency, or that agency personnel may be exposed to during the course of work. The program shall include a documented survey of agency facilities and work practices to identify areas of concern such as noise, air contamination, ergonomic factors, lighting and confined spaces. The program shall include procedures to notify employees of health hazards, medical monitoring when applicable, and personal protective equipment requirements including training, fit testing, and care. The industrial hygiene program shall include the following program elements as applicable:
 - a. Hazard communication;
 - b. Laboratory safety (Chemical Hygiene Plan);
 - c. Hearing conservation;
 - d. Confined space entry;
 - e. Handling and disposing of hazardous waste;
 - f. Back protection;
 - g. Ergonomics;
 - h. Asbestos management;
 - i. Building air quality;
 - j. Chemical exposure assessment;
 - k. Personal protective equipment;
 - l. Respiratory protection;
 - m. Bloodborne pathogen protection; and
 - n. Tuberculosis protection;
 11. Motor vehicle safety program. For the purpose of this Section, an authorized driver is an employee whose job position description questionnaire or similar document requires the use of a vehicle; an employee who operates a state vehicle; or an employee who operates a leased, rented or personal vehicle where the state provides 100% of that vehicle lease, rental or operational costs.
 - a. Standards: Each agency shall develop standards to ensure that an authorized driver who drives on state business is capable of operating a motor vehicle in a safe manner. At a minimum, the program shall include the following standards:
 - i. An authorized driver shall use and ensure use of seat belts by all occupants, as required by law.
 - ii. An authorized driver shall possess a valid driver's license of the appropriate class with any required endorsements.
 - iii. An authorized driver who operates a personally owned vehicle on state business shall maintain the statutorily required liability insurance.

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- b. Defensive driver training: The agency shall develop and implement programs and procedures to ensure that authorized drivers attend defensive driver training no later than three months from initial hire date or appointment to a position requiring the operation of a motor vehicle. All other authorized drivers who have not attended defensive driver training within the 36 months prior to August 5, 2007 shall attend defensive driver training within 12 months of this date. Defensive driver training and defensive driver refresher training shall cover, at a minimum, the following topics:
- i. Defensive driving techniques,
 - ii. Traffic and vehicle regulations,
 - iii. Driver and passenger restraints,
 - iv. Inclement weather and night-vision driving hazards,
 - v. Dealing with emergencies,
 - vi. Alcohol and drug use hazards and laws,
 - vii. Vehicle insurance and financial responsibility, and
 - viii. Motor Vehicle Record (MVR) Check.
- RM may provide Defensive Driver/Van Safety training assistance or coordination upon request of the agency or the agency may elect to develop and implement agency-specific training.
- c. Records: The agency shall ensure records are maintained regarding training under subsections (b), (c) and (e) that reflect topics, date of training, instructor name and qualifications of instructor, length of training, location of training, participant's name, and job title.
- d. Passenger van and specialty vehicle training: In addition to subsection (b), the agency shall include a training element for drivers of passenger or cargo vans that are designed, modified, or could otherwise be configured for an occupancy of nine to 15 persons (including the driver). The training component for vans shall include: classroom instruction, behind-the-wheel instruction (on the road, on a closed course or using a driving simulator) and a certificate or card of completion. For a motorized specialty vehicle or specialty mobile equipment, the agency shall ensure that instruction is conducted before initial operation of the vehicle or equipment. The instruction shall be based on nationally recognized industry standards and training time lines or manufacturer's operator instructions. For the purpose of this subsection, a motorized "specialty vehicle" or "specialty mobile equipment" means a conveyance designed for the transport of people or cargo that is not licensed or intended for use on public roadways.
- e. Vehicle incident review: An agency shall ensure that the motor fleet safety program includes a vehicle incident review element. A Vehicle Incident Review Committee shall conduct a review of each incident that involves collision or damage to determine the cause and preventability of the incident, and recommend any corrective action to prevent recurrence. If the committee determines the incident was preventable, the driver shall attend defensive driver refresher training within three months of committee determination. Based on the circumstances, the agency head may direct additional corrective action. An authorized driver involved in any motor vehicle collision on state business shall promptly notify the authorized driver's immediate supervisor.
- f. Driving record review: An agency shall develop and implement procedures for the review of an authorized driver's record maintained by the Motor Vehicle Division (MVD) of the Arizona Department of Transportation (ADOT). The agency shall establish a schedule for reviewing driving records based on agency-specific exposures and RM claims history data. The agency shall ensure that the driving record of each authorized driver is reviewed at least annually. The review shall cover the most recent 39-month period. For driving record reviews, each authorized driver shall, upon request, provide name, driver license number, expiration date and date of birth. A copy of a driving record release form is available upon request from RM. An authorized driver shall promptly notify the authorized driver's immediate supervisor of any license suspension, revocation, or restriction placed on the driver's license or privilege to drive a motor vehicle. If the license of an authorized driver is suspended or revoked, authorization to drive on state business is suspended on the date of driver's license suspension or revocation and remains suspended until the date of driver's license reinstatement. If a review of a driving record reveals one or more convictions totaling six or more points for the 39-month period, the appropriate agency management shall be notified. The driver shall attend defensive driver training or similar action designed to improve the person's driving skills. For the purpose of this Section, RM considers similar action to be successful completion of the MVD Traffic Survival School within 12 months of the record review.
- g. Driving record review guidelines and criteria: Agencies may develop criteria that meet or exceed the requirements of this Section relating to accumulated MVD points or driving behavior. At a minimum, the following criteria are to be followed when evaluating a 39-month driving record and recommending agency action:
- i. 5 or fewer points = Acceptable record: Continue annual driving record and driver insurance status checks.
 - ii. 6 to 7 points = Conditional record: Conduct driving record and driver insurance status checks at least twice a year. Driver attends defensive driver training or similar action designed to improve driving skill.
 - iii. 8 or more points = High-risk record: Request that the agency head limit driving on state business. If an agency head allows the authorized driver to drive on state business, the agency head shall provide to the driver, in writing, the limitations and the duration of the authorization to drive. An agency head shall not circumvent an order or action of the Motor Vehicle Division or any court.
12. A safety and security standard for a construction site where state employees work, that includes:

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- a. Site-specific safety rules and procedures for the type of risks expected to be encountered on the site;
- b. Routine inspection of construction sites to ensure compliance with local, state, and federal safety laws and rules;
- c. Training of each employee in safe practices and procedures;
- d. Availability of first-aid, medical, and emergency equipment and services at the construction site, including arrangements for emergency transportation;
- e. Procedures to prevent theft, vandalism, and other losses at the construction site; and
- f. Periodic testing and evaluation of the plan and correction of identified deficiencies.

Historical Note

Adopted effective December 18, 1992 (Supp. 92-4).
 Amended effective January 12, 1995 (Supp. 95-1).
 Amended by final rulemaking at 6 A.A.R. 1717, effective April 20, 2000 (Supp. 00-2). Amended by final rulemaking at 13 A.A.R. 2043, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 23 A.A.R. 3239, effective January 8, 2018 (Supp. 17-4).

ARTICLE 3. INSURANCE: PURCHASE AND CONTRACTS**R2-10-301. Insurance: Purchase and Contracts**

- A. An agency seeking to purchase property, liability, or workers' compensation insurance shall request RM's approval in writing at least 90 days before the desired effective date of coverage. RM shall not reimburse an agency for the purchase of property, liability, or workers' compensation insurance that has not been approved by RM.
- B. An agency shall submit a written request for approval to RM before the agency does one or more of the following:
 1. Names or agrees to name any person or entity as an additional insured under the state's self-insurance or any other insurance obtained by or with RM's approval;
 2. Provides or agrees to provide a Certificate of Insurance;
 3. Agrees to indemnify, hold harmless, or limit the liability of any party to a contract, lease, or other written agreement; or
 4. Waives or agrees to waive the state's or the agency's right to subrogate with regard to any party to a contract, lease, or other written agreement.
- C. The written request prescribed in subsection (B) shall be signed by the agency director and include all of the following:
 1. The circumstances of the request;
 2. Whether the party to the contract, lease, or written agreement is a sole source for the state;
 3. The level or additional risk of loss to the state resulting from the requested action;
 4. Whether the requested action helps the agency accomplish the agency's mission; and
 5. An explanation of why the action to be approved is in the best interest of the state.
- D. If a contract requires the state to be named as an additional insured, the contracting agency shall ensure that the name of the contracting agency and the state are included on the applicable additional insured endorsement(s).

Historical Note

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective Jan-

uary 12, 1995 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 5453, effective February 4, 2006 (Supp. 05-4). Section amended by final rulemaking at 30 A.A.R. 1941 (May 31, 2024), effective July 6, 2024 (Supp. 24-2).

R2-10-302. Repealed**Historical Note**

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-2). Repealed effective December 18, 1992 (Supp. 92-4).

R2-10-303. Repealed**Historical Note**

Adopted effective July 27, 1983 (Supp. 83-4). Former Section R2-10-303 repealed, new Section R2-10-303 adopted effective June 12, 1989 (Supp. 89-2). Repealed effective December 18, 1992 (Supp. 92-4).

R2-10-304. Repealed**Historical Note**

Adopted effective July 27, 1983 (Supp. 83-4). Amended effective June 12, 1989 (Supp. 89-4). Repealed effective December 18, 1992 (Supp. 92-4).

ARTICLE 4. PROVIDER INDEMNITY PROGRAM (PIP)**R2-10-401. Coverages and Limitations**

- A. The Department of Administration shall purchase insurance or self-insure the parties and programs as set forth in A.R.S. § 41-621(B) for losses caused by an occurrence or wrongful act which is the result of either the actions of a state client or an individual provider within the course and scope of activities as a state client or individual provider.
- B. Coverages which shall apply under this program are as follows:
 1. Liability coverage for providers and clients for damages resulting from acts and omissions within the course and scope of activities as a provider or client is provided pursuant to A.R.S. § 41-621(B). The amount that the Department will pay on behalf of an insured provider or client is limited as described in R2-10-401(C).
 2. Coverage is provided on a replacement-cost-less-depreciation basis for the loss of or damage to real or personal property owned by a provider as a result of the actions of a client.
- C. Limits of Liability Coverage:
 1. The maximum amount of liability coverage that will be paid on behalf of an insured provider or client is \$1,000,000 per claim, including related claims, and \$2,000,000 in the aggregate for all claims first made against that provider or client during a single fiscal year of the State, July 1 through June 30, regardless of the number of:
 - a. Claims made; or
 - b. Persons making such claims or on whose behalf such claims are made; or
 - c. Causes of action asserted.
 2. If more than one provider or client in a custodial-care facility or home is a PIP insured, the liability of all providers and clients combined in such home or facility shall be subject to a single per-claim limit.
 3. For purposes of R2-10-401(C), a claim is "made" on the date that it was sent to the insured provider or client or, if a lawsuit, the date that the lawsuit was filed against the insured provider or client.

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4. As used in R2-10-401(C), "related claims" means all claims based upon, arising from, or resulting from the same or related acts, omissions, facts, circumstances or events or the same or related series of acts, omissions, facts, circumstances or events, regardless of when such acts, omissions, facts, circumstances or events occur.
5. If two or more related claims are made against an insured provider or client in different state fiscal years, all such related claims shall be deemed to have been made when the first such related claim was made.
6. The payment of defense costs will not affect the per-claim or annual aggregate limit. However, once the annual aggregate limit has been paid, whether based upon settlement or a judgment, there will be no duty to defend that insured against any other claim to which that particular annual aggregate limit would apply.

- D.** The following are excluded from the Provider Indemnity Program coverage:
1. Mysterious disappearance of property;
 2. Automobile physical damage resulting from permissive use by a client;
 3. Benefits covered under any workers' compensation, unemployment compensation, or disability benefits law; and
 4. All claims, injuries, and damages that A.R.S. § 41-621 excludes from coverage, including, without limitation, injury or damage that is expected or intended from the standpoint of the insured, including any such expected or intended injury or damage resulting from physical abuse, sexual abuse or sexual molestation.

Historical Note

Adopted effective June 12, 1989 (Supp. 89-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective January 12, 1995 (Supp. 95-1). Section amended by final rulemaking at 30 A.A.R. 1941 (May 31, 2024), effective July 6, 2024 (Supp. 24-2).

R2-10-402. Repealed**Historical Note**

Adopted effective June 12, 1989 (Supp. 89-2). Repealed effective December 18, 1992 (Supp. 92-4).

R2-10-403. Repealed**Historical Note**

Adopted effective June 12, 1989 (Supp. 89-2). Repealed effective December 18, 1992 (Supp. 92-4).

R2-10-404. Repealed**Historical Note**

Adopted effective June 12, 1989 (Supp. 89-2). Repealed effective December 18, 1992 (Supp. 92-4).

R2-10-405. Repealed**Historical Note**

Adopted effective June 12, 1989 (Supp. 89-2). Repealed effective December 18, 1992 (Supp. 92-4).

R2-10-406. Repealed**Historical Note**

Adopted effective June 12, 1989 (Supp. 89-2). Repealed effective December 18, 1992 (Supp. 92-4).

ARTICLE 5. ENVIRONMENTAL LOSSES**R2-10-501. Investigation, Feasibility Study, and Remediation of the Release of Hazardous Substances**

- A.** RM will provide funding for a site investigation, feasibility study, and remediation of any hazardous materials, operations, or wastes which have resulted in or may result in environmental damage and/or a health threat associated with property and/or facilities owned or operated by the state or at which such operations are conducted or materials/wastes are located.
- B.** RM will provide funding to determine the horizontal and vertical extent of the hazardous substance/waste discovered during the site investigation. This will include:
1. Sample collection and analysis of laboratory results from:
 - a. Soil boring samples
 - b. Trenching samples
 - c. Bedrock core samples
 - d. Groundwater monitoring well samples
 - e. Structural facilities
 2. Geophysical surveys
 3. If a feasibility study indicates remediation is necessary, RM will provide funding to the agency for an environmental remediation contractor as explained in R2-10-502.
- C.** RM shall not pay for site investigations and feasibility studies for agencies planning to obtain property by any means including lease, purchase, and gift, where there may be potential damage to the air, water, or soil.

Historical Note

Adopted effective January 12, 1995 (Supp. 95-1).

R2-10-502. Expired**Historical Note**

Adopted effective January 12, 1995 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 28 A.A.R. 2061 (August 19, 2022), effective March 1, 2022 (Supp. 22-3).

R2-10-503. Site Maintenance

RM shall, if the agency so requests, provide funding for site maintenance of closed hazardous substance/waste sites where remediation has been complete as required by the Arizona Department of Environmental Quality (ADEQ) or the Environmental Protection Agency (EPA).

Historical Note

Adopted effective January 12, 1995 (Supp. 95-1).

R2-10-504. Expired**Historical Note**

Adopted effective January 12, 1995 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 448, effective January 11, 2017 (Supp. 17-1).

ARTICLE 6. COMPUTATION OF INTEREST ON APPEALED JUDGEMENTS**R2-10-601. Computation Procedures**

- A.** Interest payable on judgments against the state that are appealed shall be computed by averaging the investment yields on three-month and six-month Treasury Bills as reported in the Federal Reserve's H 15 statistical release of selected interest rates for the period of time the case is on appeal.
- B.** Averages are calculated for each individual month of the appeal period and then averaged for the total months of the

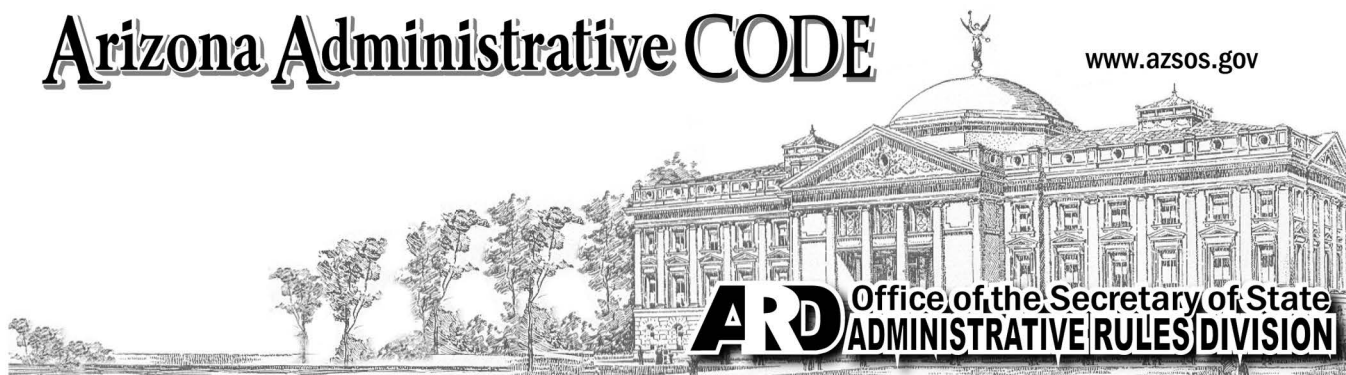
TITLE 2. ADMINISTRATION

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appeal period, excluding those months in which the case was
on appeal for less than 15 days.

Historical Note

Adopted effective January 12, 1995 (Supp. 95-1).



2 A.A.C. 19

Supp. 24-2

TITLE 2. ADMINISTRATION

CHAPTER 19. OFFICE OF ADMINISTRATIVE HEARINGS

The table of contents on page one contains links to the referenced page numbers in this Chapter.

Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

[R2-19-108.](#) [Filing Documents 3](#)

Questions about these rules? Contact:

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The release of this Chapter in Supp. 24-2 replaces Supp. 14-3, 1-4 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 2. ADMINISTRATION

CHAPTER 19. OFFICE OF ADMINISTRATIVE HEARINGS

Authority: A.R.S. § 41-1092.01(C)(4)

Supp. 24-2

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CHAPTER 19. OFFICE OF ADMINISTRATIVE HEARINGS

ARTICLE 1. PREHEARING AND HEARING PROCEDURES**R2-19-101. Definitions**

The following definitions apply unless otherwise stated:

1. "Agency" means the department, board, or commission from which a matter originates.
2. "Matter" means a contested case or appealable agency action.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-102. Applicability

- A. These rules apply to any matter heard by the Office of Administrative Hearings.
- B. An administrative law judge may waive the application of any of these rules to further administrative convenience, expedition, and economy if:
 1. The waiver does not conflict with law, and
 2. The waiver does not cause undue prejudice to any party.
- C. If a procedure is not provided by statute or these rules, an administrative law judge may issue an order using the Arizona Rules of Civil Procedure and related local rules for guidance.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-103. Request for Hearing

- A. An agency requesting the Office schedule an administrative hearing shall provide the following information on a form provided by the Office:
 1. Caption of the matter, including the names of the parties;
 2. Agency matter number;
 3. Identification of the matter as a contested case or appealable agency action;
 4. In an appealable agency action, the date the party appealed the agency action;
 5. Estimated time for the hearing;
 6. Proposed hearing dates;
 7. Any request to expedite or consolidate the matter; and
 8. Any agreement of the parties to waive applicable time limits to set the hearing.
- B. The Office may require the agency to supply information regarding the nature of the proceeding, including the specific allegations.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-104. Assignment of Administrative Law Judge: Setting the Hearing

Within 7 days of the Office's receipt of a request for hearing, the Office shall provide the agency in writing with:

1. The name of the administrative law judge assigned to hear the matter;
2. The date, time, and location of the hearing; and
3. The docket number assigned by the Office.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-105. Ex Parte Communications

A party shall not communicate, either directly or indirectly, with the administrative law judge about any substantive issue in a pending matter unless:

1. All parties are present;
2. It is during a scheduled proceeding, where an absent party fails to appear after proper notice; or
3. It is by written motion with copies to all parties.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-106. Motions

- A. Purpose. A party requesting a ruling from an administrative law judge shall file a motion. Motions may be made for rulings such as:
 1. Consolidation or severance of matters pursuant to R2-19-109;
 2. Continuing or expediting a hearing pursuant to R2-19-110;
 3. Vacating a hearing pursuant to R2-19-111;
 4. Prehearing conference pursuant to R2-19-112;
 5. Quashing a subpoena pursuant to R2-19-113;
 6. Telephonic testimony pursuant to R2-19-114; and
 7. Reconsideration of a previous order pursuant to R2-19-115.
- B. Form. Unless made during a prehearing conference or hearing, motions shall be made in writing and shall conform to the requirements of R2-19-108. All motions, whether written or oral, shall state the factual and legal grounds supporting the motion, and the requested action.
- C. Time Limits. Absent good cause, or unless otherwise provided by law or these rules, written motions shall be filed with the Office at least 15 days before the hearing. A party demonstrates good cause by showing that the grounds for the motion could not have been known in time, using reasonable diligence and:
 1. A ruling on the motion will further administrative convenience, expedition or economy; or
 2. A ruling on the motion will avoid undue prejudice to any party.
- D. Response to Motion. A party shall file a written response stating any objection to the motion within 5 days of service, or as directed by the administrative law judge.
- E. Oral Argument. A party may request oral argument when filing a motion or response. The administrative law judge may grant oral argument if it is necessary to develop a complete record.
- F. Rulings. Rulings on motions, other than those made during a prehearing conference or the hearing, shall be in writing and served on all parties.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-107. Computing Time

In computing any time period, the Office shall exclude the day from which the designated time period begins to run. The Office shall include the last day of the period unless it falls on a Saturday, Sunday, or legal holiday. When the time period is 10 days or less, the Office shall exclude Saturdays, Sundays, and legal holidays.

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Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-108. Filing Documents

- A. Docket. The Office shall open a docket for each matter upon receipt of a request for hearing. All documents filed in a matter with the Office shall be date stamped on the day received by the Office and entered in the docket.
- B. Definition. "Documents" include papers such as complaints, answers, motions, responses, notices, and briefs.
- C. Form. A party shall state on the document the name and address of each party served and how service was made pursuant to subsection (E). A document shall contain the agency's caption and the Office's docket number.
- D. Signature. A document filed with the Office shall be signed by the party or the party's attorney. A signature constitutes a certification that the signer has read the document, has a good faith basis for submission of the document, and that it is not filed for the purpose of delay or harassment.
- E. Filing and service. A copy of a document filed with the Office shall be served on all parties. Filing with the Office and service shall be completed by personal delivery; 1st-class, certified or express mail; facsimile; electronically when filed through the Office's electronic submission system; or as ordered by an administrative law judge. A copy of a document filed with the Office shall be served on all parties.
- F. Date of filing and service. A document is filed with the Office on the date it is received by the Office, as established by the Office's date stamp on the face of the document, or by the date and time shown on the electronically filed document or docket entry when filed through the Office's electronic filing system. A copy of a document is served on a party as follows:
 - 1. On the date it is personally served.
 - 2. Five days after it is mailed by express or 1st class mail.
 - 3. On the date of the return receipt if it is mailed by certified mail.
 - 4. On the date indicated on the facsimile transmission or email.
 - 5. On the date and time shown on the electronically filed document or docket entry when served electronically on a party through the Office's electronic submission system.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 30 A.A.R. 2207 (July 5, 2024), effective August 11, 2024 (Supp. 24-2).

R2-19-109. Consolidation or Severance of Matters

- A. Standards for consolidation. An administrative law judge may order consolidation of pending matters, if:
 - 1. There are substantially similar factual or legal issues, or
 - 2. All parties are the same.
- B. Determination. When different administrative law judges are assigned to the matters that are the subject of the motion for consolidation, the motion shall be filed with the administrative law judge assigned to the matter with the earliest pending hearing date.
- C. Order. The administrative law judge shall send a written ruling granting or denying consolidation to all parties, identifying the cases, the reasons for the decision, and notification of any consolidated prehearing conference or consolidated hearing. The administrative law judge shall designate the controlling docket number and caption to be used on all future documents.

- D. Severance. The administrative law judge may sever consolidated matters to further administrative convenience, expedition, and economy, or to avoid undue prejudice. Severance may be ordered upon the administrative law judge's own review, or a party's motion.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-110. Continuing or Expediting a Hearing; Reconvening a Hearing

- A. Continuing or expediting a hearing. When ruling on a motion to continue or expedite, the administrative law judge shall consider such factors as:
 - 1. The time remaining between the filing of the motion and the hearing date;
 - 2. The position of other parties;
 - 3. The reasons for expediting the hearing or for the unavailability of the party, representative, or counsel on the date of the scheduled hearing;
 - 4. Whether testimony of an unavailable witness can be taken telephonically or by deposition; and
 - 5. The status of settlement negotiations.
- B. Reconvening a hearing. The administrative law judge may recess a hearing and reconvene at a future date by a verbal ruling.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-111. Vacating a Hearing

An administrative law judge shall vacate a calendared hearing and return the matter to the agency for further action, if:

- 1. The parties agree to vacate the hearing;
- 2. The agency dismisses the matter;
- 3. The non-agency party withdraws the appeal; or
- 4. Facts demonstrate to the administrative law judge that it is appropriate to vacate the hearing for the purpose of informal disposition, or if the action will further administrative convenience, expedition and economy and does not conflict with law or cause undue prejudice to any party.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-112. Prehearing Conference

- A. Procedure. The administrative law judge may hold a prehearing conference. The conference may be held telephonically. The administrative law judge may issue a prehearing order outlining the issues to be discussed.
- B. Record. The administrative law judge may record any agreements reached during a prehearing conference by electronic or mechanical means, or memorialize them in an order.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-113. Subpoenas

- A. Form. A party shall request a subpoena in writing from the administrative law judge and shall include:
 - 1. The caption and docket number of the matter;
 - 2. A list or description of any documents sought;

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3. The full name and home or business address of the custodian of the documents sought or all persons to be subpoenaed;
 4. The date, time, and place to appear or to produce documents pursuant to the subpoena; and
 5. The name, address, and telephone number of the party, or the party's attorney, requesting the subpoena.
- B.** An Administrative Law Judge may require a brief statement of the relevance of testimony or documents.
- C.** Service of subpoena. Any person who is not a party and is at least 18 years of age may serve a subpoena. The person shall serve the subpoena by delivering a copy to the person to be served. The person serving the subpoena shall provide proof of service by filing with the office a certified statement of the date and manner of service and the names of the persons served.
- D.** Objection to subpoena. A party, or the person served with a subpoena who objects to the subpoena, or any portion of it, may file an objection with the administrative law judge. The objection shall be filed within 5 days after service of the subpoena, or at the outset of the hearing if the subpoena is served fewer than 5 days before the hearing.
- E.** Quashing, modifying subpoenas. The administrative law judge shall quash or modify the subpoena if:
1. It is unreasonable or oppressive, or
 2. The desired testimony or evidence may be obtained by an alternative method.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-114. Telephonic Testimony

The administrative law judge may grant a motion for telephonic testimony if:

1. Personal attendance by a party or witness at the hearing will present an undue hardship for the party or witness;
2. Telephonic testimony will not cause undue prejudice to any party; and
3. The proponent of the telephonic testimony pays for any cost of obtaining the testimony telephonically.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-115. Rights and Responsibilities of Parties

- A.** Generally. A party may present testimony and documentary evidence and argument with respect to the issues and may examine and cross-examine witnesses.
- B.** Preparation. A party shall have all witnesses, documents and exhibits available on the date of the hearing.
- C.** Exhibits. A party shall provide a copy of each exhibit to all other parties at the time the exhibit is offered to the administrative law judge, unless it was previously provided through discovery.
- D.** Responding to Orders. A party shall comply with an order issued by the administrative law judge concerning the conduct of a hearing. Unless objection is made orally during a pre-hearing conference or hearing, a party shall file a motion requesting the administrative law judge to reconsider the order.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-116. Conduct of Hearing

- A.** Public access. Unless otherwise provided by law, all hearings are open to the public.
- B.** Opening. The administrative law judge shall begin the hearing by reading the caption, stating the nature and scope of the hearing, and identifying the parties, counsel, and witnesses for the record.
- C.** Stipulations. The administrative law judge shall enter into the record any stipulation, settlement agreement, or consent order entered into by any of the parties before or during the hearing.
- D.** Opening statements. The party with the burden of proof may make an opening statement at the beginning of a hearing. All other parties may make statements in a sequence determined by the administrative law judge.
- E.** Order of presentation. After opening statements, the party with the burden of proof shall begin the presentation of evidence, unless the parties agree otherwise or the administrative law judge determines that requiring another party to proceed first would be more expeditious or appropriate, and would not prejudice any other party.
- F.** Examination. A party shall conduct direct and cross examination of witnesses in the order and manner determined by the administrative law judge to expedite and ensure a fair hearing. The administrative law judge shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information.
- G.** Closing argument. When all evidence has been received, parties shall have the opportunity to present closing oral argument, in a sequence determined by the administrative law judge. The administrative law judge may permit or require closing oral argument to be supplemented by written memoranda. The administrative law judge may permit or require written memoranda to be submitted simultaneously or sequentially, within time periods the administrative law judge may prescribe.
- H.** Conclusion of hearing. Unless otherwise provided by the administrative law judge, the hearing is concluded upon the submission of all evidence, the making of final argument, or the submission of all post hearing memoranda, whichever occurs last.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-117. Failure of Party to Appear for Hearing

If a party fails to appear at a hearing, the administrative law judge may proceed with the presentation of the evidence of the appearing party, or vacate the hearing and return the matter to the agency for any further action.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-118. Witnesses; Exclusion from Hearing

All witnesses at the hearing shall testify under oath or affirmation. At the request of a party, or at the discretion of the administrative law judge, the administrative law judge may exclude witnesses who are not parties from the hearing room so that they cannot hear the testimony of other witnesses.

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Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-119. Proof

- A. Standard of proof. Unless otherwise provided by law, the standard of proof is a preponderance of the evidence.
- B. Burden of proof. Unless otherwise provided by law:
 - 1. The party asserting a claim, right, or entitlement has the burden of proof;
 - 2. A party asserting an affirmative defense has the burden of establishing the affirmative defense; and
 - 3. The proponent of a motion shall establish the grounds to support the motion.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-120. Disruptions

A person shall not interfere with access to or from the hearing room, or interfere, or threaten interference with the hearing. If a person interferes, threatens interference, or disrupts the hearing, the administrative law judge may order the disruptive person to leave or be removed.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

R2-19-121. Hearing Record

- A. Maintenance. The Office shall maintain the official record of a matter.
- B. Transfer of record. Before an agency takes final action, the agency may request that the record be available for its review

or duplication. Any party requesting a copy of the record or any portion of the record shall make a request to the Office and shall pay the reasonable costs of duplication.

C. Release of exhibits. Exhibits shall be released:

- 1. Upon the order of a court of competent jurisdiction; or
- 2. Upon motion of the party who submitted the exhibits if the time for judicial appeal has expired and no appeal is pending.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1).

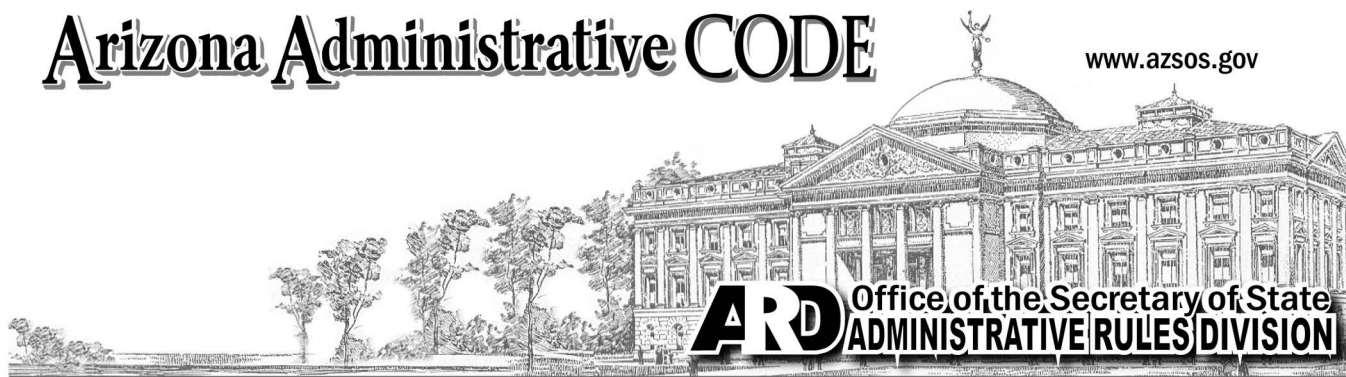
R2-19-122 Notice of Judicial Appeal; Transmitting the Transcript

- A. Notification to the Office. Within 10 days of filing a notice of appeal of an agency action resulting from an administrative hearing before the Office, the party shall file a copy of the notice of appeal with the Office. The Office shall then transmit the record to the Superior Court.
- B. Transcript. A party requesting a transcript of an administrative hearing before the Office shall arrange for transcription at the party's expense. The Office shall make a copy of its audio taped record available to the transcriber. The party arranging for transcription shall deliver the transcript, certified by the transcriber under oath to be a true and accurate transcription of the audio taped record, to the Office, together with one unbound copy.

Historical Note

Section adopted by final rulemaking at 5 A.A.R. 563, effective February 3, 1999 (Supp. 99-1). Section amended by final rulemaking at 20 A.A.R. 1947, effective September 8, 2014 (Supp. 14-3).

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4 A.A.C. 19

Supp. 24-2

TITLE 4. PROFESSIONS AND OCCUPATIONS CHAPTER 19. BOARD OF NURSING

The table of contents on page one contains links to the referenced page numbers in this Chapter.
Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

Editor's note: This Chapter contains a rule that was renewed under emergency rulemaking. Since a renewal is effective for an additional 180 days, Section R4-19-207 as amended in Supp. 20-4, shall remain in the Chapter following the emergency rule until the Board of Nursing either:

- 1. Amends, repeals, or renumbers the emergency rule under the regular rulemaking process; or*
- 2. Lets the emergency rulemaking expire after the additional 180 days, in which case the text of Section R4-19-207 will be reinstated as amended in Supp. 20-4 effective December 2, 2020.*

[R4-19-207.](#) [New Programs; Proposal Approval; Provisional Approval](#) 13

Questions about these rules? Contact:

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The release of this Chapter in Supp. 24-2 replaces Supp. 23-4, 1-62 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

Authority: A.R.S. § 32-1606 et seq.

Supp. 24-2

Editor's Note: The Arizona State Board of Nursing amended Sections in this Chapter under an exemption from the provisions of A.R.S. Title 41, Chapter 6 under Laws 2015, Chapter 262 § 22. Exemption from A.R.S. Title 41, Chapter 6 means the Board was not required to submit proposed rules for publication in the Arizona Administrative Register, conduct a public hearing on the rules, or required to submit the rules for approval by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 16-2).

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TITLE 4. PROFESSIONS AND OCCUPATIONS

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ARTICLE 1. DEFINITIONS AND TIME-FRAMES**R4-19-101. Definitions**

“Abuse” means a misuse of power or betrayal of trust, respect, or intimacy by a nurse, nursing assistant, or applicant that causes or is likely to cause physical, mental, emotional, or financial harm to a client.

“Administer” means the direct application of a medication to the body of a patient by a nurse, whether by injection, inhalation, ingestion, or any other means.

“Admission cohort” means a group of students admitted at the same time to the same curriculum in a regulated nursing, nursing assistant, or advanced practice nursing program or entering the first clinical course in a regulated program at the same time. “Same time” means on the same date or within a narrow range of dates pre-defined by the program.

“Advance practice registered nurse (APRN)” means either a registered nurse practitioner (RNP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), or clinical nurse specialist (CNS), certified by the Board.

“Applicant” means a person seeking licensure, certification, prescribing, or prescribing and dispensing privileges, or an entity seeking approval or re-approval, if applicable, of a:

- CNS or RNP nursing program,
- Credential evaluation service,
- Nursing assistant training program,
- Nursing program,
- Nursing program change, or
- Refresher program.

“Approved national nursing accrediting agency” means an organization recognized by the United States Department of Education as an accrediting agency for a nursing program.

“Assign” means a nurse designates nursing activities to be performed by another nurse that are consistent with the other nurse’s scope of practice.

“Certificate or diploma in practical nursing” means the document awarded to a graduate of an educational program in practical nursing.

“Certified medication assistant” means a certified nursing assistant who meets Board qualifications and is additionally certified by the Board to administer medications under A.R.S. § 32-1650 et. seq.

“CES” means credential evaluation service.

“Client” means a recipient of care and may be an individual, family, group, or community.

“Clinical instruction” means the guidance and supervision provided by a nursing, nursing assistant or medication assistant program faculty member while a student is providing client care.

“CMA” means certified medication assistant.

“CNA” means a certified nursing assistant, as defined in A.R.S. § 32-1601(4).

“CNS” means clinical nurse specialist, as defined in A.R.S. § 32-1601(7).

“Collaborate” means to establish a relationship for consultation or referral with one or more licensed physicians on an as-needed basis. Supervision of the activities of a registered nurse practitioner by the collaborating physician is not required.

“Contact hour” means a unit of organized learning, which may be either clinical or didactic and is either 60 minutes in length or is otherwise defined by an accrediting agency recognized by the Board.

“Continuing education activity” means a course of study related to nursing practice that is awarded contact hours by an accrediting agency recognized by the Board, or academic credits in nursing or medicine by a regionally or nationally accredited college or university.

“CRNA” means a certified registered nurse anesthetist as defined in A.R.S. § 32-1601(5).

“DEA” means the federal Drug Enforcement Administration.

“Dispense” means to deliver a controlled substance or legend drug to an ultimate user.

“Dual relationship” means a nurse or CNA simultaneously engages in both a professional and nonprofessional relationship with a patient or resident or a patient’s or resident’s family that is avoidable, non-incidental, and results in the patient or resident or the patient’s or resident’s family being exploited financially, emotionally, or sexually.

“Eligibility for graduation” means that the applicant has successfully completed all program and institutional requirements for receiving a degree or diploma but is delayed in receiving the degree or diploma due to the graduation schedule of the institution.

“Endorsement” means the procedure for granting an Arizona nursing license to an applicant who is already licensed as a nurse in another state or territory of the United States and has passed an exam as required by A.R.S. §§ 32-1633 or 32-1638 or an Arizona nursing assistant or medication assistant certificate to an applicant who is already listed on a nurse aide register or certified as a medication assistant in another state or territory of the United States.

“Episodic nursing care” means nursing care at nonspecific intervals that is focused on the current needs of the individual.

“Failure to maintain professional boundaries” means any conduct or behavior of a nurse or CNA that, regardless of the nurse’s or CNA’s intention, is likely to lessen the benefit of care to a patient or resident or a patient’s or resident’s family or places the patient, resident or the patient’s or resident’s family at risk of being exploited financially, emotionally, or sexually.

“Family,” as applied to R4-19-511, means individuals who are related by blood, marriage, adoption, legal guardianship, or domestic partnership, or who are cohabitating or romantically involved.

“Family Member” means a licensed health aide (LHA) who is an adult (at least 18 years old) and has the following relationship with the LHA’s one patient:

1. Spouse,
2. Children/step children,
3. Son/daughter-in-law,

TITLE 4. PROFESSIONS AND OCCUPATIONS

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4. Grandchildren,
5. Siblings/step siblings,
6. Parents/step parents/adoptive parents,
7. Grandparents,
8. Mother/father-in-law,
9. Brother/sister-in-law, or
10. Legal guardian.

“Full approval” means the status granted by the Board when a nursing program, after graduation of its first class, demonstrates the ability to provide and maintain a program in accordance with the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter.

“Good standing” means the license of a nurse, or the certificate of a nursing assistant, is current, and the nurse or nursing assistant is not presently subject to any disciplinary action, consent order, or settlement agreement.

“Independent nursing activities” means nursing care within an RN’s scope of practice that does not require authorization from another health professional.

“Initial approval” means the permission, granted by the Board, to an entity to establish a nursing assistant training program, after the Board determines that the program meets the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter.

“LHA”, means a licensed health aide who meets Board qualifications as defined by A.R.S. § 32-1601(14).

“Licensure by examination” means the granting of permission to practice nursing based on an individual’s passing of a prescribed examination and meeting all other licensure requirements.

“LPN” means licensed practical nurse.

“NCLEX” means the National Council Licensure Examination.

“Nurse” means a licensed practical or registered nurse.

“Nursing diagnosis” means a clinical judgment, based on analysis of comprehensive assessment data, about a client’s response to actual and potential health problems or life processes. Nursing diagnosis statements include the actual or potential problem, etiology or risk factors, and defining characteristics, if any.

“Nursing process” means applying problem-solving techniques that require technical and scientific knowledge, good judgment, and decision-making skills to assess, plan, implement, and evaluate a plan of care.

“Nursing program” means a formal course of instruction designed to prepare its graduates for licensure as registered or practical nurses.

“Nursing program administrator” means a nurse educator who meets the requirements of A.R.S. Title 32, Chapter 15 and this Chapter and has the administrative responsibility and authority for the direction of a nursing program.

“Nursing program faculty member” means an individual working full or part time within a nursing program who is responsible for either developing, implementing, teaching,

evaluating, or updating nursing knowledge, clinical skills, or curricula.

“Nursing-related activities or duties” means client care tasks for which education is provided by a basic nursing assistant training program.

“P & D” means prescribing and dispensing.

“Parent institution” means the educational institution in which a nursing program, nursing assistant training program or medication assistant program is conducted.

“Patient” means an individual recipient of care.

“Pharmacology” means the science that deals with the study of drugs.

“Physician” means a person licensed under A.R.S. Title 32, Chapters 7, 8, 11, 13, 14, 17, or 29, or by a state medical board in the United States.

“Preceptor” means a licensed nurse or other health professional who meets the requirements of A.R.S. Title 32, Chapter 15 and this Chapter who instructs, supervises and evaluates a licensee, clinical nurse specialist, nurse practitioner or pre-licensure nursing student, for a defined period.

“Preceptorship” means a clinical learning experience by which a learner enrolled in a nursing program, nurse refresher program, clinical nurse specialist, or registered nurse practitioner program or as part of a Board order provides nursing care while assigned to a health professional who holds a license or certificate equivalent to or higher than the level of the learner’s program or in the case of a nurse under Board order, meets the qualifications in the Board order.

“Prescribe” means to order a medication, medical device, or appliance for use by a patient.

“Private business” means any individual or sole proprietorship, partnership, limited liability partnership, limited liability company, corporation or other legal business entity.

“Proposal approval” means that an institution has met the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter to proceed with an application for provisional approval to establish a pre-licensure nursing program in Arizona.

“Provisional approval” means that an institution has met the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter to implement a pre-licensure nursing program in Arizona.

“Refresher program” means a formal course of instruction designed to provide a review and update of nursing theory and practice.

“Register” means a listing of Arizona certified nursing assistants maintained by the Board that includes the following about each nursing assistant:

Identifying demographic information;

Date placed on the register;

Date of initial and most recent certification, if applicable; and

Status of the nursing assistant certificate, including findings of abuse, neglect, or misappropriation of property made by the Arizona Department of Health Services, sanctions imposed by the United States Department of

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Health and Human Services, and disciplinary actions by the Board.

“Resident” means a patient who receives care in a long-term care facility or other residential setting.

“RN” means registered nurse.

“RNP” means a registered nurse practitioner as defined in A.R.S. § 32-1601(20).

“SBTPE” means the State Board Test Pool Examination.

“School nurse” means a registered nurse who is certified under R4-19-309.

“Secure examination” means a written test given to an examinee that:

Is administered under conditions designed to prevent cheating;

Is taken by an individual examinee without access to aides, textbooks, other students or any other material that could influence the examinee’s score; and,

After opportunity for examinee review, is either never used again or stored such that only designated employees of the educational institution are permitted to access the test.

“Self-study” means a written self-evaluation conducted by a nursing program to assess the compliance of the program with the standards listed in Article 2.

“Standards related to scope of practice” means the expected actions of any nurse who holds the identified level of licensure.

“Substance use disorder” means misuse, dependence or addiction to alcohol, illegal drugs or other substances.

“Supervision” means the direction and periodic consultation provided to an individual to whom a nursing task or patient care activity is delegated.

“Unlicensed assistive personnel” or “UAP” means a CNA or any other unlicensed person, regardless of title, to whom nursing tasks are delegated.

“Verified application” means an affidavit signed by the applicant attesting to the truthfulness and completeness of the application and includes an oath that applicant will conform to ethical professional standards and obey the laws and rules of the Board.

Historical Note

Former Glossary of Terms; Amended effective Nov. 17, 1978 (Supp. 78-6). Former Section R4-19-01 repealed, new Section R4-19-01 adopted effective February 20, 1980 (Supp. 80-1). Amended paragraphs (1) and (7), added paragraphs (9) through (25) effective July 16, 1984 (Supp. 84-4). Former Section R4-19-01 renumbered as Section R4-19-101 (Supp. 86-1). Amended effective November 18, 1994 (Supp. 94-4). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended effective December 22, 1995 (Supp. 95-4). Amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws

2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in the definitions of “CNA” “CNS” and “RNP” have been updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). A.R.S. section references updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019. (Supp. 19-2). When amended in Supp. 19-2 the Board inadvertently omitted the definition of “Full Approval” as “No Change” in its notice at 25 A.A.R. 919. The definition was included in Supp. 19-2 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4). Amended by final exempt rulemaking (the Board solicited comments on draft rules) at 28 A.A.R. 111 (January 7, 2022), with an effective date of January 2, 2022 (Supp. 21-4).

R4-19-102. Time-frames for Licensure, Certification, or Approval

A. In this Section:

1. “Administrative completeness” or “administratively complete” means Board receipt of all application components required by statute or rule and necessary to begin the substantive review time-frame.
2. “Application packet” means an application form provided by the Board and the documentation necessary to establish an applicant’s qualifications for licensure, certification, or approval.
3. “Comprehensive written request for additional information” means written communication after the administrative completeness time-frame by the Board to an applicant in person or at the address of record or electronic address identified on the application notifying the applicant that additional information, including missing documents is needed before the Board can grant the license. The written communication shall:
 - a. Contain a list of information required by statute or rule and necessary to complete the application or grant the license, and
 - b. Inform the applicant that the request suspends the running of days within the time-frame, and
 - c. Be effective on the date of issuance which is:
 - i. The date of its postmark, if mailed;
 - ii. The date of delivery, if delivered in person by a Board employee or agent; or
 - iii. The date of delivery to the electronic address if delivered electronically.
4. “Deficiency notice” means written communication by the Board to an applicant in person or at the address of record or electronic address identified on the application notifying the applicant that additional information, including missing documents, is needed to complete the application. The written communication shall:
 - a. Contain a list of information required by statute or rule and necessary to complete the application or grant the license;

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- b. Inform the applicant that the request suspends the running of days within the time-frame; and
 - c. Be effective on the date of issuance which is:
 - i. The date of its postmark, if mailed;
 - ii. The date of delivery, if delivered in person by a Board employee or agent; or
 - iii. The date of delivery to the electronic address if delivered electronically.
- 5. "Notice of administrative completeness" means written communication by the Board to an applicant in person or at the address of record or electronic address identified on the application notifying the applicant the application contains all information required by statute or rule to complete the application.
- 6. "Overall time-frame" has the same meaning as A.R.S. § 41-1072(2).
- 7. "Substantive review time-frame" has the same meaning as A.R.S. § 41-1072(3).
- B.** In computing the time-frames in this Section, the day of the act or event from which the designated period begins to run is not included. The last day of the period is included unless it is a Saturday, Sunday, or official state holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or official state holiday.
- C.** For each type of licensure, certification, or approval issued by the Board, the overall time-frame described in A.R.S. § 41-1072(2) is listed in Table 1. An applicant may submit a written request to the Board for an extension of time in which to provide a complete application. The request for an extension of time shall be submitted to the Board office before the deadline for submission of a complete application and shall state the reason that the applicant is unable to comply with the time-frame requirements in Table 1 and the amount of additional time requested. The Board may grant an extension of time based on whether the Executive Director of the Board finds that the applicant is unable to comply within the time-frame due to circumstances beyond the applicant's control and that the additional information can reasonably be supplied during the extension of time.
- D.** For each type of licensure, certification, or approval issued by the Board, the administrative completeness review time-frame described in A.R.S. § 41-1072(1) is listed in Table 1 and begins to run when the Board receives an application packet.
 - 1. If the application packet is not administratively complete, the Board shall send a deficiency notice to the applicant. The time for the applicant to respond to a deficiency notice begins to run on the date the deficiency notice is issued.
 - a. The deficiency notice shall list each deficiency.
 - b. The applicant shall submit to the Board the missing information listed in the deficiency notice within the period specified in Table 1 for responding to a deficiency notice. The time-frame for the Board to complete the administrative review is suspended until the Board receives the missing information.
 - c. If an applicant fails to provide the missing information listed in the deficiency notice within the period specified in Table 1, the Board shall close the applicant's file and send a notice to the applicant by U.S. mail and electronically, if an electronic address is included in the application.
 - d. If the applicant is the subject of an investigation, the Board may continue to process the application. Failure of the applicant to supply the requested information may result in denial of the license or certificate based on information gathered during the investigation.
 - 2. If the application packet is administratively complete, the Board shall send a written notice of administrative completeness to the applicant.
 - 3. If the Board issues a license, certificate, or approval during the administrative completeness review time-frame, the Board shall not send a separate written notice of administrative completeness.
- E.** For each type of licensure, certification, or approval issued by the Board, the substantive review time-frame described in A.R.S. § 41-1072(3) is listed in Table 1 and begins to run on the date the notice of administrative completeness is issued.
 - 1. During the substantive review time-frame, an applicant may make a request to withdraw an application packet. The Board may deny the request to withdraw an application packet if the applicant is the subject of an investigation, based on information gathered during the investigation.
 - 2. If an applicant discloses or the Board receives allegations of unprofessional conduct as described in A.R.S. § 32-1601 or this Chapter, the Board shall review the allegations and may investigate the applicant. The Board may require the applicant to provide additional information as prescribed in subsection (E)(3) based on its assessment of whether the conduct is or might be harmful or dangerous to the health of a client or the public.
 - 3. During the substantive review time-frame, the Board may make one comprehensive written request for additional information. The applicant shall submit the additional information within the period specified in Table 1. The time-frame for the Board to complete the substantive review of the application packet is suspended from the date the comprehensive written request for additional information is issued until the Board receives the additional information.
 - 4. If the applicant fails to provide the additional information identified in the comprehensive written request for additional information within the time specified in Table 1, the Board shall close the applicant's file and send a notice to the applicant by U.S. mail and electronically, if an electronic address is included in the application. The Board may continue to process the application if the applicant is the subject of an investigation. Failure of the applicant to supply the requested information may result in denial of the license or certificate based on information gathered during the investigation.
 - 5. The Board shall grant licensure, conditional licensure, limited licensure, certification, or approval to an applicant:
 - a. Who meets the substantive criteria for licensure, certification, or approval required by A.R.S. Title 32, Chapter 15 and this Chapter; and
 - b. Whose licensure, certification, or approval is in the best interest of the public.
 - 6. The Board shall deny licensure, certification, or approval to an applicant:
 - a. Who fails to meet the substantive criteria for licensure, certification, or approval required by A.R.S. Title 32, Chapter 15 and this Chapter; or
 - b. Who has engaged in unprofessional conduct as described in A.R.S. § 32-1601 or this Chapter; and

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- c. Whose licensure, certification, or approval is not in the best interest of the public.
7. The Board's written order of denial shall meet the requirements of A.R.S. § 41-1076. The applicant may request a hearing by filing a written request with the Board within 30 days of receipt of the Board's order of denial. The Board shall conduct hearings in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

mer Section R4-19-02 renumbered and amended as Section R4-19-102 effective February 21, 1986 (Supp. 86-1).

Section repealed effective July 19, 1995 (Supp. 95-3).

New Section adopted April 20, 1998 (Supp. 98-2).

Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). For-

Table 1. Time-frames

Time-frames (in days)								
Type of License, Certificate, or Approval	Applicable Statute and Section	Board Overall Time-frame Without Investigation	Board Overall Time-frame With Investigation	Board Administrative Completeness Review Time-frame	Applicant Time to Respond to Deficiency Notice	Board Substantive Review Time-frame Without Investigation	Board Substantive Review Time-frame With Investigation	Applicant Time to Respond to Comprehensive Written Request
Nursing Program Proposal Approval	A.R.S. §§ 32-1606(B)(2), 32-1644; R4-19-207	150	Not applicable	60	180	90	Not applicable	120
Nursing Program Provisional Approval	A.R.S. §§ 32-1606(B)(2), 32-1644; R4-19-207	150	Not applicable	60	180	90	Not applicable	120
Nursing Program Full Approval or Re-approval	A.R.S. §§ 32-1606(B)(2), 32-1644; R4-19-208, R4-19-210	150	Not applicable	60	180	90	Not applicable	120
Nursing Program Change	A.R.S. § 32-1606(B)(1); R4-19-209	150	Not applicable	60	180	90	Not applicable	120
Refresher Program Approval or Re-approval	A.R.S. § 32-1606(B)(21); R4-19-216	150	Not applicable	60	180	90	No applicable	120
CNS or RNP Nursing Program Approval or Re-approval	A.R.S. §§ 32-1606(B)(18), 32-1644; R4-19-503	150	Not applicable	60	180	90	Not applicable	120
Credential Evaluation Service Approval or Re-approval	A.R.S. §§ 32-1634.01(A)(1), 32-1634.02(A)(1), 32-1639.01(1), 32-1639.02(1); R4-19-303	150	Not applicable	30	180	60	Not applicable	120
Licensure by Exam	A.R.S. §§ 32-1606(B)(5), 32-1633, 32-1638, and R4-19-301	150	270	30	270	120	240	150
Licensure by Endorsement	A.R.S. §§ 32-1606(B)(5), 32-1634, 32-1639, and R4-19-302	150	270	30	270	120	240	150

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Temporary License or Renewal	A.R.S. §§ 32-1605.01(B)(3), 32-1635, 32-1640; R4-19-304	60	90	30	60	30	60	90
License Renewal	A.R.S. §§ 32-1606(B)(5), 32-1642; R4-19-305	120	270	30	270	90	240	150
School Nurse Certification or Renewal	A.R.S. §§ 32-1606(B)(13), 32-1643 (A)(8); R4-19-309	150	270	30	270	120	240	150
Re-issuance or Subsequent Issuance of License	A.R.S. § 32-1664(O); R4-19-404	150	270	30	270	120	240	150
Registered Nurse Practitioner Certification or Renewal	A.R.S. §§ 32-1601(19), 32-1606(B)(21); R4-19-505, R4-19-506	150	270	30	270	120	240	150
RNP Prescribing and Dispensing Privilege	A.R.S. § 32-1601(19); R4-19-511	150	270	30	270	120	240	150
CNS Certification or Renewal	A.R.S. §§ 32-1601(6), 32-1606(B)(21); R4-19-505, R4-19-506	150	270	30	270	120	240	150
CRNA Certification or Renewal	A.R.S. § 32-1634-.03; R4-19-505; R4-19-506	150	270	30	270	120	240	150
Temporary RNP, CRNA or CNS Certificate or Renewal	A.R.S. §§ 32-1635.01, 32-1634.03; R4-19-507	60	Not applicable	30	60	30	Not applicable	60
Nursing Assistant, Medication Assistant, and LHA Training Programs Approval or Re-approval	A.R.S. §§ 32-1606(B)(11), 32-1645, 32-1650.01; R4-19-803, R4-19-804, R4-19-901, R4-19-902, R4-19-903	120	Not applicable	30	180	90	Not applicable	120
Licensed or Certified Nursing Assistant, Medication Assistant, and LHA Certification by Examination	A.R.S. §§ 32-1606(B)(11), 32-1645, 32-1647, 32-1650.02, 32-1650.03; R4-19-806 R4-19-904	150	270	30	270	120	240	150

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Licensed or Certified Nursing Assistant and Medication Assistant Certification by Endorsement	A.R.S. §§ 32-1606(B)(11), 32-1648, 32-1650.04; R4-19-807	150	270	30	270	120	240	150
Licensed or Certified Nursing Assistant and Certified Medication Assistant Renewal	A.R.S. § 32-1606(B)(11); R4-19-809	120	270	30	270	90	240	150
Re-issuance or Subsequent Issuance of a Nursing Assistant License	A.R.S. § 32-1664(O); R4-19-815	150	270	30	270	120	240	150

Historical Note

Table 1 adopted effective April 20, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Table 1 amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in column two of "Registered Nurse Practitioner Certification or Renewal," "RNP Prescribing and Dispensing Privilege," and "CNS Certification or Renewal" have been updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308 effective July 6, 2013 (Supp. 13-2). A.R.S. Section and Chapter Section references updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final exempt rulemaking (the Board solicited comments on draft rules) at 28 A.A.R. 111 (January 7, 2022), with an effective date of January 2, 2022 (Supp. 21-4).

ARTICLE 2. ARIZONA REGISTERED AND PRACTICAL NURSING PROGRAMS; REFRESHER PROGRAMS**R4-19-201. Organization and Administration****A. The parent institution of a nursing program shall:**

1. Be accredited as a post-secondary institution, college, or university, by an accrediting body that is recognized as an accrediting body by the U.S. Department of Education.
2. Hold Arizona Private Post-secondary board approval status, if applicable.
3. Submit evidence to the board of continuing accreditation after each reaccreditation review or action.
4. Operate any RN or PN program under its post-secondary accreditation if the parent institution holds both secondary and post-secondary accreditation.
5. Notify the Board within 15 days of any change or pending change in institutional accreditation status or reporting requirements.
6. Provide adequate fiscal, physical, learning resources and adequate human resources to recruit, employ and retain sufficient numbers of qualified faculty members to support program processes and outcomes necessary for compliance with this Article.
7. Center the administrative control of the nursing program in the nursing program administrator and shall provide the support and resources necessary to meet the requirements of R4-19-203 and R4-19-204.
8. Ensure that the nursing program is an integral part of the parent institution and shall have at a minimum equivalent status with other academic units of the parent institution.
9. Appoint a sole individual to the position of nursing program administrator, and fill any program administrator vacancies within 15 days.
10. Notify the Board of any changes in program administrator within 30 days and ensure that the individual appointed meets the requirements of, and fulfills the duties specified in R4-19-203.
11. Ensure that every registered nursing program faculty member holds a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15, and that every faculty member meets one of the following:
 - a. If providing didactic instruction:
 - i. At least two years of experience as a registered nurse providing direct patient care; and
 - ii. A graduate degree. The majority of the faculty members of a registered nursing program shall hold a graduate degree with a major in nursing. If the graduate degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing.
 - b. If providing clinical instruction only, as defined in R4-19-101:
 - i. The requirements for didactic faculty, or

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- ii. A baccalaureate degree with a major in nursing and at least three years of experience as a registered nurse providing direct patient care.
- 12. Ensure that each practical nursing program faculty member holds a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S. Title 32, Chapter 15, and that every faculty member meets the following:
 - a. At least two years of experience as a registered nurse providing direct patient care, and
 - b. A minimum of a baccalaureate degree with a major in nursing.

B. A nursing program shall:

- 1. Maintain an organizational chart that identifies the actual relationships, lines of authority, and channels of communication within the program, between the program, and between the program and the parent institution.
- 2. Develop, implement, and enforce written policies and procedures that provide:
 - a. A mechanism for student feedback into the development of academic policies and procedures and allow students to anonymously evaluate faculty, nursing courses, clinical experiences, resources and the overall program.
 - b. Personnel policies for didactic and clinical nursing faculty members including workload policies that facilitate safe and effective nursing education, including clinical experiences.
 - c. For clinical experiences, ensure that:
 - i. At least one nursing faculty member is assigned to no more than ten students while students are directly or indirectly involved in the care of patients, including precepted experiences.
 - ii. Faculty supervises all students in clinical areas in accordance with the acuity of the patient population, clinical objectives, demonstrated competencies of the student, and requirements established by the clinical agency.
 - iii. Either faculty or program-approved preceptors are on site supervising students during all patient care.
- 3. Provide the minimum number of qualified faculty members necessary for compliance with the provisions of this Article.
- 4. Develop and implement a written plan for the systematic evaluation of the total program that is based on program and student learning outcomes and that incorporates continuous improvement based on the evaluative data. The plan shall include measurable outcome criteria, logical methodology, frequency of evaluation, assignment of responsibility, actual outcomes and actions taken. The following areas shall be evaluated:
 - a. Internal structure of the program, its relationship to the parent institution, and compatibility of program policies and procedures with those of the parent institution;
 - b. Mission and goals consistent with those of the parent institution and compatible with current concepts in nursing education and practice appropriate for the type of nursing program offered;
 - c. Curriculum;
 - d. Education facilities, resources, and student support services;
 - e. Clinical resources;

- f. Student achievement of program educational outcomes;
- g. Admission and graduation data for each admission cohort, including, at a minimum, the number and percent of students who graduated within 100%, 150% or greater than 150% of time allotted in the curriculum plan.
- h. Graduate performance on the licensing examination;
- i. Protection of patient safety including but not limited to:
 - i. Student and faculty policies regarding supervision of students, practicing within scope and student safe practice;
 - ii. The integration of safety concepts within the curriculum;
 - iii. The application of safety concepts in the clinical setting; and
 - iv. Policies made under R4-19-203(C)(6).
- 5. Maintain current and accurate records of the following:
 - a. Student admission materials, courses taken, grades received, scores in any standardized tests taken, health and performance, and health information submitted to meet program or clinical requirements, for a minimum of three years after the fiscal year of program completion for academic records and one year after program completion for health records;
 - b. Faculty registered nursing license number issued by the board, evidence of fulfilling the requirements in R4-19-204, and performance evaluations for faculty employed by the parent institution. Records shall be kept current during the period of employment and retained for a minimum of three years after termination of employment;
 - c. Minutes of faculty and committee meetings for a minimum of three years;
 - d. Reports from accrediting agencies and the Board for a minimum of 10 years;
 - e. Curricular materials consistent with the requirements of R4-19-206 for the current curriculum and, previous curricula used within the past three years; and
 - f. Formal program complaints and grievances since the last site review with evidence of resolution for a minimum of three years.
- C. Prior to final approval for new nursing programs and by July 31, 2015 for existing programs, all RN nursing programs offering less than a bachelor's degree in nursing shall have a minimum of one articulation agreement with a Board approved and nationally accredited baccalaureate or higher nursing program that includes recognition of prior learning in nursing and recognition of foundational courses.

Historical Note

Former Section I, Part I; Amended effective January 20, 1975 (Supp. 75-1). Former Section R4-19-11 repealed, new Section R4-19-11 adopted effective February 20, 1980 (Supp. 80-1). Amended effective July 16, 1984 (Supp. 84-4). Former Section R4-19-11 renumbered as Section R4-19-201 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final

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rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-202. Repealed**Historical Note**

Former Section I, Part II; Former Section R4-19-12 repealed, new Section R4-19-12 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-12 repealed, new Section R4-19-12 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-12 renumbered as Section R4-19-202 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-203. Administrator; Qualifications and Duties

- A. The nursing program administrator shall hold a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15 and:
 1. For registered nursing programs:
 - a. A graduate degree with a major in nursing;
 - b. A minimum of three years work experience as a registered nurse providing direct patient care; and
 - c. If appointed to the position of nursing program administrator on or after the effective date of these rules, have a minimum of one academic year full-time experience teaching in or administering a nursing education program leading to licensure; or
 2. For practical nursing programs:
 - a. If appointed prior to the effective date of these rules, a baccalaureate degree with a major in nursing; and
 - b. If appointed on or after the effective date of these rules, the requirements of subsection (A)(1).
- B. The administrator shall have comparable status with other program administrators in the parent institution and shall report directly to an academic officer of the institution.
- C. The administrator shall have the authority and responsibility to direct the program in all its phases, including:
 1. Administering the nursing education program;
 2. Directing activities related to academics, personnel, curriculum, resources, facilities, services, program policies, and program evaluation;
 3. Preparing and administering the budget;
 4. Evaluating nursing program faculty members at a minimum:
 - a. Annually in the first year of employment and every three years thereafter;
 - b. Upon receipt of information that a faculty member, in conjunction with performance of their duties, may be engaged in conduct that is or might be:
 - i. Below a pattern of conduct the standards of the program or the parent institution,
 - ii. A pattern of conduct that is inconsistent with nursing professional standards, or
 - iii. Any conduct that is potentially or actually harmful to a patient or a student.

- c. In the areas of teaching ability and application of nursing knowledge and skills relative to the teaching assignment.
5. Together with faculty:
 - a. Developing, implementing, consistently enforcing, evaluating, and revising, as necessary:
 - i. Equivalent student and faculty policies necessary for safe patient care, including faculty supervision of clinical activities, and to meet clinical agency requirements regarding student and faculty physical and mental health, criminal background checks, substance use screens, and functional abilities.
 - ii. The program of learning including the curriculum and learning outcomes of the program, standards for the admission, progression, and graduation of students, and written policies for faculty orientation, continuous learning and evaluation.
 - iii. Student and faculty policies regarding minimal requisite nursing skills and knowledge necessary to provide safe patient care for the type of unit and patient assignment.
 - b. Participate in advisement and guidance of students.
6. Participating in activities that contribute to the governance of the parent institution.

Historical Note

Former Section I, Part III; Former Section R4-19-13 repealed, new Section R4-19-13 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-13 repealed, new Section R4-19-13 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-13 renumbered as Section R4-19-203 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). The numbering outline under R4-19-203(C) has been corrected at the request of the Board, file number R20-02 (Supp. 19-3).

R4-19-204. Repealed**Historical Note**

Former Section I, Part IV; Former Section R4-19-14 repealed, new Section R4-19-14 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-14 repealed, new Section R4-19-14 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-14 renumbered as Section R4-19-204 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-205. Students; Policies and Admissions

- A. The number of students admitted to a nursing program shall be determined by the number of qualified faculty, the size, num-

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ber and availability of educational facilities and resources, and the availability of the appropriate clinical learning experiences for students.

- B. A nursing program shall implement written student admission and progression requirements that are evidence-based, allow for a variety of clinical experiences and satisfy the licensure criteria of A.R.S. Title 32, Chapter 15 and A.A.C. Title 4 Chapter 19.
- C. A nursing program and parent institution shall:
 1. Develop and enforce written policies that are readily available to:
 - a. Students, in either the college catalogue or nursing student handbook, that address student rights, responsibilities, grievance processes, health, safety; and
 - b. Students and the public, for policies regarding, admission, readmission, transfer, advanced placement, progression, graduation, withdrawal, and dismissal.
 2. Provide accurate and complete written information that is readily available to all students and the general public about the program, including:
 - a. The nature of the program, including course sequence, prerequisites, co-requisites and academic standards;
 - b. The length of the program;
 - c. Total program costs including tuition, fees and all program related expenses;
 - d. The transferability of credits to other public and private educational institutions in Arizona; and
 - e. A clear statement regarding any technology based instruction and the technical support provided to students.
- D. A nursing program shall communicate changes in policies, procedures and program information clearly to all students, prospective students and the public and provide advance notice in a time-frame that allows those who are or may be affected to comply with the changes.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-15 repealed, new Section R4-19-15 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-15 renumbered as Section R4-19-205 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-206. Curriculum

- A. A nursing program shall provide a written program curriculum to students that includes:
 1. Student centered outcomes for the program;
 2. A curriculum plan that identifies the prescribed course sequencing and time required;
 3. Specific course information that includes:
 - a. A course description and outline including student centered and measurable didactic, clinical, and sim-

ulation objectives, if applicable, for each unit of instruction;

- b. Graded activities to demonstrate that course objectives have been met.

- B. A nursing program administrator and faculty members shall ensure that the curriculum:
 1. Is designed so that the student is able to achieve program objectives within the curriculum plan;
 2. Is logically consistent between and within courses and structured in a manner whereby each course builds on previous learning.
 3. Incorporates established professional standards, guidelines or competencies; and
 4. Is designed so that a student who completes the program will have the knowledge and skills necessary to function in accordance with the definition and scope of practice specified in A.R.S. for a practical nurse Title 32, Chapter 15 and A.A.C. Title 4 Chapter 19, for a registered or practical nurse, as applicable.
- C. A nursing program shall provide for progressive sequencing of classroom and clinical instruction sufficient to meet the goals of the program and be organized in such a manner to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and practice.
 1. A nursing program curriculum shall provide coursework that includes, but is not limited to:
 - a. Content in the biological, physical, social, psychological and behavioral sciences, professional responsibilities, legal and ethical issues, history and trends in nursing and health care, to provide a foundation for safe and effective nursing practice consistent with the level of the nursing program;
 - b. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the life span and from diverse cultural, ethnic, social and economic backgrounds to include:
 - i. Patient centered care,
 - ii. Teamwork and collaboration,
 - iii. Evidence-based practice,
 - iv. Quality improvement,
 - v. Safety, and
 - vi. Informatics.
 2. A registered nursing program shall provide clinical instruction that includes, at a minimum, selected and guided experiences that develop a student's ability to apply core principles of registered nursing in varied settings when caring for:
 - a. Adult and geriatric patients with acute, chronic, and complex, life-threatening, medical and surgical conditions;
 - b. Peri-natal patients and families;
 - c. Neonates, infants, and children;
 - d. Patients with mental, psychological, or psychiatric conditions; and
 - e. Patients with wellness needs.
 3. A practical nursing program shall provide clinical instruction that includes, at minimum, selected and guided experiences that develop a student's ability to apply core principles of practical nursing when caring for:
 - a. Patients with medical and surgical conditions throughout the life span,
 - b. Peri-natal patients, and

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- c. Neonates, infants, and children in varied settings.
- 4. A nursing program shall assign students only to those clinical agencies that provide the experience necessary to meet the established clinical objectives of the course.
- E. A nursing program may provide precepted clinical instruction. Programs offering precepted clinical experiences shall:
 - 1. Develop and enforce policies that require preceptors to:
 - a. Be licensed nurses at or above the level of the program either by holding an Arizona license in good standing, holding multi-state privilege to practice in Arizona under A.R.S. Title 32, Chapter 15, or if practicing in a federal facility, meet requirements of A.R.S. § 32-1631(5);
 - b. For LPN preceptors, practice under the supervision required by A.R.S. Title 32, Chapter 15.
 - 2. Develop and implement policies that require a faculty member of the program to:
 - a. Together with facility personnel, select preceptors that possess clinical expertise sufficient to accomplish the goals of the preceptorship;
 - b. Supervise the clinical instruction consistent with requirements of this Article, and
 - c. Maintain accountability for student education and evaluation.
- F. A nursing program may utilize simulation in accordance with the clinical objectives of the course. Unless approved under R4-19-214, a nursing program shall not utilize simulation for an entire clinical experience with any patient population identified in subsection (D) of this Section.
- G. A nursing program shall maintain at least a 80% NCLEX® passing rate for graduates taking the NCLEX-PN® or NCLEX-RN® for the first time within 12 months of graduation.
- H. At least 45% of students enrolled in the first nursing clinical course shall graduate within 100% of the prescribed period. "Prescribed period" means the time required to complete all courses and to graduate on time according to the nursing program's curriculum plan in place at the time the student entered the program, excluding the time to complete program pre-requisite or pre-clinical courses.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-16 repealed, former Section R4-19-17 renumbered and amended as Section R4-19-16 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-16 renumbered as R4-19-206 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (B)(3) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). A.R.S. section references updated under subsection (C)(5) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R.

919, effective June 3, 2019 (Supp. 19-2).

EMERGENCY RULEMAKING - RENEWAL**R4-19-207. New Programs; Proposal Approval; Provisional Approval**

- A. At a minimum of one year before establishing a nursing program, a parent institution shall submit to the Board an electronic copy of an application for proposal approval. The parent institution shall ensure that the proposal application was written by or under the direction of a registered nurse who meets the nursing program administrator requirements of R4-19-203(A) and includes the following information and documentation:
 - 1. Name and address of the parent institution;
 - 2. Statement of intent to establish a nursing program, including the academic and licensure level of the program; and:
 - a. Organizational structure of the educational institution documenting the relationship of the nursing program within the institution and the role of the nursing program administrator consistent with R4-19-201 and R4-19-203;
 - b. Evidence of institutional accreditation consistent with R4-19-201 and post-secondary approval, if applicable. The institution shall provide the most recent full reports including findings and recommendations of the applicable accrediting organization or approval agency. The Board may request additional accreditation or approval evidence.
 - c. Curriculum development documentation to include:
 - i. Student-centered outcomes for the program;
 - ii. A plan that identifies the prescribed course sequencing and time required; and
 - iii. Identification of established professional standards, guidelines or competencies upon which the curriculum will be based;
 - d. Name, qualifications, and job description of a nursing program administrator who meets the requirements of R4-19-203 and availability and job description of faculty who meet qualifications of R4-19-204;
 - e. Number of budgeted clinical and didactic faculty positions from the time of the first admission to graduation of the first class;
 - f. Evidence that the program has secured clinical sites for its projected enrollment that meet the requirements of R4-19-206;
 - g. Anticipated student enrollment per session and annually;
 - h. Documentation of planning for adequate academic facilities and secretarial and support staff to support the nursing program consistent with the requirements of R4-19-202;
 - i. Evidence of adequate program financial resources;
 - j. Tentative time schedule for planning and initiating the nursing program including faculty hiring, entry date and size of student cohorts, and obtaining and utilizing clinical placements from the expected date of proposal approval to graduation of the first cohort.
 - k. For a parent institution that has an existing nursing program in one or more U.S. jurisdictions including Arizona, evidence for each of its nursing programs that includes:

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- i. Program approval in good standing with no order entered in this or any other jurisdiction, which if entered by this state would constitute the denial of a license or a disciplinary action within the meaning of A.R.S. § 32-1601, subsection 12, paragraphs (d), (e), (f), (g), (h); and
 - ii. An NCLEX pass rate of at least 80% for the 12 months preceding the current application; or
 - iii. The parent institution successfully demonstrates to the Board that:
 - (1) The program is in the best interests of the public. The Board's consideration of what is in the best interests of the public shall include, but is not limited to, the geographic need for a new nursing program, the populations that would be served by the program, adequate program oversight, institutional financial security, adequacy of the program proposal, and a demonstrated history of cooperation with accrediting and regulatory bodies; and
 - (2) The program will be capable of meeting all other applicable requirements for the establishment of a nursing program.
- B. The Board shall grant proposal approval to any parent institution that meets the requirements of subsection (A) if the Board deems that such approval is in the best interests of the public. Proposal approval expires one year from the date of Board issuance.
- C. A parent institution that is denied proposal approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for proposal approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
- D. At a minimum of 180 days before planned enrollment of students, a parent institution that received proposal approval within the previous year may submit to the Board an electronic copy of an application for provisional approval. The parent institution shall ensure that the provisional approval application was written by or under the direction of a registered nurse who meets the program administrator requirements of R4-19-203(A) and includes the following information and documentation:
 - 1. Name and address of parent institution;
 - 2. A self-study that provides evidence supporting compliance with R4-19-201 through R4-19-206, and
 - 3. Names and qualifications of:
 - a. The nursing program administrator;
 - b. Didactic nursing faculty or one or more nurse consultants who are responsible for developing the curriculum and determining nursing program admission, progression and graduation criteria;
 - 4. Plan for recruiting and hiring additional didactic faculty for the first semester or session of operation at least 60 days before classes begin;
 - 5. Plan for recruiting and hiring additional clinical nursing faculty at least 30 days before the clinical rotation begins;
 - 6. Final program implementation plan including dates and number of planned student admissions, recruitment and hire dates for didactic and clinical faculty for the period of provisional approval;
 - 7. Descriptions of available and proposed physical facilities with dates of availability; and
 - 8. Detailed written plan for clinical placements for all planned enrollments until graduation of the first class that is:
 - a. Based on current clinical availability and curriculum needs;
 - b. Confirms availability and commitment from proposed clinical agencies for the times and units specified.
- E. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall grant a two year provisional approval to a parent institution that meets the requirements of R4-19-201 through R4-19-206 if approval is in the best interest of the public. A parent institution that is denied provisional approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for provisional approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
- F. The provisional approval of a nursing program expires 12 months from the date of the grant of provisional approval if a class of nursing students is not admitted by the nursing program within that time.
- G. One year after admission of the first nursing class into nursing courses, the program shall provide a report to the Board containing information on:
 - 1. Implementation of the program including any differences from the plans submitted in the applications for proposal and provisional approval and an explanation of those differences; and
 - 2. The outcomes of the evaluation of the program according to the program's systematic evaluation plan under R4-19-201;
- H. Following receipt of the report described in subsection (G), a representative of the Board shall conduct a site survey visit in accordance with A.R.S. § 41-1009 to determine compliance with this Article. A report of the site visit shall be provided to the Board.
- I. If a nursing program with provisional approval fails to comply with requirements of A.R.S. Title 32, Chapter 15, or 4 A.A.C. 19, Article 4, the Board may initiate a disciplinary action. Prior to imposition of discipline against a provisional approval, the nursing program is entitled to a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Section made by emergency rulemaking at 30 A.A.R. 66 (January 12, 2024), with an immediate effective date of December 19, 2023; effective for 180 days (Supp. 23-4).
Emergency renewed at 30 A.A.R. 2021 (June 7, 2024), effective June 17, 2024; the renewal is effective for an additional 180 days, pursuant to A.R.S. § 41-1026 (Supp. 24-2).

R4-19-207. New Programs; Proposal Approval; Provisional Approval

- A. At a minimum of one year before establishing a nursing program, a parent institution shall submit to the Board an electronic copy of an application for proposal approval. The parent institution shall ensure that the proposal application was written by or under the direction of a registered nurse who meets the nursing program administrator requirements of R4-19-203(A) and includes the following information and documentation:
 - 1. Name and address of the parent institution;

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2. Statement of intent to establish a nursing program, including the academic and licensure level of the program; and:
 - a. Organizational structure of the educational institution documenting the relationship of the nursing program within the institution and the role of the nursing program administrator consistent with R4-19-201 and R4-19-203;
 - b. Evidence of institutional accreditation consistent with R4-19-201 and post-secondary approval, if applicable. The institution shall provide the most recent full reports including findings and recommendations of the applicable accrediting organization or approval agency. The Board may request additional accreditation or approval evidence.
 - c. Curriculum development documentation to include:
 - i. Student-centered outcomes for the program;
 - ii. A plan that identifies the prescribed course sequencing and time required; and
 - iii. Identification of established professional standards, guidelines or competencies upon which the curriculum will be based;
 - d. Name, qualifications, and job description of a nursing program administrator who meets the requirements of R4-19-203 and availability and job description of faculty who meet qualifications of R4-19-204;
 - e. Number of budgeted clinical and didactic faculty positions from the time of the first admission to graduation of the first class;
 - f. Evidence that the program has secured clinical sites for its projected enrollment that meet the requirements of R4-19-206;
 - g. Anticipated student enrollment per session and annually;
 - h. Documentation of planning for adequate academic facilities and secretarial and support staff to support the nursing program consistent with the requirements of R4-19-202;
 - i. Evidence of adequate program financial resources;
 - j. Tentative time schedule for planning and initiating the nursing program including faculty hiring, entry date and size of student cohorts, and obtaining and utilizing clinical placements from the expected date of proposal approval to graduation of the first cohort.
 - k. For a parent institution or owner corporation that has multiple nursing programs in one or more U.S. jurisdictions including Arizona, evidence for each of its nursing programs that includes:
 - i. Program approval in good standing with no conditions, restrictions, ongoing investigations or deficiencies;
 - ii. An NCLEX pass rate of at least 80% for the past two years or since inception; and
 - iii. An on-time graduation rate consistent with the requirements of R4-19-206.
- B. The Board shall grant proposal approval to any parent institution that meets the requirements of subsection (A) if the Board deems that such approval is in the best interests of the public. Proposal approval expires one year from the date of Board issuance.
- C. A parent institution that is denied proposal approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for proposal approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
- D. At a minimum of 180 days before planned enrollment of students, a parent institution that received proposal approval within the previous year may submit to the Board an electronic copy of an application for provisional approval. The parent institution shall ensure that the provisional approval application was written by or under the direction of a registered nurse who meets the program administrator requirements of R4-19-203(A) and includes the following information and documentation:
 1. Name and address of parent institution;
 2. A self-study that provides evidence supporting compliance with R4-19-201 through R4-19-206, and
 3. Names and qualifications of:
 - a. The nursing program administrator;
 - b. Didactic nursing faculty or one or more nurse consultants who are responsible for developing the curriculum and determining nursing program admission, progression and graduation criteria;
 4. Plan for recruiting and hiring additional didactic faculty for the first semester or session of operation at least 60 days before classes begin;
 5. Plan for recruiting and hiring additional clinical nursing faculty at least 30 days before the clinical rotation begins;
 6. Final program implementation plan including dates and number of planned student admissions, recruitment and hire dates for didactic and clinical faculty for the period of provisional approval;
 7. Descriptions of available and proposed physical facilities with dates of availability; and
 8. Detailed written plan for clinical placements for all planned enrollments until graduation of the first class that is:
 - a. Based on current clinical availability and curriculum needs;
 - b. Confirms availability and commitment from proposed clinical agencies for the times and units specified.
- E. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall grant a two year provisional approval to a parent institution that meets the requirements of R4-19-201 through R4-19-206 if approval is in the best interest of the public. A parent institution that is denied provisional approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for provisional approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
- F. The provisional approval of a nursing program expires 12 months from the date of the grant of provisional approval if a class of nursing students is not admitted by the nursing program within that time.
- G. One year after admission of the first nursing class into nursing courses, the program shall provide a report to the Board containing information on:
 1. Implementation of the program including any differences from the plans submitted in the applications for proposal and provisional approval and an explanation of those differences; and

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2. The outcomes of the evaluation of the program according to the program's systematic evaluation plan under R4-19-201;
- H. Following receipt of the report described in subsection (G), a representative of the Board shall conduct a site survey visit in accordance with A.R.S. § 41-1009 to determine compliance with this Article. A report of the site visit shall be provided to the Board.
- I. If a nursing program with provisional approval fails to comply with requirements of A.R.S. Title 32, Chapter 15, or 4 A.A.C. 19, Article 4, the Board may initiate a disciplinary action. Prior to imposition of discipline against a provisional approval, the nursing program is entitled to a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-17 renumbered and amended as Section R4-19-16 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-17 renumbered as R4-19-207 (Supp. 86-1). New Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-208. Full Approval of a New Nursing Program

- A. A nursing program seeking full approval shall submit an electronic application that includes the following information and documentation:
 1. Name and address of the parent institution,
 2. Date the nursing program graduated its first class of students, and
 3. A self-study report that contains evidence the program is in compliance with R4-19-201 through R4-19-206.
- B. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall grant full approval for a maximum of five years or the accreditation period for nationally accredited programs governed by R4-19-213, to a nursing program that meets the requirements of this Article and if approval is in the best interest of the public. A nursing program that is denied full approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for full approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-209. Nursing Program Change

- A. A nursing program administrator shall receive approval from the Board before implementing any of the following nursing program changes:
 1. Curriculum or program delivery method;
 2. Increasing or decreasing the academic credits or units of the program excluding pre-requisite credits;
 3. Adding a geographical location of the program;
 4. Changing the level of educational preparation provided;
 5. Transferring the nursing program from one parent institution to another; or
 6. Establishing different admission, progression or graduation requirements for specific cohorts of the program.
- B. The administrator shall submit an electronic copy of the following materials with the request for nursing program changes:
 1. The rationale for the proposed change and the anticipated effect on the program administrator, faculty, students, resources, and facilities;
 2. A summary of the differences between the current practice and proposed change;
 3. A timetable for implementation of the change; and
 4. The methods of evaluation to be used to determine the effect of the change.
- C. The Board shall approve a request for a nursing program change if the program meets the requirements of this Section and R4-19-201 through R4-19-206. A nursing program that is denied approval of program changes may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for program change. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-210. Renewal of Approval of Nursing Programs Not Accredited by a National Nursing Accrediting Agency

- A. An approved nursing program that is not accredited by an approved national nursing accrediting agency shall submit an application packet to the Board at least four months before the expiration of the current approval that includes the following:
 1. Name and address of the parent institution,
 2. Evidence of current institutional accreditation status under R4-19-201,
 3. Evidence that the program has secured clinical sites for its projected enrollment that meet the requirements of R4-19-206,
 4. Copy or on-line access to:
 - a. A current catalog of the parent institution,
 - b. Current nursing program and institutional student and academic policies, and
 - c. Institutional and nursing program faculty policies and job descriptions for nursing program faculty, and

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5. An electronic copy of a self-study report that contains evidence of compliance with R4-19-201 through R4-19-206.
- B. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall renew program approval for a maximum of five years if the nursing program meets the criteria in R4-19-201 through R4-19-206 and if renewal is in the best interest of the public. The Board shall determine the term of approval that is in the best interest of the public.
- C. If the Board denies renewal of approval, the nursing program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-211. Unprofessional Conduct in a Nursing Program; Reinstatement or Reissuance

- A. A disciplinary action, or denial of approval, may be issued against a nursing, refresher, pilot, or distance learning program for any of the following acts of unprofessional conduct:
 1. A pattern of failure to maintain minimum standards of acceptable and prevailing educational or nursing practice, or any such failure related to student or patient health, welfare, or safety;
 2. A pattern of deficiencies in compliance with the provisions of this Article, or any such deficiency related to student or patient health, welfare, or safety;
 3. Utilization or substitution of students to meet staffing needs in health care facilities;
 4. A pattern of non-compliance with the program's or parent institution's mission or goals, program design, objectives, or policies, or any such deficiency related to student or patient health, welfare, or safety;
 5. Failure to provide the variety and number of clinical learning opportunities necessary for students to achieve program outcomes or minimal nursing competence;
 6. Student enrollments without necessary faculty, facilities, or clinical experiences to achieve program outcomes or minimal nursing competence;
 7. Ongoing or repetitive employment of unqualified faculty or program administrator;
 8. Failure to comply with Board requirements within designated time-frames;
 9. Fraud or deceit in advertising, promoting or implementing the program;
 10. Material misrepresentation of fact in any application or information submitted to the Board;
 11. Failure to allow Board staff to visit the program or conduct an investigation including failure to supply requested investigative documents;

12. Any other evidence that the program's conduct may be a threat to the safety and well-being of students, faculty, patients or potential patients; or
13. Violation of any other state or federal laws, rules, or regulations that may indicate a threat to the safety or well-being of students, faculty, patients or potential patients.

- B. If a program's approval was surrendered, rescinded, or denied, the program may reapply for reinstatement or reissuance of approval after a period prescribed by the Board, not to exceed five years. The program must comply with all application requirements in this Article, and further provide evidence of remediation of all violations that led to the rescission. The Board shall review the evidence, and reinstate or reissue approval of the program if the program has demonstrated remediation, complies with all program requirements in A.R.S. Title 32, Chapter 15, and this Chapter and reinstatement is in the best interests of the public. If reinstatement or reissuance is denied, the may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-211 renumbered to R4-19-212; New Section R4-19-211 made by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-212. Repealed**Historical Note**

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-212 renumbered to R4-19-213; New Section R4-19-212 renumbered from R4-19-211 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-213. Nursing Programs Holding National Program Accreditation; Changes in Accreditation

- A. A nationally accredited nursing program or a program seeking national accreditation or re-accreditation shall inform the Board at least 30 days in advance of any pending visit by a nursing program accrediting agency and allow Board staff to attend all portions of the visit.
- B. Following any visit by the accrediting agency, a nursing program shall submit a complete copy of all site visit reports to the Board within 15 days of receipt by the program and notify the Board within 15 days of any change or known pending change in program accreditation status or reporting requirements.
- C. The administrator of a nursing program that loses its accreditation status or allows its accreditation status to lapse shall file an application for renewal of approval under R4-19-210 within 30 days of loss of or lapse in accreditation status.
- D. Under A.R.S. § 32-1644(D) the Board may periodically re-survey a nationally accredited program to determine compliance with this Article and require a self study report. Board

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site visits may be conducted in conjunction with the national accrediting team.

- E. Unless otherwise notified by the Board following receipt and review of the documents required by subsections (A) and (B), a nationally accredited nursing program continues to retain full-approval status unless the Board rescinds the approval after the program has had an opportunity for a hearing in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). R4-19-213 renumbered to R4-19-215; New Section R4-19-213 renumbered from R4-19-212 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-214. Pilot Programs for Innovative Approaches in Nursing Education

- A. Under A.R.S. § 32-1606(A)(9) a nursing education program, refresher program or a certified nursing assistant program may implement a pilot program for an innovative approach by complying with the provisions of this Section. Education programs approved to implement innovative approaches shall comply with all other applicable provisions of A.R.S. Title 32, Chapter 15 and this Chapter.
- B. A program applying for a pilot program shall:
1. Hold full approval in good standing; and
 2. Have no discipline in the past two years.
- C. The following written information shall be provided to the Board at least 90 days prior to a Board meeting to seek approval for a pilot program:
1. Identifying information including name of program, address, responsible party and contact information;
 2. A brief description of the current program, including accreditation and Board approval status;
 3. Identification of the regulation or regulations that the proposed innovative approach would violate without pilot program board approval;
 4. Length of time for which the innovative approach is requested;
 5. Description of the innovative approach, including rationale and objectives;
 6. Explanation of how the proposed innovation differs from approaches in the current program;
 7. Available evidence supporting the innovative approach;
 8. Identification of resources that support the proposed innovative approach;
 9. Expected impact the innovative approach will have on the program, including administration, students, faculty, and other program resources;
 10. Plan for implementation and evaluation of the proposed innovation, including timeline;
 11. Additional application information as requested by the Board.
- D. The Board shall approve an application for a pilot program that is in the best interests of the public, and meets the following criteria:
1. Eligibility criteria in subsection (B) and application criteria in subsection (C) are met;
 2. The innovative approach will not compromise the quality of education or safe practice of students;

3. Resources are sufficient to support the innovative approach;
4. Rationale with available evidence supports the implementation of the innovative approach;
5. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach;
6. Timeline provides for a sufficient period to implement and evaluate the innovative approach; and
7. Plan for periodic evaluation is comprehensive and supported by appropriate methodology.

E. The Board may:

1. Deny the application or request additional information if the program does not meet the criteria in subsections (B) and (C), or otherwise is not in the best interests of the public. The program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying an application for a pilot program. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.
 2. Rescind the approval of the innovation, after an opportunity for a hearing in accordance with A.R.S. Title 41, Chapter 6, and Article 6 of this Chapter, or require the program to make modifications if:
 - a. The Board receives substantiated evidence indicating adverse impact on the program, students, faculty, patients, or the public,
 - b. The program fails to implement or evaluate the innovative approach as presented and approved, or
 - c. The program fails to maintain eligibility criteria in subsection (B).
- F. An education program that is granted approval for an innovation shall maintain eligibility criteria in subsection (B) and submit:
1. Progress reports conforming to the evaluation plan annually or as requested by the Board; and
 2. A final evaluation report that conforms to the evaluation plan, detailing and analyzing the outcomes data.
- G. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- H. The Board may grant the request to continue approval if the innovative approach has achieved desired outcomes and is in the best interests of the public.
- I. If the Board denies the request to continue approval of the pilot program, the program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of the pilot program. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-214 renumbered to R4-19-216; New Section R4-19-214 made by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-215. Voluntary Termination of a Nursing Program or a Refresher Program

- A. The administrator of a nursing program or a refresher program shall notify the Board within 15 days of a decision to volun-

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tarily terminate the program. The administrator shall, at the same time, submit a written plan for terminating the nursing program or refresher program. A program is considered voluntarily terminated when it no longer admits or plans to admit students after current students graduate.

- B. The administrator shall ensure that the nursing program or refresher program is maintained, including the nursing faculty, until the last enrolled student is transferred or completes the program. At that time the Board shall remove the program from the current list of approved programs.
- C. Within 15 days after the termination of a nursing program or refresher program, the administrator shall notify the Board of the permanent location and availability of all program records.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). R4-19-215 renumbered to R4-19-217; New Section R4-19-215 renumbered from R4-19-213 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-216. Approval of a Refresher Program

- A. An applicant for approval of a refresher program for nurses whose licenses have been inactive or expired for five or more years, nurses under Board order to enroll in a refresher program, or nurses who have not met the nursing practice requirements of R4-19-312 shall submit an electronic, completed application that provides all of the following information and documentation:

1. Applicant's name, address, e-mail address, telephone number, web site address, if applicable, and fax number;
2. Proposed starting date for the program;
3. Name and qualifications of all instructors that meet the requirements of subsection (C);
4. Statement describing the facilities, staff, and resources that the applicant will use to conduct the refresher program;
5. A program and participant evaluation plan that includes student evaluation of the course, instructor, and clinical experience;
6. Evidence of a curriculum that meets the requirements of subsection (B);

- B. A refresher program for registered and practice nurses shall provide:

1. Didactic instruction sufficient to ensure competent and safe practice to the applicable level of the nursing license, including the following subjects, at a minimum:
 - a. Nursing process and patient centered care;
 - b. Pharmacology, medication calculation, and medication administration;
 - c. Communication and working with inter-professional teams;
 - d. Critical thinking, clinical decision making and evidence-based practice;
 - e. Delegation, management, and leadership;
 - f. Meeting psychosocial and physiological needs of adult clients with medical-surgical conditions. Other populations of care may be added to the content at the program's discretion;
 - g. Ethics; and

- h. Informatics, to include electronic health record documentation.

2. The program shall provide clinical experiences that, at a minimum:

- a. Ensure that each qualified student has a verified clinical placement within six months of course enrollment;
- b. Provide program policies for clinical placement in advance of enrollment that specify both the obligations of the school and the student regarding placement;
- c. Validate that a student has the necessary didactic and theoretical knowledge to function safely in the specific clinical setting before starting a clinical experience;
- d. Ensure that clinical experiences are of the type and duration to meet the course objectives.

3. Laboratory practice hours, at the program's discretion, including simulation experiences in accordance with the clinical objectives of the course, but may not replace clinical experiences.

4. Curriculum and other materials to students and prospective students that, include:

- a. An overall program description including student learning objectives;
- b. Objectives, content outline, and hours for didactic and clinical experience;
- c. Course policies that include but are not limited to admission requirements, passing criteria, cause for dismissal, clinical requirements, grievance process and student responsibilities, cost, and length of the program.

- C. Refresher program personnel qualifications and responsibilities:

1. An administrator of a refresher program shall:
 - a. Hold a graduate degree in nursing or a bachelor of science in nursing degree and a graduate degree in either education or a health-related field, and
 - b. Be responsible for administering and evaluating the program.
2. A faculty member of a refresher program shall:
 - a. Hold a minimum of a bachelor of science in nursing degree,
 - b. Be responsible for implementing the curriculum and supervising clinical experiences either directly or indirectly through the use of clinical preceptors.
3. Licensure requirements for program administrator and faculty: The administrator and faculty members shall hold a current Arizona RN license in good standing or a multi-state privilege under A.R.S., Title 32, Chapter 15.
4. If preceptors are used for clinical experiences, the program shall adhere to the preceptorship requirements of R4-19-206(E).
5. Licensed health care professionals not regulated by the Board may participate in course instruction consistent with their licensure and scope of practice, under the direction of the program administrator or faculty.

- D. Program types; bonding:

1. A refresher program may be offered by:
 - a. An educational institution licensed by the State Board for Private Postsecondary Education;
 - b. A public post-secondary educational institution;
 - c. A health care institution licensed by the Arizona Department of Health Services or a health care insti-

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- tution authorized by the Centers for Medicare & Medicaid Services; or
- d. A private business that meets the requirements of this Section and all other legal requirements to operate a business in Arizona;
 - e. A program funded by a local, state or federal governmental agency, such as a program within a technical school or school of nursing.
2. If the refresher program is offered by a private business not licensed by the State Board for Private Postsecondary Education, the program shall meet the following requirements:
 - a. Hold a minimum of \$15,000 of insurance covering any potential or future claims for damages resulting from any aspect of the program or a hold a surety bond from a surety company with a rating of "A minus" or better by either Best's Credit Ratings, Moody's Investor Service, or Standard and Poor's rating service.
 - b. The program shall ensure that:
 - i. Bond or insurance distributions are limited to students or former students with a valid claim for instructional or program deficiencies;
 - ii. The amount of the bond or insurance coverage is sufficient to reimburse the full amount of collected tuition and fees for all students during all enrollment periods of the program; and
 - iii. The bond or insurance is maintained for an additional 24 months after program closure.
 - E. The Board shall approve a refresher program that meets the requirements of this Section, if approval is in the best interest of the public, for a maximum term of five years. An applicant who is denied refresher program approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and Article 6 of this Chapter.
 - F. The refresher program sponsor shall apply for renewal of approval in accordance with subsection (A) not later than 90 days before expiration of the current approval. The sponsor of a refresher program that is denied renewal of approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.
 - G. The sponsor of an approved refresher program shall provide written notification to the Board within 15 days of a participant's completion of the program of the following:
 1. Name of the participant and whether the participant successfully completed or failed the program,
 2. Participant's license number, and
 3. End date of participant's participation in the program.
 - H. The Board may approve a refresher program application from another U.S. jurisdiction for an individual applicant on a case-by-case basis if the applicant provides verifiable evidence that the refresher program substantially meets the requirements of this Section. The acceptance of the program for an individual applicant does not confer approval status upon the program.
 - I. Within 30 days, a refresher program shall report to the Board changes in:
 1. Name, address, email address, web site address or phone number of the program; or
 2. Ownership including adding or deleting an owner.
 - J. The Board may take disciplinary action against the approval of a refresher program after offering a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

New Section R4-19-216 renumbered from R4-19-214 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020; clerical error corrected at the request of the Board, "of a" removed before the words, "completed application" and comma added after the word "electronic" in subsection A (Supp. 20-4).

R4-19-217. Distance Learning Nursing Programs; Out-of-State Nursing Programs

- A. An out-of-state nursing program that is in good standing in another state in the United States and plans to provide distance-based didactic instruction and on-ground clinical instruction in Arizona shall comply with the application requirements of R4-19-207 and R4-19-208. The program shall employ at least one faculty member who is physically present in this state to coordinate the education and clinical experience.
- B. Any nursing program that delivers didactic instruction in Arizona by distance learning methods shall ensure that the methods of instruction are compatible with the program curriculum plan and enable a student to meet the goals, competencies, and objectives of the educational program and standards of the Board, A.R.S. Title 32, Chapter 15, and this Chapter.
 1. A distance learning nursing program shall establish a means for assessing individual student outcomes, and program outcomes including, at minimum, student learning outcomes, student retention, student satisfaction, and faculty satisfaction.
 2. For out-of-state nursing programs, the program shall be within the jurisdiction of and regulated by an equivalent United States nursing regulatory authority in the state from which the program originates, unless also providing clinical experience in Arizona.
 3. Didactic faculty members shall be licensed in the state of origination of a distance learning nursing program and in Arizona or hold a multi-state compact license unless exempt under A.R.S. § 32-1631(8). Clinical supervising faculty shall be licensed in the location of the clinical activity.
 4. A distance learning nursing program shall provide students with supervised clinical and laboratory experiences so that program objectives are met and didactic learning is validated by supervised, on-ground clinical and laboratory experiences.
 5. A distance-learning nursing program shall provide students with adequate access to technology, resources, technical support, and the ability to interact with peers, preceptors, and faculty.
- C. A nursing program, located in another state or territory of the United States, that wishes to provide clinical experiences in Arizona under A.R.S. § 32-1631(3), shall obtain Board approval before offering or conducting a clinical session. To

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obtain approval, the program shall submit a proposal package that contains:

1. A self study, describing the program's compliance with R4-19-201 through R4-19-206; and
 2. A statement regarding, the number and type of student placements planned, and written commitment by the clinical facilities to provide the necessary clinical experiences, the name and qualifications of faculty licensed in Arizona and physically present in the facility who will supervise the experience and verification of good standing of the program in the jurisdiction of origin.
- D.** The Board may require a nursing program approved under this Section to file periodic reports to determine compliance with the provisions of this Article. A program shall submit a report to the Board within 30 days of the date on a written request from the Board or by the due date stated in the request if the due date is after the normal 30-day period.
- E.** The Board shall approve an application to conduct clinical instruction in Arizona that meets the requirements in A.R.S. Title 32, Chapter 15 and this Chapter, and is in the best interest of the public. An applicant who is denied approval to conduct clinical instruction in Arizona may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
- F.** If the Board finds that a nursing program located and approved in another state or territory of the United States does not meet requirements for nursing programs prescribed in this Article the Board may take other disciplinary action depending on the severity of the offense after offering a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
1. Students enrolled at the time of rescission of approval shall not be granted licensure unless the applicant meets all applicable licensure requirements.
 2. The Board shall ensure that the applicant has completed a curriculum that is equivalent to that of an approved nursing program.
- f. Post-secondary education, including the names and locations of all schools attended, graduation dates, and degrees received, if applicable;
 - g. Current employer or practice setting, including address, position, and dates of service, if employed or practicing in nursing or health care;
 - h. Information regarding the applicant's compliance with the practice or education requirements in R4-19-312;
 - i. Any state, territory, or country in which the applicant holds or has held a registered or practical nursing license and the license number and status of the license, including original state of licensure, if applicable;
 - j. The date the applicant previously filed an application for licensure in Arizona, if applicable;
 - k. Responses to questions regarding the applicant's background on the following subjects:
 - i. Current investigation or pending disciplinary action by a nursing regulatory agency in the United States or its territories;
 - ii. Action taken on a nursing license by any other state;
 - iii. Undesignated offenses, felony charges, convictions and plea agreements, including deferred prosecution;
 - iv. Misdemeanor charges, convictions and plea agreements, including deferred prosecution, that are required to be reported under A.R. S. § 32-3208;
 - v. Unprofessional conduct as defined in A.R.S. § 32-1601;
 - vi. Substance use disorder within the last 5 years;
 - vii. Current participation in an alternative to discipline program in any other state;
 - l. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; and
 - m. Certification in nursing including category, specialty, name of certifying body, date of certification, and expiration date.

Historical Note

New Section R4-19-217 renumbered from R4-19-215 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

ARTICLE 3. LICENSURE**R4-19-301. Licensure by Examination**

- A.** An applicant for licensure by examination shall:
1. Submit a verified application to the Board on a form furnished by the Board that provides the following information about the applicant:
 - a. Full legal name and all former names used by the applicant;
 - b. Address of Record, including declared primary state of residence, e-mail address, and telephone number;
 - c. Place and date of birth;
 - d. Ethnic category and marital status, at the applicant's discretion;
 - e. Social Security number for an applicant who lives or works in the United States;
- B.** If an applicant is a graduate of a pre-licensure nursing program in the United States that has been assigned a program code by the National Council of State Boards of Nursing during the period of the applicant's attendance, the applicant shall submit one of the following:
1. If the program is an Arizona-approved program, the transcript required in subsection (B)(2) or a statement signed by a nursing program administrator or designee verifying that:
 - a. The applicant graduated from or is eligible to graduate from a registered nursing program for a registered nurse applicant; or
 - b. The applicant graduated from or is eligible to graduate from a practical nursing program or graduated from a registered nursing program and completed

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- Board-prescribed role delineation education for a practical nurse applicant; or
2. If the program is located either in Arizona or in another state or territory and meets educational standards that are substantially comparable to Board standards for educational programs under Article 2 when the applicant completed the program, an official transcript sent directly from one of the following as:
 - a. Evidence of graduation or eligibility for graduation from a diploma registered nursing program, associate degree registered nursing program, or baccalaureate or higher degree registered nursing program for a registered nurse applicant.
 - b. Evidence of graduation or eligibility for graduation of a practical nursing program, associate degree registered nursing program, or baccalaureate or higher degree registered nursing program for a practical nurse applicant.
- C. If an applicant is a graduate of a pre-licensure international nursing program and lacks items required in subsection (B), the applicant shall comply with subsection (A), submit a self report on the status of any international nursing license, and submit the following:
1. To demonstrate nursing program equivalency, one of the following:
 - a. If the applicant graduated from a Canadian nursing program, evidence of a passing score on the English language version of either the Canadian Nurses' Association Testing Service, the Canadian Registered Nurse Examination, NCLEX or an equivalent examination;
 - b. A Certificate or Visa Screen Certificate issued by the Commission on Graduates of Foreign Nursing Schools (CGFNS), or a report from CGFNS that indicates an applicant's program is substantially comparable to a U.S. program; or
 - c. A report from any other credential evaluation service (CES) approved by the Board.
 2. If a graduate of an international pre-licensure nursing program subsequently obtains a degree in nursing from an accredited U.S. nursing program, the requirement for a CES equivalency report may be waived by the Board, however the applicant is not eligible for a multi-state compact license.
 3. If an applicant's pre-licensure nursing program provided classroom instruction, textbooks, or clinical experiences in a language other than English, a test of written, oral, and spoken English is required. Clinical experiences are deemed to have been provided in a language other than English if the principal or official language of the country or region where the clinical experience occurred is a language other than English, according to the United States Department of State.
 4. An applicant who is required to demonstrate English language proficiency shall ensure that one of the following is submitted to the Board directly from the testing or certifying agency:
 - a. Evidence of a minimum score of 84 with a minimum speaking score of 26 on the Internet-based Test of English as a Foreign Language (TOEFL),
 - b. Evidence of a minimum score of 6.5 overall with minimum of 6.0 on each module of the Academic Exam of the International English Language Test Service (IELTS) Examination,
 - c. Evidence of a minimum score of 55 overall with a minimum score of 50 on each section of the Pearson Test of English Academic exam.
 - d. A Visa Screen Certificate from CGFNS,
 - e. A CGFNS Certificate,
 - f. Evidence of a similar minimum score on another written and spoken English proficiency exam determined by the Board to be equivalent to the other exams in this subsection, or
 - g. Evidence of employment for a minimum of 960 hours within the past five years as a nurse in a country or territory where the principal language is English, according to the United States Department of State.
- D. An applicant for a registered nurse license shall attain one of the following:
1. A passing score on the NCLEX-RN;
 2. A score of 1600 on the NCLEX-RN, if the examination was taken before July 1988; or
 3. A score of not less than 350 on each part of the SBTPE for registered nurses.
- E. An applicant for a practical nurse license shall attain:
1. A passing score on the NCLEX-PN;
 2. A score of not less than 350 on the NCLEX-PN, if the examination was taken before October 1988; or
 3. A score of not less than 350 on the SBTPE for practical nurses.
- F. The Board shall grant a license to practice as a registered or practical nurse to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a license by examination may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- G. If the Board receives an application from a graduate of a nursing program and the program's approval was rescinded under R4-19-212 at any time during the applicant's nursing education, the Board shall ensure that the applicant has completed a basic curriculum that is equivalent to that of a Board-approved nursing program and may do any of the following:
1. Grant licensure, if the program's approval was reinstated during the applicant's period of enrollment and the program provides evidence that the applicant completed a curriculum equivalent to that of a Board-approved nursing program;
 2. By order, require successful completion of remedial education while enrolled in a Board approved nursing program which may include clinical experiences, before granting licensure; or
 3. Return or deny the application if the education was not equivalent and no remediation is possible.

Historical Note

Former Section II, Part I; Amended effective January 20, 1975 (Supp. 75-1). Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-24 repealed, new Section R4-19-24 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-24 repealed, new Section R4-19-24 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-24 renumbered as Section R4-19-301 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Amended by final rulemaking

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at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-302. Licensure by Endorsement

- A. An applicant for a license by endorsement shall submit all of the information required in R4-19-301(A).
- B. In addition to the information required in subsection (A), an applicant for a license by endorsement shall:
 1. Submit evidence of a passing examination score in accordance with:
 - a. R4-19-301(E) for a registered nurse applicant, or
 - b. R4-19-301(F) for a practical nurse applicant.
 2. Submit the following:
 - a. Evidence of previous or current license in another state or territory of the United States,
 - b. Information related to the nurse's practice for the purpose of collecting nursing workforce data, and
 - c. One of the following:
 - i. Completion of a pre-licensure nursing program that has been assigned a nursing program code by the National Council of State Boards of Nursing (NCSBN) at the time of program completion and the program meets educational standards substantially comparable to Board standards for educational programs in Article 2;
 - ii. If the applicant completed a pre-licensure nursing program that has been assigned a program code by the NCSBN but the program's approval was rescinded under A.R.S. § 32-1606(B)(8) or removed from the list of approved programs under A.R.S. § 32-1644(D) or R4-19-212 during the applicant's enrollment in the program, proof of completion of the program and completion of any remedial education required by the Board to mitigate the deficiencies in the applicant's initial nursing program;
 - iii. If the applicant graduated from a U.S. nursing program before 1986 and the applicant was issued an initial license in another state or territory of the United States without being required to obtain additional education or experience, proof both of program completion and initial licensure without additional educational or experiential requirements;
 - iv. If the applicant graduated from an international nursing program, proof of meeting the requirements in R4-19-301.
 - v. If the Board finds that the documentation submitted by the applicant does not fulfill one of the requirements in (B)(2)(b)(i) through (iv), but the applicant has submitted verified employer evaluations demonstrating applicant's safe practice as a registered or practical nurse in another state for a minimum of two years full-time during the past three years and applicant otherwise meets licensure requirements, the Board may grant a single-state only license if the Board determines that licensure is in the best interest of the public.

- C. The Board shall grant a license to practice as a registered or practical nurse to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a license by endorsement may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part II; Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-25 repealed, new Section R4-19-25 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-25 repealed, new Section R4-19-25 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-25 renumbered and amended as Section R4-19-302 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-303. Requirements for Credential Evaluation Service

- A. A CES seeking Board approval shall submit documentation to the Board demonstrating that it:
 1. Provides a credential evaluation to determine comparability of registered nurse or practical nurse programs in other countries to nursing education in the United States;
 2. Evaluates original source documents;
 3. Has five or more years of experience in evaluating nursing educational programs or employs personnel that have this experience;
 4. Employs staff with expertise in evaluating nursing programs;
 5. Has access to resources pertinent to the field of nursing education and the evaluation of nursing programs;
 6. Issues a report on each applicant, and supplies the Board with a sample of such a report, regarding the comparability of the applicant's nursing educational program to nursing education in the United States that includes:
 - a. The current name of the applicant including any names formerly used by the applicant;
 - b. Source and description of the documents evaluated;
 - c. Name and nature of the nursing education program, including status of the parent institution;
 - d. Dates applicant attended;
 - e. References consulted;
 - f. A seal or some other security measure;
 - g. Notification of any falsification or misrepresentation of documents by the applicant;
 - h. A report on licensure examination results for the applicant, if an exam was required for licensure in the international jurisdiction; and
 - i. The status of any international nursing licenses held by the applicant.
 7. Has a quality control program that includes at a minimum:
 - a. Standards regarding the use of original documents;
 - b. Verification of authenticity of documents and translations;

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- c. Processes and procedures to prevent and detect fraud;
 - d. Policies for maintaining confidentiality of applicant educational records;
 - e. Responsiveness to applicants, including ensuring that reports are issued no later than eight weeks from the receipt of an applicant's documents; and
 - f. Tracking of and notification to the Board of any trends in falsification or misrepresentation of documents;
- 8. Follows or exceeds the standards of the National Association of Credentialing Services (NACES) or an equivalent organization;
 - 9. Responds to Board requests for information in a timely and thorough manner; and
 - 10. Agrees to notify the Board before any changes in any of the above criteria.
- B.** If a CES fails to comply with the provisions of subsection (A), the Board may rescind its approval of the CES.
- C.** The Board shall approve a credential evaluation service that meets the criteria established in this Section. A CES applicant who is denied approval or whose approval is revoked may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part III; Former Section R4-19-26 repealed, new Section R4-19-26 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-26 renumbered and amended as Section R4-19-27, new Section R4-19-26 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-27 renumbered as Section R4-19-303 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 1802, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-303 renumbered to R4-19-304; new Section R4-19-303 made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-304. Temporary License

- A.** Subject to subsection (B), the Board shall issue a temporary license if:
- 1. An applicant:
 - a. Is qualified under:
 - i. A.R.S. § 32-1635 and applies for a temporary registered nursing license, or is qualified under A.R.S. § 32-1640 and applies for a temporary practical nursing license; and
 - ii. R4-19-301 for applicants for licensure by examination, or is qualified under R4-19-302 for applicants for licensure by endorsement; and
 - b. Submits an application for a temporary license with the applicable fee required under A.R.S. § 32-1643(A)(9); and
 - c. Submits an application for a license by endorsement or examination with the applicable fee required under A.R.S. § 32-1643(A).

- 2. An applicant is seeking a license by examination, meets the requirements of R4-19-312(D), and the Board receives the applicant's fingerprint card or fingerprints; or
 - 3. An applicant is seeking a license by endorsement, meets the requirements in R4-19-312(B), and the applicant submits evidence that the applicant has a current license in good standing in another state or territory of the United States or, if no current license, a previous license in good standing that was not the subject of an investigation or pending discipline; or
 - 4. An applicant who does not meet the practice requirements in R4-19-312(B) or (D), but provides evidence that the applicant has applied for enrollment in a refresher or other competency program approved by the Board, may practice nursing under a temporary license during the clinical portion of the program only.
- B.** An applicant who has a criminal history, a history of disciplinary action by a regulatory agency, a pending complaint before the Board, or answers affirmatively to any criminal background or disciplinary question in the application is not eligible for a temporary license or extension of a temporary license without Board approval.
- C.** A temporary license is valid for a maximum of 12 months unless extended for good cause under subsection (D) of this Section.
- D.** An applicant with a temporary license may apply for and the Board, the Executive Director or the Executive Director's designee may grant an extension of the temporary license period for good cause. Good cause means reasons beyond the control of the temporary licensee, such as unavoidable delays in obtaining information required for licensure.
- E.** An applicant who receives a temporary license but does not meet the criteria for a regular license within the established period under subsections (C) and (D) is no longer eligible for a temporary license except for the purpose of completing a refresher or other competency program under subsection (A)(4) of this Section.

Historical Note

Former Section II, Part IV; Amended effective January 20, 1975 (Supp. 75-1). Former Section R4-19-27 repealed, new Section R4-19-27 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-27 renumbered and amended as Section R4-19-28. Former Section R4-19-26 renumbered and amended as Section R4-19-27 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-27 renumbered and amended as Section R4-19-304 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-304 renumbered to R4-19-305; new Section R4-19-304 renumbered from R4-19-303 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Chapter Section references updated under subsections (A)(2) and (A)(4) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-305. License Renewal

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- A.** An applicant for renewal of a registered or practical nursing license shall:
1. Submit a verified application to the Board on a form furnished by the Board that provides all of the following information about the applicant:
 - a. Full legal name, address of record, e-mail address, telephone number and declared primary state of residence;
 - b. A listing of all states in which the applicant is currently licensed, or, since the last renewal, was previously licensed or has been denied licensure;
 - c. Marital status and ethnic category, at the applicant's discretion;
 - d. Information regarding qualifications, including:
 - i. Educational background;
 - ii. Employment status;
 - iii. Practice setting; and
 - iv. Other information related to the nurse's practice for the purpose of collecting nursing workforce data.
 - e. Responses to questions regarding the applicant's background on the following subjects:
 - i. Criminal convictions for offenses involving drugs or alcohol since the time of last renewal;
 - ii. Undesignated offenses and felony charges, convictions and plea agreements including deferred prosecution;
 - iii. Misdemeanor charges, convictions and plea agreements, including deferred prosecution, that are required to be reported under A.R.S. § 32-3208;
 - iv. Unprofessional conduct as defined in A.R.S. § 32-1601 since the time of last renewal;
 - v. Substance use disorder within the last five years;
 - vi. Current participation in an alternative to discipline program in any other state; and
 - vii. Disciplinary action or investigation related to the applicant's nursing license by any other state nursing regulatory agency since the last renewal.
 - f. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
 - g. Information related to the applicant's current or most recent nursing practice setting, including position, address, telephone number, and dates of practice;
 - h. Information regarding the applicant's compliance with the practice or education requirements in R4-19-312;
 - i. National certification in nursing including specialty, name of certifying body, date of certification, certification number, and expiration date, if applicable; and for an applicant certified as a registered nurse practitioner or clinical nurse specialist the patient population of the certification; and
 2. Pay fees for renewal authorized by A.R.S. § 32-1643(A)(6); and
 3. Pay an additional fee for late renewal authorized by A.R.S. § 32-1643(A)(7) if the application for renewal is submitted after May 1 of the year of renewal.
- B.** A license expires on August 1 of the year of renewal indicated on the license.
- C.** A licensee who fails to submit a renewal application before expiration of a license shall not practice nursing until the Board issues a renewal license.
- D.** If the applicant holds a license or certificate that has been or is currently revoked, surrendered, denied, suspended or placed on probation in another jurisdiction, the applicant is not eligible to renew or reactivate a license until a review or investigation has been completed and a decision regarding eligibility for renewal or reactivation is made by the Board.
- E.** The Board shall renew the license of any registered or practical nurse applicant who meets the criteria established in statute and this Article. An applicant who is denied renewal of a license may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part V; Repealed effective January 20, 1975 (Supp. 75-1). New Section R4-19-28 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-28 renumbered and amended as Section R4-19-29. Former Section R4-19-27 renumbered and amended as Section R4-19-28 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-28 renumbered and repealed as Section R4-19-305 effective February 21, 1986 (Supp. 86-1). New Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-305 renumbered to R4-19-306; new Section R4-19-305 renumbered from R4-19-304 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-306. Inactive License

- A.** A licensee in good standing may submit to the Board either as a separate written document or as part of the renewal application, a request to transfer to inactive status, or retirement status under A.R.S. §§ 32-1606(A)(10) and 32-1636(E).
- B.** The Board shall send a written notice to the licensee granting inactive or retirement status or denying the request. A licensee denied a request for transfer to inactive or retirement status may request a hearing by filing a written request with the Board within 30 days of service of the denial of the request. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part VI; Amended effective January 20, 1975 (Supp. 75-1). Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-29 repealed, new Section R4-19-29 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-29 renumbered and amended as Section R4-19-30 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-28 renumbered and amended as Section R4-19-29 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-29 renumbered as Section R4-19-306 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-

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306 renumbered to R4-19-307; new Section R4-19-306 renumbered from R4-19-305 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-307. Repealed**Historical Note**

Former Section II, Part VII; Former Section R4-19-30 renumbered and amended as Section R4-19-45, new Section R4-19-30 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-30 renumbered and amended as Section R4-19-31. Former Section R4-19-29 renumbered and amended as R4-19-30 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-29 renumbered and amended as Section R4-19-307 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-307 renumbered to R4-19-308; new Section R4-19-307 renumbered from R4-19-306 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-308. Change of Name or Address

- A. A licensee or applicant shall notify the Board, in writing or electronically through the Board website, of any legal change in name within 30 days of the change, and submit a copy of the official document verifying the name change.
- B. A licensee or applicant shall notify the Board in writing or electronically through the Board website of any change in address of record, and residential address, if different, within 30 days.

Historical Note

Former Section II, Part VII; Former Section R4-19-31 repealed, new Section R4-19-31 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-31 renumbered and amended as Section R4-19-32. Former Section R4-19-30 renumbered and amended as Section R4-19-31 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-31 renumbered as Section R4-19-308 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended effective December 3, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-308 renumbered to R4-19-309; new Section R4-19-308 renumbered from R4-19-307 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-309. School Nurse Certification Requirements

- A. An applicant for initial school nurse certification shall hold a current license in good standing or multistate privilege to practice as a registered nurse in Arizona.
- B. An initial or renewal of certificate expires six years after the issue date on the certificate.

- C. The Board shall grant a school nurse certificate to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a school nurse certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the certificate. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part IX; Repealed effective February 20, 1980 (Supp. 80-1). Former Section R4-19-31 renumbered and amended as Section R4-19-32 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-32 renumbered as Section R4-19-309 (Supp. 86-1). Repealed effective July 19, 1995 (Supp. 95-3). New Section made by final rulemaking at 8 A.A.R. 1813, effective March 20, 2002 (Supp. 02-1). Former Section R4-19-309 renumbered to R4-19-311; new Section R4-19-309 renumbered from R4-19-308 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-310. Certified Registered Nurse

A registered nurse who has been certified by a nursing certification organization accredited by the Accreditation Board for Specialty Nursing Certification, the National Commission for Certifying Agencies, or an equivalent accrediting agency as determined by the Board is deemed certified for the purposes of A.R.S. § 32-1601(5).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-311. Nurse Licensure Compact

The Board shall implement A.R.S. §§ 32-1668 and 32-1669 according to the provisions of the Nurse Licensure Compact Model Rules and Regulations for RNs and LPN/VNs, published by the National Council of State Boards of Nursing, Inc., 111 E. Wacker Dr., Suite 2900, Chicago, IL 60601, www.ncsbn.org, November 13, 2012, and no later amendments or editions, which is incorporated by reference and on file with the Board.

Historical Note

New Section renumbered from R4-19-309 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 18 A.A.R. 2485, effective September 11, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 2852, effective September 11, 2013 (Supp. 13-3).

R4-19-312. Practice Requirement

- A. The Board shall not issue a license or renew the license of an applicant who does not meet the applicable requirements in subsections (B), (C), and (D).
- B. An applicant for licensure by endorsement or renewal shall either have completed a post-licensure nursing program or practiced nursing at the applicable level of licensure for a minimum of 960 hours in the five years before the date on which the application is received. This requirement is satisfied if the applicant verifies that the applicant has:

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1. Completed a post-licensure nursing education program at a school that is accredited under R4-19-201(A) and obtained a degree, or an advanced practice certificate in nursing within the past five years; or
2. Practiced for a minimum of 960 hours within the past five years where the nurse:
 - a. Worked for compensation or as a volunteer, as a licensed nurse in the United States or an international jurisdiction, and performed one or more acts under A.R.S. § 32-1601(21) as an RN if applying for RN renewal or licensure or A.R.S. § 32-1601(17) as an LPN if applying for LPN renewal or licensure; or
 - b. Held a position for compensation or as a volunteer in the United States or an international jurisdiction that required or recommended, in the job description, the level of licensure being sought or renewed; or
 - c. Engaged in clinical practice as part of an RN-to-Bachelor of Science in Nursing, Masters, Doctoral or Nurse Practitioner program.
- C. Care of family members does not meet the requirements of subsection (B)(2) unless the applicant submits evidence:
 1. That the applicant is providing care as part of a medical foster home; or
 2. That the specific care provided by the applicant was:
 - a. Ordered by another health care provider who is authorized to prescribe and was responsible for the care of the patient,
 - b. The type of care would typically be authorized by a third-party payer, and
 - c. The care was documented and reviewed by the health care provider.
- D. An applicant for licensure by either examination or endorsement, who does not meet the requirements of subsection (B), shall have completed the clinical portion of a pre-licensure nursing program within two years of the date of licensure.
- E. A licensee or applicant who fails to satisfy the requirements of subsection (B) or (D), shall submit evidence of satisfactory completion of a Board-approved refresher or competency program. The Board may issue a temporary license stamped "for refresher course only" to any applicant who meets all requirements of this Article except subsection (B) or (D) and provides evidence of applying for enrollment in a Board-approved refresher or competency program.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (B)(2)(a) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). A.R.S. Section references updated under subsection (B)(2)(a) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2).

R4-19-313. Background

- A. All applicants convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a Board order under A.R.S. § 32-1664(F) and R4-19-405 unless the individual is precluded from licen-

sure under A.R.S. § 32-1606(B)(17). If the evaluation identifies sexual behaviors of a predatory nature, the Board shall deny licensure or renewal of licensure.

- B. All individuals reporting a substance use disorder in the last five years may be subject to a Board order for an evaluation under A.R.S. § 32-1664(F) and R4-19-405 to determine safety to practice.
- C. The Board may order the evaluation of other individuals on a case-by-case basis under A.R.S. § 32-1664(F) and R4-19-405.

Historical Note

New Section made by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

ARTICLE 4. REGULATION**R4-19-401. Standards Related to Licensed Practical Nurse Scope of Practice**

- A. A licensed practical nurse shall engage in practical nursing as defined in A.R.S. § 32-1601 only under the supervision of a registered nurse or licensed physician.
- B. A LPN's nursing practice is limited to those activities for which the LPN has been prepared through basic practical nursing education in accordance with A.R.S. § 32-1637(1) and those additional skills that are obtained through subsequent nursing education and within the scope of practice of a LPN as determined by the Board.
- C. A LPN shall:
 1. Practice within the legal boundaries of practical nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C.19;
 2. Demonstrate honesty and integrity;
 3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and licensed practical nursing standards;
 4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of practical nursing practice.
 5. Maintain competence through ongoing learning and application of knowledge in practical nursing practice.
 6. Protect confidential information unless obligated by law to disclose the information;
 7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(24) and further specified in R4-19-403 and R4-19-814, to the Board;
 8. Respect a client's rights, concerns, decisions, and dignity;
 9. Maintain professional boundaries; and
 10. Respect a client's property and the property of others.
- D. In participating in the nursing process and implementing client care across the lifespan, a LPN shall:
 1. Contribute to the assessment of the health status of clients by:
 - a. Recognizing client characteristics that may affect the client's health status;
 - b. Gathering and recording assessment data;
 - c. Demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in client condition in an ongoing manner to the supervising registered nurse or physician;
 2. Contribute to the development and modification of the plan of care by:
 - a. Planning episodic nursing care for a client whose condition is stable or predictable;
 - b. Assisting the registered nurse or supervising physician in identification of client needs and goals; and

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- c. Determining priorities of care together with the supervising registered nurse or physician;
- 3. Implement aspects of a client's care consistent with the LPN scope of practice in a timely and accurate manner including:
 - a. Following nurse and physician orders and seeking clarification of orders when needed;
 - b. Administering treatments, medications, and procedures;
 - c. Attending to client and family concerns or requests;
 - d. Providing health information to clients as directed by the supervising RN or physician or according to an established educational plan;
 - e. Promoting a safe client environment;
 - f. Communicating relevant and timely client information with other health team members regarding:
 - i. Client status and progress,
 - ii. Client response or lack of response to therapies,
 - iii. Significant changes in client condition, and
 - iv. Client needs and special requests, and
 - g. Documenting the nursing care the LPN provided;
- 4. Contribute to evaluation of the plan of care by:
 - a. Gathering, observing, recording, and communicating client responses to nursing interventions; and
 - b. Modifying the plan of care in collaboration with a registered nurse based on an analysis of client responses.
- E. A LPN assigns and delegates nursing activities. The LPN shall:
 - 1. Assign nursing care within the LPN scope of practice to other LPNs;
 - 2. Delegate nursing tasks to unlicensed assistive personnel (UAPs). In maintaining accountability for the delegation, the LPN shall ensure that the:
 - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
 - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
 - c. Results of the task are reasonably predictable;
 - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
 - e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
 - f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
 - g. LPN provides supervision and feedback to the UAP; and
 - h. LPN observes and communicates the outcomes of the delegated task.

Historical Note

Former Section III, Part II; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-42 renumbered as Section R4-19-401 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Subsection (C)(7) amended at request of Board, Office File No.

M11-423, filed November 18, 2011 (Supp. 11-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (C)(7) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under subsection (C)(7) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-402. Standards Related to Registered Nurse Scope of Practice

- A. A registered nurse (RN) shall perform only those nursing activities for which the RN has been prepared through basic registered nursing education and those additional skills which are obtained through subsequent nursing education and within the scope of practice of an RN as determined by the Board.
- B. A RN shall:
 - 1. Practice within the legal boundaries of registered nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19;
 - 2. Demonstrate honesty and integrity;
 - 3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and registered nursing standards;
 - 4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of registered nursing practice;
 - 5. Maintain competence through ongoing learning and application of knowledge in registered nursing practice;
 - 6. Protect confidential information unless obligated by law to disclose the information;
 - 7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(24) and further specified in R4-19-403 and R4-19-814, to the Board;
 - 8. Respect a client's rights, concerns, decisions, and dignity;
 - 9. Maintain professional boundaries;
 - 10. Respect a client's property and the property of others; and
 - 11. Advocate on behalf of a client to promote the client's best interest.
- C. In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:
 - 1. Conduct a nursing assessment of a client in which the nurse:
 - a. Recognizes client characteristics that may affect the client's health status;
 - b. Gathers or reviews comprehensive subjective and objective data and detects changes or missing information;
 - c. Applies nursing knowledge in the integration of the biological, psychological, and social aspects of the client's condition; and
 - d. Demonstrates attentiveness by providing ongoing client surveillance and monitoring;
 - 2. Use critical thinking and nursing judgment to analyze client assessment data to:
 - a. Make independent nursing decisions and formulate nursing diagnoses; and
 - b. Determine the clinical implications of client signs, symptoms, and changes, as either expected, unexpected, or emergent situations;
 - 3. Based on assessment and analysis of client data, plan strategies of nursing care and nursing interventions in which the nurse:
 - a. Identifies client needs and goals;

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- b. Formulates strategies to meet identified client needs and goals;
- c. Modifies defined strategies to be consistent with the client's overall health care plan; and
- d. Prioritizes strategies based on client needs and goals;
- 4. Provide nursing care within the RN scope of practice in which the nurse:
 - a. Administers prescribed aspects of care including treatments, therapies, and medications;
 - b. Clarifies health care provider orders when needed;
 - c. Implements independent nursing activities consistent with the RN scope of practice;
 - d. Institutes preventive measures to protect client, others, and self;
 - e. Intervenes on behalf of a client when problems are identified;
 - f. Promotes a safe client environment;
 - g. Attends to client concerns or requests;
 - h. Communicates client information to health team members including:
 - i. Client concerns and special needs;
 - ii. Client status and progress;
 - iii. Client response or lack of response to interventions; and
 - iv. Significant changes in client condition; and
 - i. Documents the nursing care the RN has provided;
- 5. Evaluate the impact of nursing care including the:
 - a. Client's response to interventions;
 - b. Need for alternative interventions;
 - c. Need to communicate and consult with other health team members; and
 - d. Need to revise the plan of care;
- 6. Provide comprehensive nursing and health care education in which the RN:
 - a. Assesses and analyzes educational needs of learners;
 - b. Plans educational programs based on learning needs and teaching-learning principles;
 - c. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons; and
 - d. Evaluates the education to meet the identified goals;
- D. A RN assigns and delegates nursing activities. The RN shall:
 - 1. Assign nursing care within the RN scope of practice to other RNs;
 - 2. Assign nursing care to a LPN within the LPN scope of practice based on the RN's assessment of the client and the LPN's ability;
 - 3. Supervise, monitor, and evaluate the care assigned to a LPN; and
 - 4. Delegate nursing tasks to UAPs. In maintaining accountability for the delegation, an RN shall ensure that the:
 - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
 - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
 - c. Results of the task are reasonably predictable;
 - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
 - e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal

- risk to the client and the consequences of performing the task improperly are not life-threatening;
- f. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
- g. RN provides supervision and feedback to the UAP; and
- h. RN observes and communicates the outcomes of the delegated task.

Historical Note

Former Section III, Part I; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-43 renumbered as Section R4-19-402 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Section repealed, new Section made by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Subsection (B)(7) amended at request of Board, Office File No. M11-423, filed November 18, 2011 (Supp. 11-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (B)(7) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under subsection (B)(7) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-403. Unprofessional Conduct

For purposes of A.R.S. § 32-1601(24)(d), any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public includes one or more of the following:

- 1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice;
- 2. Intentionally or negligently causing physical or emotional injury;
- 3. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any family member of a patient or resident;
- 4. Engaging in sexual conduct with a patient, resident, or any family member of a patient or resident who does not have a pre-existing relationship with the nurse, or any conduct in the work place that a reasonable person would interpret as sexual;
- 5. Abandoning or neglecting a patient who requires immediate nursing care without making reasonable arrangement for continuation of care;
- 6. Removing a patient's life support system without appropriate medical or legal authorization;
- 7. Failing to maintain for a patient record that accurately reflects the nursing assessment, care, treatment, and other nursing services provided to the patient;
- 8. Falsifying or making a materially incorrect, inconsistent, or unintelligible entry in any record:
 - a. Regarding a patient, health care facility, school, institution, or other work place location; or
 - b. Pertaining to obtaining, possessing, or administering any controlled substance as defined in the federal Uniform Controlled Substances Act, 21 U.S.C. 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27;

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9. Failing to take appropriate action to safeguard a patient's welfare or follow policies and procedures of the nurse's employer designed to safeguard the patient;
10. Failing to take action in a health care setting to protect a patient whose safety or welfare is at risk from incompetent health care practice, or to report the incompetent health care practice to employment or licensing authorities;
11. Failing to report to the Board a licensed nurse whose work history includes conduct, or a pattern of conduct, that leads to or may lead to an adverse patient outcome;
12. Assuming patient care responsibilities that the nurse lacks the education to perform, for which the nurse has failed to maintain nursing competence, or that are outside the scope of practice of the nurse;
13. Failing to supervise a person to whom nursing functions are delegated;
14. Delegating services that require nursing judgment to an unauthorized person;
15. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, employer, co-worker, or member of the public.
16. Removing, without authorization, a narcotic, drug, controlled substance, supply, equipment, or medical record from any health care facility, school, institution, or other work place location;
17. A pattern of using or being under the influence of alcohol, drugs, or a similar substance to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location;
18. Obtaining, possessing, administering, or using any narcotic, controlled substance, or illegal drug in violation of any federal or state criminal law, or in violation of the policy of any health care facility, school, institution, or other work location at which the nurse practices;
19. Providing or administering any controlled substance or prescription-only drug for other than accepted therapeutic or research purposes;
20. Engaging in fraud, misrepresentation, or deceit in taking a licensing examination or on an initial or renewal application for a license or certificate;
21. Impersonating a nurse licensed or certified under this Chapter;
22. Permitting or allowing another person to use the nurse's license for any purpose;
23. Advertising the practice of nursing with untruthful or misleading statements;
24. Practicing nursing without a current license or while the license is suspended, or practicing as a nurse practitioner without current national certification, if required pursuant to R4-19-505;
25. Failing to:
 - a. Furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or
 - b. Respond to a subpoena issued by the Board;
26. Making a written false or inaccurate statement to the Board or the Board's designee in the course of an investigation;
27. Making a false or misleading statement on a nursing or health care related employment or credential application concerning previous employment, employment experience, education, or credentials;
28. If a licensee or applicant is charged with a felony or a misdemeanor involving conduct that may affect patient safety, failing to notify the Board in writing, as required under A.R.S. § 32-3208, within 10 days of being charged. The licensee or applicant shall include the following in the notification:
 - a. Name, address, telephone number, social security number, and license number, if applicable;
 - b. Date of the charge; and
 - c. Nature of the offense;
29. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The nurse or applicant shall include the following in the notification:
 - a. Name, address, telephone number, social security number, and license number, if applicable;
 - b. Date of the conviction; and
 - c. Nature of the offense;
30. For a registered nurse granted prescribing privileges, any act prohibited under R4-19-511(D); or
31. Practicing in any other manner that gives the Board reasonable cause to believe the health of a patient or the public may be harmed.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-44 repealed, new Section R4-19-44 adopted effective May 9, 1984 (Supp. 84-3). Amended by adding Paragraphs 18 through 22 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-44 renumbered and amended as Section R4-19-403 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Antiquated statute reference in opening subsection revised at the request of Board under A.R.S. § 41-1011(C), Office File No. M11-189, filed May 16, 2011 (Supp. 11-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-404. Re-issuance or Subsequent Issuance of License

- A. The Board may restore a license to a nurse whose license has been suspended after the period of suspension if the licensee provides written evidence that all requirements or conditions prescribed or ordered in the consent agreement or Board order for suspension have been met to the satisfaction of the Board. The Board may place conditions or limitations on the restored license. The license of a nurse who fails to provide such evidence of fulfilling the requirements or conditions prescribed by the Board shall remain on suspended status until such submission and acceptance by the Board.
- B. A person whose nursing license is denied, revoked, or voluntarily surrendered under A.R.S. § 32-1663 may apply to the Board to issue or re-issue the license:

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1. Five years from the date of denial or revocation, or
 2. In accordance with the terms of a voluntary surrender agreement.
- C. A person who applies for issuance or re-issuance of a license under the conditions of subsection (B) is subject to the following terms and conditions:
1. The person shall submit a written application for issuance or re-issuance of the license that contains substantial evidence that the basis for surrendering, denying, or revoking the license has been removed and that the issuance or re-issuance of the license will not be a threat to public health or safety.
 2. Safe practice.
 - a. Under A.R.S. § 32-1664(F), the Board for reasonable cause may require a combination of mental, physical, nursing competency, psychological, or psychiatric evaluations, or any combination of evaluations, reports, and affidavits that the Board considers necessary to determine the person's competence and conduct to safely practice nursing.
 - b. Under A.R.S. 32-1664(K) the Board may issue subpoenas and compel the attendance of witnesses and the production of records and documentary evidence relevant to the person's ability to safely practice nursing.
 3. After receipt of the application, the information required under subsection (C)(2), and the completion of an investigation, the Board shall place the application on the agenda of a regularly scheduled Board meeting.
 4. After consideration of the application and any information required under subsection (C)(2), the Board may:
 - a. Grant the license with or without conditions or limitations;
 - b. If other licensure requirements have been met, grant, with or without conditions, a temporary license for the sole purpose of allowing the applicant to successfully complete an approved nurse refresher course; or
 - c. Deny the license if the Board determines that licensure might be harmful or dangerous to the health of a patient or the public.
 5. If the Board orders a refresher course described in subsection (C)(4)(b) the Board shall consider the applicant's performance in the approved refresher course and any other evidence, if available, of the applicant's safety to practice, and either deny the license under subsection (C)(4)(c) or grant the license with or without conditions or limitations.
 6. An applicant who is denied issuance or re-issuance of a license shall have 30 days from the date of issuance of the notice of denial from the Board to file a written request for hearing with the Board. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- Historical Note**
Former Section R4-19-30 renumbered and amended as Section R4-19-45 effective February 20, 1980 (Supp. 80-1). Former Section R4-19-45 renumbered as Section R4-19-404 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4).
- R4-19-405. Board-ordered Evaluations**
- A. Under A.R.S. § 32-1664(F), the Board may order a licensee or CNA certificate-holder to undergo an evaluation by an independent qualified evaluator for the purposes of determining the licensee's or certificate holder's safety and competence to practice. Evaluations may be in the areas of:
 1. Nursing knowledge or skills or both;
 2. Mental functioning, including but not limited to neuropsychological evaluation, and other cognition evaluations;
 3. Medical status including but not limited to medical review of drug screen results, chronic pain evaluation, physical examination, and biological testing;
 4. Psychiatric or psychological status including but not limited to substance abuse evaluation, boundary or sexual misconduct evaluations, and psychological testing; or
 5. Other similar evaluations that the Board determines are necessary to evaluate a licensee or certificate holder's ability to safely practice.
 - B. Before making the decision to order the evaluation, the Board shall review the allegations and investigative findings.
 - C. The Board retains the discretion to use an evaluator based on the evaluator's licensure history, the Board's past experience with the evaluator, and the quality of the evaluation provided. Before conducting a Board-ordered evaluation, a potential evaluator shall submit documentation that the evaluator:
 1. Possesses expertise and educational credentials in the area that the Board has ordered an evaluation;
 2. Holds a license or certificate in good standing with a licensing or certifying board located in the United States and discloses any past licensure disciplinary actions and criminal history;
 3. Will provide equipment and environmental conditions necessary to conduct a valid evaluation;
 4. Has no current or past treatment, collegial, or social relationship with the licensee or certificate holder, any family member of the licensee or certificate holder, or the licensee's or certificate holder's legal counsel;
 5. Will not enter into a treatment relationship with the licensee or certificate holder unless the relationship is unavoidable due to geographical location or the specific expertise of the evaluator; and
 6. Agrees to keep information provided by the Board under subsection (D) confidential as evidenced by a signed confidentiality agreement provided by the Board.
 - D. Upon receipt of the evaluator's signed confidentiality agreement, the Board may provide confidential investigative information and documents to the evaluator for the purpose of disclosing the reason for the evaluation, the focus of the evaluation, and the conduct causing the Board to order the evaluation including:
 1. The complaint and all information that has been received during the investigation of the complaint. Documents may include but are not limited to employment records, medical records, arrest records, conviction and sentencing records, excluding FBI fingerprint results, drug screen results, pharmacy profiles, witness statements, past licensure history, and a summary of information obtained during investigative interviews; and
 2. The specific questions for which the Board is seeking answers; and
 - E. The evaluator shall provide the following information to the Board:
 1. A professional report that is objective, thorough, timely, accurate, and defensible;

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2. Evaluation findings including diagnosis if appropriate and assessment of ability to practice safely;
3. Recommendations for further evaluation, treatment, and remediation; and
4. Suggestions for assuring safe practice and compliance with treatment and remediation recommendations, if any.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-46 renumbered and amended as Section R4-19-405 effective February 21, 1986 (Supp. 86-1). Repealed effective July 19, 1995 (Supp. 95-3). New Section made by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4).

ARTICLE 5. ADVANCED PRACTICE REGISTERED NURSING**R4-19-501. Roles and Population Foci of Advanced Practice Registered Nursing (APRN); Certification Programs**

- A. The Board recognizes the following APRN roles;
 1. Registered nurse practitioner (RNP) in a population focus;
 2. Clinical Nurse Specialist (CNS) in a population focus;
 3. Certified Registered Nurse Anesthetist (CRNA);
 4. Certified Nurse Midwife (CNM).
- B. RNPs and CNSs shall practice within one or more population foci, consistent with their education and certification. Population foci include:
 1. Family-individual across the life span;
 2. Adult-gerontology primary or acute care;
 3. Neonatal;
 4. Pediatric primary or acute care;
 5. Women's health-gender related;
 6. Psychiatric-mental health;
 7. Other foci that have been recognized by the Board previously and new foci that meet the following conditions:
 - a. There is an accredited educational program and a national certifying process that meets the requirements of subsection (C); and
 - b. The focus is broad enough for an educational program to be developed that prepares a registered nurse to function both within the scope of practice of the role and population focus.
- C. Certified Nurse Midwives shall practice within a population focus consistent with their education, specifically women's health gender-related care, including childbirth and neonatal care.
- D. The Board shall accept advanced practice certifications from programs that meet the following qualifications:
 1. The certification program:
 - a. Is accredited by the National Commission for Certifying Agencies, the Accreditation Board for Specialty Nursing Certification, or an equivalent organization as determined by the Board;
 - b. Establishes educational requirements for certification that are consistent with the requirements in R4-19-505;
 - c. Has an application process and credential review that requires an applicant to submit original source documentation of the applicant's education and clinical practice in the advanced practice role and population focus, if applicable, for which certification is granted; and
 - d. Is national in the scope of its credentialing.
2. The certification program uses an examination as a basis for certification in the advanced practice role and population focus, as applicable that meets all of the following criteria:
 - a. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community both initially and every five years;
 - b. The examination assesses entry-level practice in the advanced practice role and population focus, if applicable;
 - c. The examination assesses the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;
 - d. Examination items are reviewed for content validity, cultural sensitivity, and correct scoring using an established mechanism, both before first use and periodically; items are reviewed for currency at least every three years;
 - e. The examination is evaluated for psychometric performance and conforms to psychometric standards that are routinely utilized for other types of high-stakes testing;
 - f. The passing standard is established using accepted psychometric methods and is re-evaluated periodically;
 - g. Examination security is maintained through established procedures;
 - h. A re-take policy is in place; and
 - i. Conditions for taking the certification examination are consistent with standards of the testing community;
3. Certification is issued upon passing the examination and meeting all other certification requirements;
4. The certification program periodically provides for re-certification that includes review of qualifications and continued competence;
5. The certification program provides timely communication to the Board regarding licensee or applicant certification status, changes in an individual's certification status, exam results and changes in the certification program, including qualifications, test plan, and scope of practice; and
6. The certification program has an evaluation process to provide quality assurance in its certificate program.
- E. The Board shall determine whether a certification program meets the requirements of this Section. The following certification programs meet the requirements of this Section as of the effective date of this rulemaking:
 1. For RNP, and CNM (consistent with R4-19-501(C) and (D)):
 - a. American Academy of Nurse Practitioner certification programs;
 - i. Adult nurse practitioner,
 - ii. Family nurse practitioner,
 - iii. Gerontologic nurse practitioner,
 - iv. Adult health-gerontological nurse practitioner.
 - b. American Nurses Credentialing Center certification programs:
 - i. Acute care nurse practitioner (adult/gerontology),
 - ii. Adult nurse practitioner,
 - iii. Family nurse practitioner,
 - iv. Gerontological nurse practitioner,

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- v. Pediatric nurse practitioner,
 - vi. Adult psychiatric and mental health nurse practitioner,
 - vii. Family psychiatric and mental health nurse practitioner,
 - viii. Adult health-gerontological nurse practitioner,
 - c. Pediatric Nursing Certification Board certification programs:
 - i. Pediatric nurse practitioner primary care,
 - ii. Pediatric nurse practitioner acute care,
 - d. National Certification Corporation for Obstetric, Gynecological, and Neonatal Nursing Specialties certification programs;
 - i. Women's health nurse practitioner,
 - ii. Neonatal nurse practitioner,
 - e. For a nurse-midwife, the American Midwifery Certification Board certification program in nurse midwifery,
 - f. AACN Certification Corporation certification programs:
 - i. Adult acute care nurse practitioner,
 - ii. Adult-gerontology acute care nurse practitioner,
2. For CNS:
 - a. AACN Certification Corporation certification programs:
 - i. Adult acute and critical care CNS,
 - ii. Pediatric acute and critical care CNS,
 - iii. Neonatal acute and critical care CNS,
 - b. American Nurses Credentialing Center certification:
 - i. Adult psychiatric-mental health CNS,
 - ii. Family psychiatric-mental health CNS,
 - iii. Gerontological CNS,
 - iv. Adult health CNS,
 - v. Pediatric CNS.
 3. For CRNA, the National Board of Certification and Recertification for Nurse Anesthetists.
- F.** The Board shall approve a certification program that meets the criteria established in this Section. An entity that seeks approval of a certification program and is denied approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- Historical Note**
- Former Section IV, Part I. Former Section R4-19-53 renumbered as Section R4-19-501 (Supp. 86-1). Former Section R4-19-501 renumbered to R4-19-502, new Section R4-19-501 adopted effective November 18, 1994 (Supp. 94-4). Amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 7 A.A.R. 3213, effective July 12, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).
- R4-19-502. Requirements for APRN Programs**
- A.** An educational institution or other entity that offers an APRN program in this state for RNP, CNM, or CNS roles shall ensure that the program:
1. Is offered by or affiliated with a college or university that is accredited under A.R.S. § 32-1644;
 2. For new programs, the college or university offering the program has at least one additional nationally accredited nursing program as defined in R4-19-101 or otherwise provides substantial evidence of the ability to attain national APRN program accreditation for all graduating cohorts;
 3. Is a formal educational program, that is part of a masters or doctoral program or a post-masters program in nursing with a concentration in an advanced practice registered nursing role and population focus under R4-19-501;
 4. Is nationally accredited, or has achieved candidacy status for national accreditation by an approved national nursing accrediting agency as defined in R4-19-101;
 5. Offers a curriculum that covers the scope of practice for both the role of advanced practice as specified in A.R.S. § 32-1601 and the population focus including:
 - a. Three separate graduate level courses in:
 - i. Advanced physiology and pathophysiology, including general principles across the lifespan;
 - ii. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches;
 - iii. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad category agents;
 - b. Diagnosis and management of diseases across practice settings including diseases representative of all systems;
 - c. Preparation that provides a basic understanding of the principles for decision making in the identified role;
 - d. Preparation in the core competencies for the identified APRN role including legal, ethical and professional responsibilities; and
 - e. Role preparation in an identified population focus under R4-19-501.
 6. Verifies that each student has an unencumbered license to practice as an RN in the state of clinical practice;
 7. Includes a minimum of 500 hours of faculty supervised clinical practice (programs that prepare students for more than one role or population focus shall have 500 hours of clinical practice in each role and population focus);
 8. Notifies the Board of any changes in hours of clinical practice, accreditation status, denial or deferral of accreditation or program administrator and responds to Board requests for information;
 9. Has financial resources sufficient to support accreditation standards and the educational goals of the program;
 10. Establishes academic, professional, and conduct standards that determine admission to the program, progression in the program, and graduation from the program that are consistent with sound educational practices and recognized standards of professional conduct;
 11. Establishes provisions for advanced placement for individuals holding a graduate degree in nursing who are seeking education in an APRN role and population focus, provided that advanced placement students master the same APRN competencies as students in the graduate-level APRN program; and

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12. Provides the Board an application for approval under the provisions of R4-19-209(B) before making changes to the:
 - a. Scope of the program, or
 - b. Level of educational preparation provided.
- B.** A CNS, CNM, or RNP program shall appoint the following personnel:
 1. An APRN program administrator who:
 - a. Holds a current unencumbered RN license or multi-state privilege to practice in Arizona and a current unencumbered APRN certificate issued by the Board;
 - b. Holds an earned doctorate in nursing or health-related field if appointed after the effective date of this Section;
 - c. Has at least two years clinical experience as an APRN; and
 - d. Holds current national certification as an APRN.
 2. A lead faculty member who is educated and certified both nationally and by the Board in the same role and population focus to coordinate the educational component for the role and population focus in the advanced practice registered nursing program.
 3. Nursing faculty to teach any APRN course that includes a clinical learning experience who have the following qualifications:
 - a. A current unencumbered RN license or multi-state privilege to practice registered nursing in Arizona,
 - b. A current unencumbered Arizona APRN certificate,
 - c. A graduate degree in nursing or a health related field in the population focus,
 - d. Two years of APRN clinical experience, and
 - e. Current knowledge, competence and certification as an APRN in the role and population focus consistent with teaching responsibilities.
 4. Adjunct or part-time clinical faculty employed solely to supervise clinical nursing experiences shall meet all of the faculty qualifications for the APRN program they are teaching.
 5. Interdisciplinary faculty who teach non-clinical courses shall have advanced preparation in the areas of course content.
 6. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration or faculty and:
 - a. Hold a current unencumbered license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds a current unencumbered RN or physician license in the United States;
 - b. Have at least one year clinical experience as a physician or an advanced practice nurse
 - c. Practice in a population focus comparable to that of the APRN program;
 - d. For nurse preceptors, have at least one of the following:
 - i. Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
 - ii. Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or
- iii. If an advanced practice preceptor cannot be found who meets the requirements of subsection (B)(6)(d)(i) or (ii), educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and approved by the Board.
- C.** An entity that offers a CRNA program in Arizona shall maintain full national program accreditation with no limitations from the Council on Accreditation of Nurse Anesthesia Educational Programs or an equivalent agency approved by the Board. The program shall notify the Board of all program accreditation actions within 30 days of official notification by the accrediting agency.

Historical Note

Former Section IV, Part II; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-54 repealed, new Section R4-19-54 adopted effective July 20, 1981 (Supp. 81-4). Former Section R4-19-54 renumbered as Section R4-19-502 (Supp. 86-1). Section repealed, new Section R4-19-502 renumbered from R4-19-501 and Section heading amended effective November 18, 1994 (Supp. 94-4). Section repealed, new Section R4-19-502 adopted effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-503. Application for Approval of an Advanced Practice Registered Nursing Program; Approval by Board; Provisional Approval by Executive Director

- A.** An administrator of an educational institution that proposes to offer a CNS, CNM, or RNP program shall submit an application that includes all of the following information to the Board:
 1. Role, population focus that meets the criteria in R4-19-501 program administrator and lead faculty member as required in R4-19-502(B);
 2. Name, address, and evidence verifying institutional accreditation status of the affiliated educational institution and program accreditation status of current nursing programs offered by the educational institution;
 3. The mission, goals, and objectives of the program consistent with generally accepted standards for advanced practice education in the role and population focus of the program;
 4. List of the required courses, and a description, measurable objectives, and content outline for each required course consistent with curricular requirements in R4-19-502;
 5. A proposed time schedule for implementation of the program and attaining national accreditation;
 6. The total hours allotted for both didactic instruction and supervised clinical practicum in the program;
 7. A program proposal that provides evidence of sufficient financial resources, clinical opportunities and available faculty and preceptors for the proposed enrollment and planned expansion;
 8. A self-study that provides evidence of compliance with R4-19-502;
- B.** An entity that wishes to offer a CRNA program shall submit evidence of current accreditation by the Council on Accredita-

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tion of Nurse Anesthesia Education Programs or an equivalent organization.

- C. The Board shall approve an advanced practice registered nursing program if approval is in the best interest of the public and the program meets the requirements of this Article. The Board may grant approval for a period of two years or less to an advanced practice nursing program where the program meets all the requirements of this Article except for accreditation by a national nursing accrediting agency, based on the program's presentation of evidence that it has applied for accreditation and meets accreditation standards.
- D. An educational institution or entity that is denied approval of an advanced practice registered nursing program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying its application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- E. Approval of an advanced practice registered nursing program expires 12 months from the date of approval if a class of students is not admitted within that time.
- F. An advanced practice registered nursing program that has submitted an application according to this Section that meets the threshold requirements of the Nurse Practice Act, may receive a 90 day provisional approval from the Board, through Executive Director's delegated authority, prior to application review by the Board, as described in this Section. A program denied provisional approval may request a hearing, as described in subsection (D) of this Section.

Historical Note

Former Section IV, Part III; Amended effective Nov. 17, 1978 (Supp. 78-6). Amended effective February 20, 1980 (Supp. 80-1). Amended by adding subsection (F) effective July 20, 1981 (Supp. 81-4). Amended by adding subsection (G) effective September 15, 1982 (Supp. 82-5). Former Section R4-19-55 renumbered as Section R4-19-503 (Supp. 86-1). Former Section R4-19-503 repealed, new Section adopted effective November 18, 1994 (Supp. 94-4). Former Section R4-19-503 renumbered to Section R4-19-504; new Section R4-19-503 adopted effective November 25, 1996 (Supp. 86-1). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-504. Notice of Deficiency; Unprofessional APRN Program Conduct

- A. The Board may periodically survey an advanced practice registered nursing program under its jurisdiction to determine whether criteria for approval are being met.
- B. The Board shall, upon determining that an advanced practice registered nursing program is not in compliance with this Article, provide to the program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct the deficiencies. The time for correction may not exceed 18 months.
 - 1. The program administrator shall, within 30 days from the date of service of the notice of deficiencies, consult with the Board or designated Board representative and, after consultation, file a plan to correct each of the identified deficiencies.

- 2. The program administrator may, within 30 days from the date of service of the notice of deficiencies, submit a written request for a hearing before the Board to appeal the Board's determination of deficiencies. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- 3. If the Board's determination is not appealed or is upheld upon appeal, the Board may conduct periodic evaluations of the program during the time of correction to determine whether the deficiencies have been corrected.
- C. The Board shall, following a Board-conducted survey and report, rescind the approval or limit the ability of a program to admit students if the program fails to comply with R4-19-502 within the time set by the Board in the notice of deficiencies provided to the program administrator.
 - 1. The Board shall serve the program administrator with a written notice of proposed rescission of approval or limitation of admission of students that states the grounds for the rescission or limitation. The program administrator has 30 days to submit a written request for a hearing to show cause why approval should not be rescinded or admissions limited. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
 - 2. Upon the effective date of a decision to rescind program approval, the affected advanced practice registered nursing program shall immediately cease operation and be removed from the official approved-status listing. An advanced practice registered nursing program that is ordered to cease operations shall assist currently enrolled students to transfer to an approved nursing program.
- D. A disciplinary action, denial of approval, or notice of deficiency may be issued against an RNP or CNS nursing program for any of the following acts of unprofessional conduct:
 - 1. Failure to maintain minimum standards of acceptable and prevailing educational practice;
 - 2. For a program that was served with a notice of deficiencies within the preceding three years and timely corrected the noticed deficiencies, subsequent noncompliance with the standards in this Article;
 - 3. Utilization of students to meet staffing needs in health care facilities;
 - 4. Non-compliance with the program or parent institution mission or goals, program design, objectives, or policies;
 - 5. Failure to provide the variety and number of clinical learning opportunities necessary for students to achieve program outcomes or minimal competence;
 - 6. Student enrollments without adequate faculty, facilities, or clinical experiences;
 - 7. Ongoing or repetitive employment of unqualified faculty;
 - 8. Failure to comply with Board requirements within designated time-frames;
 - 9. Fraud or deceit in advertising, promoting or implementing a nursing program;
 - 10. Material misrepresentation of fact by the program in any advertisement, application or information submitted to the Board;
 - 11. Failure to allow Board staff to visit the program or conduct an investigation;
 - 12. Any other evidence that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety and well-being of students, faculty or potential patients.

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Historical Note

Former R4-19-504 renumbered to R4-19-505; new R4-19-504 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-505. Requirements for Initial APRN Certification

A. An applicant for certification as an advanced practice registered nurse, shall:

1. Hold a current Arizona registered nurse (RN) license in good standing or an RN license in good standing from a compact party state with multistate privileges, and not be a participant in an alternative to discipline program in any jurisdiction; and
2. Submit a verified application to the Board on a form provided by the Board that provides all of the following:
 - a. Full legal name and all former names used by the applicant;
 - b. Current address of record, including primary state of residence and telephone number;
 - c. Place and date of birth;
 - d. RN license number, application for RN license, or copy of a multistate compact RN license;
 - e. Social security number for an applicant who lives or works in the United States;
 - f. Current e-mail address;
 - g. Educational background, including the name and location of basic nursing program, the institution that awarded the highest degree held and any and all advanced practice registered nursing education programs or schools attended including the number of years attended, the length of each program, the date of graduation or completion, and the type of degree or certificate awarded;
 - h. Role and population focus, as applicable for which the applicant is applying;
 - i. Current employer or practice setting, including address, position, and dates of service, if employed or practicing in nursing or health care;
 - j. Evidence of national certification or recertification as an advanced practice registered nurse in the role and population focus, if applicable, of the application and by a certification program that meets the requirements of R4-19-501(C). The applicant shall include the name of the certifying organization, population focus, certification number, date of certification, and expiration date;
 - k. For applicants holding a multistate compact RN license in a state other than Arizona:
 - i. State of original licensure and license number;
 - ii. State of current compact RN license, license number and expiration date;
 - iii. Date of taking RN licensure exam and name of exam;
 - iv. Whether the applicant ever submitted an application for and was granted an Arizona license and, if applicable, the date of Arizona licensure;
 - v. Other information related to the nurse's practice for the purpose of collecting nursing workforce data; and

- vi. State of licensure and license number of all RN licenses held,
1. Responses regarding the applicant's background on the following subjects:
 - i. Current investigation or pending disciplinary action by a nursing regulatory agency in the United States or its territories;
 - ii. Undesignated offense and felony charges, convictions and plea agreements including deferred prosecution;
 - iii. Misdemeanor charges, convictions, and plea agreements, including deferred prosecution, that are required to be reported under A.R.S. § 32-3208;
 - iv. Actions taken on a nursing license by any other state;
 - v. Unprofessional conduct as defined in A.R.S. § 32-1601;
 - vi. Substance use disorder within the last five years;
 - vii. Current participation in an alternative to discipline program in any other state; and
- m. Information that the applicant meets the criteria in R4-19-506(A) or (C).
3. Submit a fingerprint card on a form provided by the Board or prints if the applicant has not submitted fingerprints to the Board within the last two years.
4. Submit an official transcript from an institution accredited under A.R.S. § 32-1644 either sent directly from the institution or obtained from a Board-approved database that provides evidence of:
 - a. A graduate degree with a major in nursing for RNP, CNM, and CNS Applicants, or
 - b. A graduate degree associated with a CRNA program for a CRNA applicant.
5. The applicant shall cause the program to provide the Board with evidence of completion of an APRN program in the role and population focus of the application through submission of an official letter or other official program document sent either directly from the program, or from a Board-approved data base. The APRN program shall meet one of the following criteria during the period of the applicant's attendance in the program:
 - a. The program was part of a graduate degree, or postmasters program at an institution accredited under A.R.S. § 32-1644; or
 - b. The program was approved or recognized in the U.S. jurisdiction of program location for the purpose granting APRN licensure or certification.
6. For an applicant who completed an advanced practice or graduate program in a foreign jurisdiction, submit an evaluation from the Commission on Graduates of Foreign Nursing Schools or a Board-approved credential evaluation service that indicates the applicant's program is comparable to a U.S. graduate nursing or APRN program.
7. Submit the required fee.
- B. If the applicant satisfies all other requirements, the Board shall continue to certify:
 1. An RNP or CNM without a graduate degree with a major in nursing if the applicant:
 - a. Meets all other requirements for certification; and
 - b. Ensures that the U.S. jurisdiction of an applicant's previous RNP or CNM licensure or certification submits evidence of the applicant's certification or

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licensure in the nurse practitioner role and population focus that either is current or was current at least six months before the application was received by the Board, and was originally issued:

- i. Before January 1, 2001, if the RNP or CNM applicant lacks a graduate degree; or
 - ii. Before November 13, 2005 if the RNP's or CNM's graduate degree is in a health-related area other than nursing.
2. An RNP, CNM, or CNS applicant without evidence of national certification who received initial advanced practice certification or licensure in another state not later than July 1, 2004 and provides evidence, directly from the jurisdiction, that the certification or licensure is current.
 3. A CNS applicant without evidence of completion of a CNS program who received initial certification or advanced practice licensure in this or another state not later than November 13, 2005 and provides evidence, directly from the jurisdiction, that the certificate or license is current.
 4. A CRNA who completed a CRNA program before the effective date of this Section without evidence of a graduate degree.
 5. A CNS applicant who completed a women's health clinical nurse specialist program that was part of a graduate degree in nursing program under subsection (A), without evidence of national certification upon submission of the following:
 - a. A description of the applicant's scope of practice that is consistent with A.R.S. § 32-1601(7);
 - b. One of the following:
 - i. A letter from a faculty member who supervised the applicant during the graduate program attesting to the applicant's competence to practice within the defined scope of practice;
 - ii. A letter from a current supervisor verifying the applicant's competence in the defined scope of practice; or
 - iii. A letter from a physician, RNP, CNM, or CNS who has worked with the applicant within the past two years attesting to the applicant's competence in the defined scope of practice; and
 - c. A form verifying that the applicant has practiced a minimum of 500 hours in the population focus within the past two years, which may include clinical practice time in a CNS program.
- C. The Board shall issue a certificate to practice as an RNP, CNM, or CNS in a population focus, or as a registered nurse anesthetist, to a registered nurse who meets the criteria in this Section. An applicant who is denied a certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-56 repealed, new Section R4-19-56 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-56 renumbered as Section R4-19-504 (Supp. 86-1). Former Section R4-19-504 renumbered to R4-19-505, new Section R4-19-504 adopted effective November 18, 1994 (Supp. 94-4). Former Section R4-19-

504 renumbered to Section R4-10-505; new Section R4-19-504 renumbered from R4-19-503 and amended effective November 25, 1996 (Supp. 96-4). Amended effective

January 10, 1997 (Supp. 97-1). Amended by final rulemaking at 5 A.A.R. 3911, effective September 28, 1999 (Supp. 99-3). Former R4-19-505 renumbered to R4-19-508; new R4-19-505 renumbered from R4-19-504 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (A)(7)(a) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (B)(5)(a), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-506. Expiration of APRN Certificate; Practice Requirement; Renewal

- A. An advanced practice certificate issued after July 1, 2004, expires when the certificate holder's RN license expires, or when national certification expires, whichever occurs first. Certificates issued on or before July 1, 2004, or those issued without proof of national certification under R4-19-505(B)(5) and (B)(2) do not expire unless the RN license expires under A.R.S. § 32-1642 or the nurse has not practiced advanced practice nursing at the applicable level of certification for a minimum of 960 hours in the five years before the date the application is received. This requirement is satisfied if the applicant verifies that the applicant has:
1. Completed an advanced practice nursing education program within the past five years; or
 2. Practiced for a minimum of 960 hours within the past five years where the nurse:
 - a. Worked for compensation or as a volunteer, as an APRN and performed one or more acts under A.R.S. § 32-1601(7) for a CNS, A.R.S. § 32-1601(20) for an RNP, A.R.S. § 32-1601(5) for a CNM, or A.R.S. § 32-1634.04 for a CRNA; or
 - b. Held a position for compensation or as a volunteer that required, preferred or recommended, in the job description, the level of advanced practice certification being sought or renewed.
- B. A registered nurse requesting renewal of an APRN certificate issued after July 1, 2004 shall provide evidence of current national certification or recertification under R4-19-505(A)(2)(j). This provision does not apply to a CNS granted a waiver of certification.
- C. An APRN who does not satisfy the practice requirement of subsection (A) shall complete coursework or continuing education activities at the graduate or advanced practice level that include, at minimum, 45 contact hours of advanced pharmacology and 45 contact hours in a subject or subjects related to the role and population focus of certification. Upon completion of the coursework, the nurse shall engage in a period of precepted clinical practice as specified in this subsection;

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1. Precepted clinical practice shall be directly supervised by an APRN in the same role and population focus as the certification being renewed or a physician who engages in practice with the same population focus as the certification being renewed.
2. Practice hours completed during the time-frame specified below may be applied to reduce the number of precepted clinical practice hours, except that in no case shall the hours be reduced by more than half the requirement. The nurse shall complete hours according to the following schedule:
 - a. 300 hours if the applicant has practiced less than 960 hours in only the last five years;
 - b. 600 hours if the applicant has not practiced 960 hours in the last five years, but has practiced at least 960 hours in the last six years;
 - c. 1000 hours if the applicant has not practiced at least 960 hours in the last six years, but has practiced 960 hours in the last seven to 10 years; or
 - d. If the nurse has not practiced 960 hours of advanced practice nursing in the role and population focus being renewed in more than 10 years, complete a program of study as recommended by an approved advanced practice nursing program that includes, at minimum, 500 hours of faculty supervised clinical practice in the role and population focus of certification. An applicant who qualifies for any option in subsection (C)(2)(a) through (c) may complete the requirements of this subsection to satisfy the practice requirement.
- D. An applicant who, in addition to not meeting the requirements for continued APRN certification, does not meet the requirements for RN renewal, shall fulfill all RN renewal requirements before satisfying the requirements of this Section.
- E. The Board shall renew a certificate to practice as a registered nurse practitioner in a population focus, a clinical nurse specialist in a population focus, or a registered nurse anesthetist for a registered nurse who meets the criteria in this Section. An applicant who is denied renewal of a certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Section R4-19-506 renumbered from R4-19-505 effective November 18, 1994 (Supp. 94-4). Former Section R4-19-506 renumbered to R4-19-510, new Section R4-19-506 adopted effective November 25, 1996 (Supp. 96-4). Former R4-19-506 renumbered to R4-19-510; new Section R4-19-506 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (A)(2)(a) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section references updated under subsection (A)(2)(a), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final

rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-507. Temporary Advanced Practice Certificate; Temporary Prescribing and Dispensing Authority

- A. Based on the registered nurse's qualifications, the Board may issue a temporary certificate to practice as a RNP, CNM, or a CNS in a population focus or a registered nurse anesthetist. A registered nurse who is applying for a temporary certificate shall:
 1. Apply for certification as an APRN;
 2. Submit an application for a temporary certificate;
 3. Demonstrate authorization to practice as a registered nurse in Arizona on either a permanent or temporary Arizona license in good standing or a multistate compact privilege;
 4. Meet all requirements of R4-19-505 or meet the requirements of R4-19-505 with the exception of national certification for RNP, CNM, and CNS applicants unless exempt under R4-19-505(B); and
 5. Submit evidence that the applicant:
 - a. Has applied for and is eligible to take an approved national advanced practice certification exam in the role and population focus of the application;
 - b. Has requested that the certification program transmit all exam results directly to the Board; or
 - c. For a CRNA, holds national certification according to R4-19-501.
- B. If an applicant fails to meet criteria for national advanced practice certification or has failed a certification exam, the applicant is not eligible for a temporary certificate.
- C. The Board may issue temporary prescribing and dispensing authority for RNP, CNM, or CNS applicants, if the applicant:
 1. Meets all application requirements for temporary certification in this Section,
 2. Applies for and meets all requirements for prescribing and dispensing authority under R4-19-511,
 3. Has been certified or licensed as an RNP, CNM, or CNS with prescribing and dispensing authority in the same role and population focus in another state or territory of the United States,
 4. Either holds current national certification as an RNP, CNM, or CNS in the population focus of the application or is exempt from national certification under R4-19-505(B), and
 5. Meets the practice requirement of R4-19-506(A)(2).
- D. Temporary certification as an APRN and temporary prescribing and dispensing authority expire in six months and may be renewed for an additional six months for good cause. Good cause means reasons beyond the control of the temporary certificate holder such as unavoidable delays in obtaining information required for certification.
- E. Notwithstanding subsection (D), the Board shall withdraw a temporary APRN certificate and temporary prescribing and dispensing authority under any one of the following conditions. The temporary certificate holder:
 1. Does not meet requirements for RN licensure in this state or the RN license is suspended or revoked,
 2. Fails to renew the RN license upon expiration,
 3. Loses the multistate compact privilege,
 4. Fails the national certifying examination, fails to maintain current national certification, as required by R4-19-505, or

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5. Violates a statute or rule of the Board.
- F. An applicant who is denied a temporary certificate or temporary prescribing and dispensing authority may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the temporary certification or authority. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-508. Standards Related to RNP, CNM, and CNS Scope of Practice

- A. An RNP, CNM, or CNS shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the RNP's, CNM's, or CNS's knowledge and experience.
- B. In addition to the scope of practice permitted a registered nurse, the additional certification of an RNP, CNM, and CNS, under A.R.S. §§ 32-1601 (5), (9), and (20), as applicable, and 32-1606(B)(12), permits the RNP, CNM, and CNS to perform the following acts within the limits of the population focus of certification:
1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria.
 2. For a patient who requires the services of a health care facility:
 - a. Admit the patient to the facility,
 - b. Manage the care the patient receives in the facility, and
 - c. Discharge the patient from the facility.
 3. Order and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP, CNM, or CNS is qualified to perform.
 4. Prescribe, order, administer and dispense therapeutic measures including pharmacologic agents and devices if authorized under R4-19-511, and non-pharmacological interventions including, but not limited to, durable medical equipment, nutrition, home health care, hospice, physical therapy and occupational therapy. (For the CNS, all prescribing is restricted according to A.R.S. § 32-1651.)
 5. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health.
 6. Perform therapeutic procedures that the RNP, CNM, or CNS is qualified to perform.
 7. Delegate therapeutic measures to qualified assistive personnel including medical assistants under R4-19-509.
 8. Perform additional acts that the RNP, CNM, or CNS is qualified to perform and that are generally recognized as being within the role and population focus of certification.

- C. An RNP, CNM, or CNS shall only provide health care services including prescribing and dispensing within the RNP's, CNM's, or CNS's population focus and role and for which the RNP, CNM, or CNS is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

Historical Note

Adopted effective February 25, 1987 (Supp. 87-1). Former Section R4-19-505 renumbered to R4-19-506, new Section R4-19-505 renumbered from R4-19-504 effective November 18, 1994 (Supp. 94-4). Former Section R4-19-505 repealed, new Section R4-19-505 renumbered from R4-19-504 and amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Former R4-19-508 renumbered to R4-19-513; new R4-19-508 renumbered from R4-19-505 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore one of the A.R.S. citations in subsection (B) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (B), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-509. Delegation to Medical Assistants

- A. Under A.R.S. §§ 32-1456 and 32-1601(20), an RNP may delegate patient care to a medical assistant in an office or outpatient setting. The RNP shall verify that a medical assistant to whom the RNP delegates meets at least one of the following qualifications:
1. Completed an approved medical assistant training program as defined in A.A.C. R4-16-101(3);
 2. If a graduate of an unapproved medical assistant training program, passed the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists;
 3. Completed an unapproved medical assistant training program and was employed as a medical assistant on a continuous basis since completion of the program before February 2, 2000;
 4. Was directly supervised by the same registered nurse practitioner for at least 2000 hours before February 2, 2000; or
 5. Completed a medical services training program of the Armed Forces of the United States.
- B. An RNP may delegate the following acts to a medical assistant who is under the direct supervision of the RNP and demonstrates competency in the performance of the act:
1. Obtain vital signs;
 2. Perform venipuncture and draw blood;
 3. Perform capillary puncture;
 4. Perform pulmonary function testing;

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5. Perform electrocardiography;
6. Perform patient screening using established protocols;
7. Perform dosage calculations as applicable to written orders;
8. Apply pharmacology principles to prepare and administer oral, inhalant, topical, otic, optic, rectal, vaginal and parenteral medications (excluding intravenous medications);
9. Maintain medication and immunization records;
10. Assist provider with patient care;
11. Perform Clinical Laboratory Improvement Amendments (CLIA) waived hematology, chemistry, urinalysis, microbiological and immunology testing;
12. Screen test results;
13. Obtain specimens for microbiological testing;
14. Obtain patient history;
15. Instruct patients according to their needs to promote health maintenance and disease prevention;
16. Prepare a patient for procedures or treatments;
17. Document patient care and education;
18. Perform first aid procedures;
19. Perform whirlpool treatments;
20. Perform diathermy treatments;
21. Perform electronic galvaton stimulation treatments;
22. Perform ultrasound therapy;
23. Perform massage therapy (subject to regulation by massage therapy board);
24. Apply traction treatments;
25. Apply Transcutaneous Nerve Stimulation unit treatments;
26. Apply hot and cold pack treatments; and
27. Administer small volume nebulizer treatments.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). New Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore one of the A.R.S. citations in subsection (A) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (A), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-510. Expired**Historical Note**

Section renumbered from R4-19-506 and amended effective November 25, 1996 (Supp. 96-4). Section repealed made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Section R4-19-510 renumbered from R4-19-506 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1093, effective March 24, 2011 (Supp. 11-2).

R4-19-511. Prescribing and Dispensing Authority; Prohibited Acts

- A. The Board shall authorize an RNP, CNM, or CNS to prescribe and dispense (P&D) drugs and devices within the RNP's, CNM's, or CNS's population focus only if the RNP, CNM, or CNS does all of the following:
 1. Obtains authorization by the Board to practice as an RNP, CNM, or CNS;
 2. Applies for prescribing and dispensing privileges on the application for RNP, CNM, or CNS certification;
 3. Submits a completed verified application on a form provided by the Board that contains all of the following information:
 - a. Name, address, e-mail address and home telephone number;
 - b. Arizona registered nurse license number, or copy of compact license;
 - c. RNP, CNM, or CNS population focus;
 - d. RNP, CNM, or CNS certification number issued by the Board; and
 - e. Business address and telephone number;
 4. Submits evidence of a minimum of 45 contact hours of education within the three years immediately preceding the application, covering one or both of the following topics consistent with the population focus of education and certification:
 - a. Pharmacology, or
 - b. Clinical management of drug therapy, and
 5. Submits the required fee.
- B. An applicant who is denied P & D authority may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the P & D authority. Board hearings shall comply with A.R.S. Title 41, Chapter 6, Article 10, and 4 A.A.C. 19, Article 6, of this Chapter.
- C. An RNP, CNM, or CNS shall not prescribe or dispense drugs or devices without Board authority or in a manner inconsistent with law. The Board may impose an administrative or civil penalty for each violation, suspend the RNP's, CNM's, or CNS's P & D authority, or impose other sanctions under A.R.S. § 32-1606(C). In determining the appropriate sanction, the Board shall consider factors such as the number of violations, the severity of each violation, and the potential for or existence of patient harm.
- D. In addition to acts listed under R4-19-403, for an RNP, CNM, or CNS who prescribes or dispenses a drug or device, a practice that is or might be harmful to the health of a patient or the public, includes one or more of the following:
 1. Prescribing a controlled substance to oneself, a member of the RNP's, CNM's, or CNS's family or any other person with whom the RNP, CNM, or CNS has a relationship that may affect the RNP's, CNM's, or CNS's ability to use independent, objective and sound judgment when prescribing;
 2. Providing any controlled substance or prescription-only drug or device for other than accepted therapeutic purposes;
 3. Delegating the prescribing and dispensing of drugs or devices to any other person;
 4. Prescribing for a patient that is not in the RNP's, CNM's, or CNS's population focus of education and certification except as authorized in subsection (D)(5)(d); and
 5. Prescribing, dispensing, or furnishing a prescription drug or a prescription-only device to a person unless the RNP, CNM, or CNS has examined the person and established a professional relationship, except when engaging in one or more of the following:

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- a. Providing temporary patient care on behalf of the patient's regular treating and licensed health care professional;
 - b. Providing care in an emergency medical situation where immediate medical care or hospitalization is required by a person for the preservation or health, life, or limb;
 - c. Furnishing a prescription drug to prepare a patient for a medical examination; or
 - d. Prescribing antimicrobials to a person who is believed to be at substantial risk as a contact of a patient who has been examined and diagnosed with a communicable disease by the prescribing RNP, CNM, or CNS even if the contact is not in the population focus of the RNP's, CNM's, or CNS's certification.
6. Prescribing or dispensing any controlled substance or prescription-only drug or device in a manner that is inconsistent with other state or federal requirements.
- E.** An RNP, CNM, or CNS shall not dispense a Schedule II Controlled Substance that is an opioid, except for an opioid that is for medication assisted treatment for substance use disorders.
- F.** A CNS's prescribing is additionally limited according to A.R.S. § 32-1651.
- G.** A CRNA may apply for and obtain a prescribing-only certificate upon successful completion of all application requirements that are applicable to prescribing, as listed for other APRNs, and follow the same prescribing restrictions and administrative processes, as described in subsections (A) through (D), of this Section; and consistent with A.R.S. § 32-1634.04, and all other applicable laws.
- Historical Note**
- Adopted effective November 25, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by emergency rulemaking at 24 A.A.R. 1678, filed and effective May 23, 2018, valid for 180 days, A.R.S. 41-1026(D) (Supp. 18-2). Emergency renewed with amendments at 24 A.A.R. 3335, filed and effective November 9, 2018, valid for an additional 180 days (Supp. 18-4). Emergency expired. Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).
- R4-19-512. Prescribing Drugs and Devices**
- A.** An RNP, CNM, or CNS granted P & D authority by the Board may, within restrictions provided by law and applicable to each certificate:
1. Prescribe drugs and devices;
 2. Provide for refill of prescription-only drugs and devices for one year from the date of the prescription.
- B.** An RNP, CNM, or CNS with P & D authority who wishes to prescribe a controlled substance shall obtain a DEA registration number before prescribing a controlled substance, and shall file the DEA registration number with the Board.
- C.** An RNP, CNM, or CNS with a DEA registration number may prescribe, but may not exceed the limitations of each certification:
1. A Schedule II controlled substance as defined in the federal Controlled Substances Act, 21 U.S.C. § 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27, but shall not prescribe refills of the prescription, and shall follow all other restrictions provided by law;
 2. A Schedule III or IV controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe a maximum of five refills in six months; and
 3. A Schedule V controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe refills for a maximum of one year.
- D.** An RNP, CNM, or CNS whose DEA registration is revoked or expires shall not prescribe controlled substances. An RNP, CNM, or CNS whose DEA registration is revoked or limited shall report the action to the Board within 10 days of the revocation or limitation.
- E.** In all outpatient settings or at the time of hospital discharge, an RNP, CNM, or CNS with P & D authority, who prescribed medication to a patient, shall personally provide the patient or the patient's representative with the name of the drug, directions for use, and any special instructions, precautions, or storage requirements necessary for safe and effective use of the drug if any of the following occurs:
1. A new drug is prescribed or there is a change in the dose, form, or direction for use in a previously prescribed drug;
 2. In the RNP's, CNM's, or CNS's professional judgment, these instructions are warranted; or
 3. The patient or patient's representative requests instruction.
- F.** An RNP, CNM, or CNS with P & D authority shall ensure that all prescription orders contain the following:
1. The RNP's, CNM's, or CNS's name, address, telephone number, and population focus;
 2. The prescription date;
 3. The name of the patient and either the address of the patient or a blank for the address if the prescription is not being dispensed by the RNP, CNM, or CNS;
 4. The full name of the drug, strength, dosage form, and directions for use;
 5. The letters "DAW", "dispense as written", "do not substitute", "medically necessary" or any similar statement on the face of the prescription form if intending to prevent substitution of the drug;
 6. The RNP's, CNM's, or CNS's DEA registration number, if applicable; and
 7. The RNP's, CNM's, or CNS's signature.
- Historical Note**
- Former R4-19-512 renumbered to R4-19-514; new R4-19-512 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).
- R4-19-513. Dispensing Drugs and Devices**
- A.** An RNP, CNM, or CNS granted prescribing and dispensing authority by the Board may, within restrictions provided by law and applicable to each certificate:
1. Dispense drugs and devices to patients;

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2. Dispense samples of drugs packaged for individual use without a prescription order or additional labeling;
 3. Only dispense drugs and devices obtained directly from a pharmacy, manufacturer, wholesaler, or distributor; and
 4. Allow other personnel to assist in the delivery of medications provided that the RNP, CNM, or CNS retains responsibility and accountability for the dispensing process.
- B.** If dispensing a drug or device, an RNP, CNM, or CNS with dispensing authority shall:
1. Ensure that the patient has a written prescription that complies with R4-19-512(F) and contains the address of the patient and inform the patient that the prescription may be filled by the prescribing RNP, CNM, or CNS or by a pharmacy of the patient's choice;
 2. Affix a prescription number to each prescription that is dispensed;
 3. Ensure that all original prescriptions are preserved for a minimum of seven years and make the original prescriptions available at all times for inspection by the Board of Nursing, Board of Pharmacy, and law enforcement officers in performance of their duties; and
 4. Report the dispensing of controlled substances to the Board of Pharmacy's Controlled Substance Prescription Monitoring Program according to A.R.S. § 36-2608.
- C.** An RNP, CNM, or CNS practicing in a public health facility operated by this state or a county or in a qualifying community health center under A.R.S. § 32-1921(D) and (F) may dispense drugs or devices to patients without a written prescription if the public health facility or the qualifying community health center adheres to all storage, labeling, safety, and recordkeeping rules of the Board of Pharmacy.
- D.** An RNP, CNM, or CNS who dispenses a drug shall ensure that a label is affixed that contains all of the following information:
1. Dispensing RNP's, CNM's, or CNS's name and population focus;
 2. Address and telephone number of the location from which the drug is dispensed;
 3. Date dispensed;
 4. Patient's name and address;
 5. Name and strength of the drug, quantity in the container, directions for use, and any cautionary statements necessary for the safe and effective use of the drug;
 6. Manufacturer and lot number; and
 7. Prescription order number.
- E.** An RNP, CNM, or CNS who dispenses a drug or device shall ensure that the following information about the drug or device is entered into the patient's medical record:
1. Name of the drug, strength, quantity, directions for use, and number of refills;
 2. Date dispensed;
 3. Therapeutic reason;
 4. Manufacturer and lot number; and
 5. Prescription order number.
- F.** An RNP, CNM, or CNS with dispensing authority shall:
1. Keep all drugs in a locked cabinet or room in an area that is not accessible to patients;
 2. If dispensing a controlled substance:
 - a. Control access by a written policy that specifies:
 - i. Those persons allowed access, and
 - ii. Procedures to report immediately the discovery of a shortage or illegal removal of drugs to a local law enforcement agency and provide that
- agency and the DEA with a written report within seven days of the discovery.
- b. Maintain and make available to the Board upon request an ongoing inventory and record of:
 - i. A Schedule II controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, separately from all other records, and a prescription for a Schedule II controlled substance in a separate prescription file; and
 - ii. A Schedule III, IV, or V controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, in a form that is readily retrievable from other records.
- G.** If a prescription order is refilled, an RNP, CNM, or CNS with P & D authority shall record the following information on the back of the prescription order or in the patient's medical record:
1. Date refilled,
 2. Quantity dispensed if different from the full amount of the original prescription,
 3. RNP's, CNM's, or CNS's name or identifiable initials, and
 4. Manufacturer and lot number.
- H.** Under the supervision of an RNP, CNM, or CNS with P & D authority, other personnel may:
1. Receive and record a prescription refill request from a patient or a patient's representative;
 2. Receive and record a verbal refill authorization from the RNP including:
 - a. The RNP's, CNM's, or CNS's name;
 - b. Date of refill;
 - c. Name, directions for use, and quantity of drug; and
 - d. Manufacturer and lot number;
 3. Prepare and affix a prescription label; and
 4. Prepare a drug or device for delivery, provided that the dispensing RNP, CNM, or CNS:
 - a. Inspects the drug or device and initials the label before issuing to the patient to ensure compliance with the prescription; and
 - b. Ensures that the patient is informed of the name of the drug or device, directions for use, precautions, and storage requirements.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4).
 Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Former R4-19-513 renumbered to R4-19-515; new R4-19-513 renumbered from R4-19-508 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3).
 Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-514. Standards Related to Clinical Nurse Specialist Scope of Practice

In addition to the functions of a registered nurse, a CNS, according to A.R.S. § 32-1601(7), may perform one or more of the following for an individual, family, or group within the population focus of certification and for which competency has been maintained:

1. Conduct an advanced assessment, analysis, and evaluation of a patient's complex health needs;

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2. Establish primary and differential health status diagnoses;
3. Direct health care as an advanced clinician;
4. Develop, implement, and evaluate a treatment plan according to a patient's need for specialized nursing care;
5. Establish nursing standing orders, algorithms, and practice guidelines related to interventions and specific plans of care;
6. Manage health care according to written protocols;
7. Facilitate system changes on a multidisciplinary level to assist a health care facility and improve patient outcomes cost-effectively;
8. Consult with the public and professionals in health care, business, and industry in the areas of research, case management, education, and administration;
9. Perform psychotherapy if certified as a clinical nurse specialist in psychiatric and mental health nursing;
10. Prescribe, order, administer, and dispense therapeutic measures including pharmacologic agents and devices if authorized under R4-19-511, and within the limitations of A.R.S. § 32-1651; and
11. Perform additional acts that the clinical nurse specialist is qualified to perform.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Section R4-19-514 renumbered from R4-19-512 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-515. Repealed**Historical Note**

Section adopted by final rulemaking at 6 A.A.R. 335, effective December 20, 1999 (Supp. 99-4). Section R4-19-515 renumbered from R4-19-513 by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Repealed by final rulemaking at 18 A.A.R. 2140, effective August 8, 2012 (Supp. 12-3).

R4-19-516. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Repealed by final rulemaking at 18 A.A.R. 2140, effective August 8, 2012 (Supp. 12-3).

ARTICLE 6. RULES OF PRACTICE AND PROCEDURE**R4-19-601. Expired****Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 618, effective December 31, 2001 (Supp. 02-1). Section R4-19-601 renumbered from R4-19-602 and amended by

final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-602. Letter of Concern

A letter of concern issued by the Board is not an appealable agency action as defined in A.R.S. § 41-1092.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-602 renumbered to R4-19-601; new Section R4-19-602 made by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-603. Representation

Any person subject to a hearing may participate in the hearing and may be represented by legal counsel. The Board shall not pay for the person's legal counsel.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-603 repealed; new Section R4-19-603 renumbered from R4-19-604 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-604. Notice of Hearing; Response

- A. The Board, in consultation with the Office of Administrative Hearings, as necessary shall prepare and serve a written notice of hearing on all parties under A.R.S. § 41-1092.05.
- B. In addition to the notice requirements in A.R.S. § 41-1092.05(D), the Board shall include the following in the notice:
 1. The full name, address, and license number, if any, of the licensee, certificate holder, program, or applicant;
 2. The name, address of record, and telephone number of the Board's executive director or Board designee if the hearing is to be conducted by the Board;
 3. A statement that a hearing will proceed without a party's presence if a party fails to attend or participate in the hearing;
 4. The names and addresses of record of persons to whom notice is being given, including the Attorney General representing the state at the hearing; and
 5. Any other matters relevant to the proceedings.
- C. The party named in the notice of hearing shall file a written response under A.R.S. § 32-1664 within 30 days after service of the notice of hearing. The response shall contain:
 1. The party's name, address, and telephone number;
 2. Whether the party has legal representation and, if so, the name and address of the attorney;
 3. A response to the allegations contained in the notice of hearing; and
 4. Any other matters relevant to the proceedings.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-604 renumbered to R4-19-603; new Section R4-19-604 renumbered from R4-19-605 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-605. Expired

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Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-605 renumbered to R4-19-604; new Section R4-19-605 renumbered from R4-19-606 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-606. Expired**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-606 renumbered to R4-19-605; new Section R4-19-606 renumbered from R4-19-607 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-607. Recommended Decision

The Administrative Law Judge who conducts the hearing shall make a recommended decision under A.R.S. § 41-1092.08. The Board shall immediately transmit a copy of the recommended decision to each party. Each party may file a memorandum of objections for consideration at the next Board meeting that contains the reasons why the recommended decision is in error or requires correction, and includes appropriate citations to the record, statutes, or rules in support of each objection.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-607 renumbered to R4-19-606; new Section R4-19-607 renumbered from R4-19-612 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-608. Rehearing or Review of Decision

- A. A party may file a motion for rehearing or review of a decision under A.R.S. §§ 41-1092.09 and 32-1665.
- B. The Board may grant a rehearing or review of the decision for any of the following causes materially affecting the moving party's rights:
 1. Irregularity in the administrative proceedings of the Board or the administrative law judge, or any order, or abuse of discretion, which deprived the moving party of a fair hearing;
 2. Misconduct of the Board, the administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or exclusion of evidence or other errors of law occurring during the pendency of the proceeding or at the administrative hearing; or
 7. The decision is not justified by the evidence or is contrary to law.
- C. Upon the Board's receipt of a motion for rehearing or review, the Board may affirm or modify the decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (B). An order granting a rehearing shall specify with particularity the grounds for the order. Any rehearing shall cover only those specified matters.

- D. Within the time limits of A.R.S. § 41-1092.09, the Board may order a rehearing or review on its own initiative for any of the reasons in subsection (B). The Board shall specify the grounds for the rehearing or review in the order.

- E. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days of such service, serve opposing affidavits.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1). Section R4-19-608 renumbered from R4-19-614 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-609. Effectiveness of Orders

- A. Except as provided in subsection (B), a decision is final upon expiration of the time for filing a request for rehearing or review or upon denial of such a request, whichever is later. If the Board grants a rehearing or review, the decision is stayed until another order is issued.
- B. If it finds that the public health, safety, or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1092.11(B), ordering summary suspension of a license while other proceedings are pending. If the Board orders a summary suspension, a party shall exhaust the party's administrative remedies by filing a motion for rehearing or review under A.R.S. § 41-1092.09(B) before seeking judicial review of the decision.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1). Section R4-19-609 renumbered from R4-19-615 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-610. Expired**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-611. Expired**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-612. Renumbered**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-607 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-613. Expired**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-614. Renumbered

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Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-608 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-615. Renumbered**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-609 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

ARTICLE 7. PUBLIC PARTICIPATION PROCEDURES**R4-19-701. Expired****Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-702. Petition for Rulemaking; Review of Agency Practice or Substantive Policy Statement; Objection to Rule Based Upon Economic, Small Business, or Consumer Impact

A person may petition the Board, requesting the making of a final rule, or a review of an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule under A.R.S. § 41-1033, or objecting to a rule under A.R.S. § 41-1056.01, by filing a petition which contains the following:

1. The name, current address, and telephone number of the person submitting the petition.
2. For the making of a new rule, the specific language of the proposed rule.
3. For amendment of a current rule, the *Arizona Administrative Code* (A.A.C.) Section number, the Section heading, and the specific language of the current rule, with any language to be deleted stricken through but legible, and any new language underlined.
4. For repeal of a current rule, the A.A.C. Section number and Section heading proposed for repeal.
5. The reasons the rule should be made, specifically stating in reference to an existing rule, why the rule is inadequate, unreasonable, unduly burdensome, or otherwise not acceptable. The petitioner may provide additional supporting information including:
 - a. Any statistical data or other justification, with clear references to attached exhibits;
 - b. An identification of any person or segment of the public that would be affected and how they would be affected; and
 - c. If the petitioner is a public agency, a summary of relevant issues raised in any public hearing, or written comments offered by the public.
6. For a review of an existing agency practice or substantive policy statement alleged to constitute a rule, the reasons the existing agency practice or substantive policy statement constitutes a rule and the proposed action requested of the Board.
7. For an objection to a rule based upon the economic, small business, or consumer impact, evidence of any of the following grounds:
 - a. The actual economic, small business, or consumer impact significantly exceeded the impact estimated in the economic, small business, and consumer

impact statement submitted during the making of the rule.

- b. The actual economic, small business, or consumer impact was not estimated in the economic, small business, and consumer impact statement submitted during the making of the rule and that actual impact imposes a significant burden on persons subject to the rule.
 - c. The Board did not select the alternative that imposes the least burden and costs to persons regulated by the rule, including paperwork and other compliance costs, necessary to achieve the underlying regulatory objective.
8. The signature of the person submitting the petition.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2).

R4-19-703. Oral Proceedings

- A. The Board shall schedule an oral proceeding on all rulemakings and publish the notice as prescribed in A.R.S. § 41-1023. A Board member, the executive director, or a Board staff member shall serve as presiding officer at an oral proceeding.
- B. The Board shall record all oral proceedings either by an electronic recording device or stenographically, and any resulting cassette tapes or transcripts, registers, and all written comments received shall become part of the official record.
- C. The presiding officer shall conduct an oral proceeding according to A.R.S. § 41-1023; and
 1. Request each person in attendance register;
 2. Obtain the following information from any person who intends to speak:
 - a. Name and whether the person represents another;
 - b. Position with regard to the proposed rule; and
 - c. Approximate length of time needed to speak;
 3. Open the proceeding by identifying the subject matter of the rules under consideration and the purpose of the proceeding;
 4. Present the agenda;
 5. Ensure that a Board representative explains the background and general content of the proposed rules;
 6. Limit comments to a reasonable period, and prevent undue repetition of comments;
 7. Announce the address for written public comments and the date and time for the close of record; and
 8. Close the proceeding if there are no persons in attendance within 15 minutes after the posted meeting time.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-703 repealed; new Section R4-19-703 renumbered from R4-19-704 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-704. Petition for Altered Effective Date

- A. A person wishing to alter the effective date of a rule shall file a written petition that contains:
 1. The name, current address, and telephone number of the person submitting the petition;
 2. Identification of the proposed rule;
 3. If the person is petitioning for an immediate effective date, a demonstration that the immediate date is neces-

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sary for one or more of the reasons in A.R.S. § 41-1032(A);

4. If the person is petitioning for a later effective date, more than 60 days after filing of the rule, a demonstration under A.R.S. § 41-1032(B) that good cause exists for, and the public interest will not be harmed by, the later effective date; and
 5. The signature of the person submitting the petition.
- B.** The Board shall make a decision and notify the petitioner of the decision within 60 days of receipt of the petition.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-704 renumbered to R4-19-703; new Section R4-19-704 renumbered from R4-19-705 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-705. Written Criticism of an Existing Rule

- A.** Any person may file with the Board a written criticism of an existing rule that contains:
1. The rule addressed, and
 2. The reason the existing rule is inadequate, unduly burdensome, unreasonable, or improper.
- B.** The Board shall acknowledge receipt of any criticism within 10 working days and shall place the criticism in the official record for review by the Board under A.R.S. § 41-1056.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-705 renumbered to R4-19-704; new Section R4-19-705 renumbered from R4-19-706 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-706. Renumbered**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Renumbered to R4-19-705 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

ARTICLE 8. CERTIFIED AND LICENSED NURSING ASSISTANTS AND CERTIFIED MEDICATION ASSISTANTS

R4-19-801. Common Standards for Nursing Assistant (NA) and Certified Medication Assistant (CMA) Training Programs**A. Program Administrative Responsibilities**

1. Any person or entity offering a training program under this Article shall, before accepting tuition from prospective students, and at all times thereafter, provide program personnel including a coordinator and instructors, as applicable, who meet the requirements of this Article.
2. If at any time, a person or entity offering a training program cannot provide a qualified instructor for its students, it shall immediately cease instruction and, if the training program cannot provide a qualified instructor within 5 business days, the training program shall offer all enrolled students a refund of all tuition and fees the students have paid to the program.
3. A training program shall obtain and maintain Board approval or re-approval as specified in this Article and A.R.S. § 32-1650.01 (B) before advertising the program, accepting any tuition, fees, or other funds from prospective students, or enrolling students.

4. A training program that uses external clinical facilities shall execute a written agreement with each external clinical facility.
5. A training program that requires students to pay tuition for the program shall:
 - a. Make all program costs readily accessible on the school's website with effective dates,
 - b. Publicly post any increases in costs on the school's website 30 days in advance of the increase;
 - c. Include in the cost calculation and public posting, all fees directly paid to the program including but not limited to tuition, lab fee, clinical fee, enrollment fee, insurance, books, uniform, health screening, credit card fee and state competency exam fee; and
 - d. Provide a description of all program costs to the student that are not directly paid to the program.
6. Before collecting any tuition or fees from a student, a training program shall notify each prospective student of Board requirements for certification and licensure including:
 - a. Legal presence in the United States; and
 - b. For licensure, criminal background check requirements, and ineligibility under A.R.S. § 32-1606(B)(15) and (16).
7. Within the first 14 days of the program and before 50% of program instruction occurs, a training program shall transmit to the Board-approved test vendor, accurate and complete information regarding each enrolled student for the purposes of tracking program enrollment, attrition and completion. Upon receipt of accurate completion information, the vendor shall issue a certificate of completion to the program for each successful graduate.
8. A training program shall provide the Board, or its designee, access to all training program records, students and staff at any time, including during an announced or unannounced visit. A program's refusal to provide such access is grounds for withdrawal of Board approval.
9. A training program shall provide each student with an opportunity to anonymously and confidentially evaluate the course instructor, curriculum, classroom environment, clinical instructor, clinical setting, textbook and resources of the program;
10. A training program shall provide and implement a plan to evaluate the program that includes the frequency of evaluation, the person responsible, the evaluative criteria, the results of the evaluation and actions taken to improve the program. The program shall evaluate the following elements at a minimum every two years:
 - a. Student evaluations consistent with subsection (A)(9);
 - b. First-time pass rates on the written and manual skills certification exams for each admission cohort;
 - c. Student attrition rates for each admission cohort;
 - d. Resolution of student complaints and grievances in the past two years; and
 - e. Review and revision of program policies.
11. A training program shall submit written documentation and information to the Board regarding the following program changes within 30 days of instituting the change:
 - a. For a change or addition of an instructor or coordinator, the name, RN license number, and documentation that the coordinator or instructor meets the applicable requirements of R4-19-802(B) and (C)

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for NA programs and R4-19-803 (B) for CMA programs;

- b. For a change in classroom location, the previous and new location, and a description of the new classroom;
- c. For a change in a clinical facility, the name and address of the new facility and a copy of the signed clinical contract;
- d. For a change in the name or ownership of the training program, the former name or owners and the new name or owners; and
- e. For a decrease in hours of the program, a written revised curriculum document that clearly highlights new content, strikes out deleted content and includes revised hours of instruction, as applicable.

B. Policies and Procedures

1. A training program shall promulgate and enforce written policies and procedures that comply with state and federal requirements, and are consistent with the policies and procedures of the parent institution, if any. The program shall provide effective and review dates for each policy or procedure.
2. A training program shall provide a copy of its policies and procedures to each student on or before the first day the student begins the program.
3. The program shall promulgate and enforce the following policies with accompanying procedures:
 - a. Admission requirements including:
 - i. Criminal background, health and drug screening either required by the program or necessary to place a student in a clinical agency; and
 - ii. English language, reading and math skills necessary to comprehend course materials and perform duties safely.
 - b. Student attendance policy, ensuring that a student receives the hours and types of instruction as reported to the Board in the program's most recent application to the Board and as required in this Article. If absences are permitted, the program shall ensure that each absence is remediated by providing and requiring the student to complete learning activities that are equivalent to the missed curriculum topics, clinical experience or skill both in substance and in classroom or clinical time.
 - c. A final examination policy that includes the following provisions:
 - i. Require that its students score a minimum 75% correct answers on a comprehensive secure final examination with no more than one re-take. The program may allow an additional re-take following documented, focused remediation based on past test performance. Any re-take examination must contain different items than the failed exam, address all course competencies, and be documented with score, date administered and proctor in the student record; and
 - ii. Require that each student demonstrate, to program faculty, satisfactory performance of each practical skill as prescribed in the curriculum before performance of that skill on patients or residents without the instructor's presence, direct observation, and supervision.

- d. Student record maintenance policies consistent with subsection (D) including the retention period, the location of records and the procedure for students to access to their records.
- e. Clinical supervision policies consistent with clinical supervision provisions of this Section, and:
 - i. R4-19-802(C) and (D) for NA programs, or
 - ii. R4-19-803(B) and (C) for CMA programs;
- f. Student conduct policies for expected and unacceptable conduct in both classroom and clinical settings;
- g. Dismissal and withdrawal policies;
- h. Student grievance policy that includes a chain of command for grade disputes and ensures that students have the right to contest program actions and provide evidence in support of their best interests including the right to a third party review by a person or committee that has no stake in the outcome of the grievance;
- i. Program progression and completion criteria.

C. Classroom and clinical instruction

1. During clinical training sessions, a training program shall ensure that each student is identified as a student by a name badge or another means readily observable to staff, patients, and residents.
2. A training program shall not utilize, or allow the clinical facility to utilize, students as staff during clinical training sessions.
3. A training program shall provide a clean, comfortable, distraction-free learning environment for didactic teaching and skill practice.
4. A training program shall provide, in either electronic or paper format, a written curriculum to each student on or before the first day of class that includes a course description, course hours including times of instruction and total course hours, instructor information, passing requirements, course goals, and a topical schedule containing date, time and topic for each class session.
5. For each unit or class session the program shall provide, to its students, written:
 - a. Measurable learner-centered objectives,
 - b. An outline of the material to be taught, and
 - c. The learning activities or reading assignment.
6. A training program shall utilize an electronic or paper textbook corresponding to the course curriculum that has been published within the previous five years. Unless granted specific permission by the publisher, a training program shall not utilize copies of published materials in lieu of an actual textbook.
7. A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources:
 - a. Reference materials, corresponding to the level of the curriculum; and
 - b. Equipment and supplies necessary to practice skills.
8. A training program instructor shall:
 - a. Plan each learning experience;
 - b. Ensure that the curriculum meets the requirements of this Section;
 - c. Prepare written course goals, lesson objectives, class content and learning activities;
 - d. Schedule and achieve course goals and objectives by the end of the course; and
 - e. Require satisfactory performance of all critical elements of each skill under R4-19-802(H) for nursing

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assistant and R4-19-803(D)(4) for medication assistant before allowing a student to perform the skill on a patient or resident without the instructor's presence at the bedside.

9. A qualified RN instructor shall be present at all times and during all scheduled classroom, skills laboratory and clinical sessions. In no instance shall a nursing assistant or other unqualified person provide any instruction, reinforcement, evaluation or independent activities in the classroom or skills laboratory.
10. A qualified RN instructor shall supervise any student who provides care to patients or residents by:
 - a. Remaining in the clinical facility and focusing attention on student learning needs during all student clinical experiences;
 - b. Providing the instructor's current and valid contact information to students and facility staff during the instructor's scheduled teaching periods;
 - c. Observing each student performing tasks taught in the training program;
 - d. Documenting each student's performance each day, consistent with course skills and clinical objectives;
 - e. During the clinical session, engaging exclusively in activities related to the supervision of students; and
 - f. Reviewing all student documentation.

D. Records

1. A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for NA programs and five years for CMA programs:
 - a. Curriculum and course schedule for each admission cohort;
 - b. Results of state-approved written and manual skills testing;
 - c. Documentation of program evaluation under subsection (A)(10);
 - d. A copy of any Board reports, applications, or correspondence, related to the program; and
 - e. A copy of all clinical contracts, if using outside clinical agencies.
2. A training program shall maintain the following student records either electronically or in paper form for a minimum of three years for NA programs and five years for CMA programs:
 - a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available;
 - b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803(D)(4) for medication assistants;
 - c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course;
 - d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken; and
 - e. For NA programs only, a copy of a document providing proof of legal presence in the United States as specified in A.R.S. § 41-1080 to be remitted to the Board's designated testing vendor in order to facilitate timely placement of program graduates on a nursing assistant registry.

- E. **Certifying Exam Passing Standard:** A training program and each site of a consolidated program under R4-19-802(E) shall attain, at a minimum, an annual first-time passing rate on the manual skill and written certifying examinations that is equal to the Arizona average pass rate for all candidates on each examination minus 20 percentage points. The Board may waive this requirement for programs with less than five students taking the exam during the year. The Board shall issue a notice of deficiency under R4-19-805 to any program with five or more students taking the exam that fails to achieve the minimum passing standard in any calendar year.
- F. **Distance Learning; Innovative Programs**
 1. A training program may be offered using real-time interactive distance technologies such as interactive television and web based conferencing if the program meets the requirements of this Article.
 2. Before a training program may offer, advertise, or recruit students for an on-line, innovative or other non-traditional program, the program shall submit an application for innovative applications in education under R4-19-214 and receive Board approval.
- G. **Site visits:** A training program shall permit the Board, and its designee, including another state agency, to conduct an onsite scheduled evaluation for initial Board approval and renewal of approval in accordance with R4-19-804 and announced or unannounced site visits at any other time the Board deems necessary.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). A.R.S. Section reference updated under subsection (A)(6), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-802. Nursing Assistant (NA) Program Requirements**A. Organization and Administration**

1. A nursing assistant program may be offered by:
 - a. An educational institution licensed by the State Board for Private Postsecondary Education,
 - b. A public educational institution or a program funded by a local, state or federal governmental agency,
 - c. A health care institution licensed by the Arizona Department of Health Services or a federally authorized health care institution,
 - d. A private business that meets the requirements of this Article and all other legal requirements to operate a business in Arizona.
2. If a nursing assistant program is offered by a private business, the program shall meet the following requirements.
 - a. Hold insurance covering any potential or future claims for damages resulting from any aspect of the program or a hold a surety bond from a surety company with a financial strength rating of "A minus" or better by Best's Credit Ratings, Moody's Investors Service, Standard and Poor's rating service or

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another comparable rating service as determined by the Board in the amount of a minimum of \$15,000. The program shall ensure that:

- i. Bond or insurance distributions are limited to students or former students with a valid claim for instructional or program deficiencies;
 - ii. The amount of the bond or insurance is sufficient to reimburse the full amount of collected tuition and fees for all students during all enrollment periods of the program; and
 - iii. The bond or insurance is maintained for an additional 24 months after program closure; and
- b. Upon initial use and remodeling, provide the Board with a fire inspection report from the Office of the State Fire Marshall or the local authority with jurisdiction, indicating that each program classroom and skill lab location is in compliance with the applicable fire code.
3. Programs approved by the Board before the effective date of this Section shall comply with subsection (A)(2) within one year of the effective date. If a program does not charge tuition or fees, the bond requirement is waived.
4. A Medicare or Medicaid certified long-term care facility-based nursing assistant program shall not require a student to pay a fee for any portion of the program including the initial attempt on the state competency exam.
5. In addition to the policies required in R4-19-801(B), the Board may approve a nursing assistant program to offer an advanced placement option to a student with a background in health care. A nursing assistant program wishing to offer an advance placement option shall submit their advanced placement policy to the Board and receive approval before implementing the policy. The program shall include, at a minimum, the following provisions in its policy:
- a. Advanced placement is limited to students with at least one year full-time employment in the direct provision of health care within the past five years or students who have successfully completed course work that included direct patient care experiences in allied health, medicine or nursing in the past five years.
 - b. The program, at a minimum, shall require an advanced placement student to meet the same outcomes as regular students on all examinations and skill performance demonstrations.
 - c. The program shall require an advanced placement student to successfully accomplish all clinical objectives during a minimum of 16 hours of clinical practice under the direct supervision and observation of a qualified instructor and in a long-term care facility.
 - d. Upon successful completion of advanced placement and any other program requirements, the program shall credit the graduate with the same number of didactic, laboratory and clinical hours as the regular graduate.

B. Program coordinator qualifications and responsibilities

1. Program coordinator qualifications include:
 - a. Holding a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15; and

- b. Possessing at least two years of nursing experience at least one year of which is in the provision of long-term care facility services.

2. A director of nursing in a health care facility may assume the role of a program coordinator for a nursing assistant training program that is housed in the facility but shall not function as a program instructor.
3. A program coordinator's responsibilities include:
 - a. Supervising and evaluating the program;
 - b. Ensuring that instructors meet Board qualifications and there are sufficient instructors to provide for a clinical ratio not to exceed 10 students per instructor;
 - c. Ensuring that the program meets the requirements of this Article; and
 - d. Ensuring that the program meets federal requirements regarding clinical facilities under 42 CFR 483.151.
4. Other than the director of nursing in a long-term care facility, a program coordinator may also serve as a program instructor.

C. Program instructor qualifications and duties

1. Program instructor qualifications include:
 - a. Holding a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15 and provide documentation of a minimum of one year full time or 1500 hours employment providing direct care as a registered nurse in any setting; and
 - b. At a minimum, one of the following:
 - i. Successful completion of a three semester credit course on adult teaching and learning concepts offered by an accredited post-secondary educational institution,
 - ii. Completion of a 40 hour continuing education program in adult teaching and learning concepts that was awarded continuing education credit by an accredited organization,
 - iii. One year of full-time or 1500 hours experience teaching adults as a faculty member or clinical educator, or
 - iv. One year of full time or 1500 hours experience supervising nursing assistants, either in addition to or concurrent with the one year of experience required in subsection (C)(1)(a).
2. In addition to the program instruction requirements in R4-19-801(C), a nursing assistant program instructor shall provide on-site supervision for each student placed in a health care facility not to exceed 10 students per instructor;

D. Clinical and classroom hour requirements and resources

1. A nursing assistant training program shall ensure each graduate receives a minimum of 120 hours of total instruction consisting of:
 - a. Instructor-led teaching in a classroom setting for a minimum of 40 hours;
 - b. Instructor-supervised skills practice and testing in a laboratory setting for a minimum of 20 hours; and
 - c. Instructor-supervised clinical experiences for a minimum of 40 hours, consistent with the goals of the program. Clinical requirements include the following:
 - i. The program shall provide students with clinical orientation to any clinical setting utilized.

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- ii. The program shall provide a minimum of 20 hours of direct resident care in a long-term care facility licensed by the Department of Health Services, except as provided in subsection (iv). Direct resident care does not include orientation and clinical pre and post conferences.
 - iii. If another health care facility is used for additional required hours, the program shall ensure that the facility provides opportunities for students to apply nursing assistant skills similar to those provided to long-term care residents.
 - iv. If a long-term care facility licensed by the Department of Health Services is not available within 50 miles of the training program's classroom, the program may provide the required clinical hours in a facility or unit that cares for residents or patients similar to those residing in a long-term care facility.
 - d. To meet the 120 hour minimum program hour requirement, a NA program shall designate an additional 20 hours to classroom, skill or clinical instruction based upon the educational needs of the program's students and program resources.
- 2. A nursing assistant training program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills. At a minimum, the program shall provide:
 - a. Hospital-type bed, over-bed table, linens, linen protectors, pillows, privacy curtain, call-light and night-stand;
 - b. Thermometers, stethoscopes, including a teaching stethoscope, aneroid blood pressure cuffs, and a scale;
 - c. Realistic skill training equipment, such as a manikin or model, that provides opportunity for practice and demonstration of perineal care;
 - d. Personal care supplies including wash basin, towels, washcloths, emesis basin, rinse-free wash, tooth brushes, disposable toothettes, dentures, razor, shaving cream, emery board, orange stick, comb, shampoo, hair brush, and lotion;
 - e. Clothes for dressing residents including undergarments, socks, hospital gowns, shirts, pants and shoes or non-skid slippers;
 - f. Elimination equipment including fracture bed pans, bed pans, urinals, ostomy supplies, adult briefs, specimen cups, graduate cylinder, and catheter supplies;
 - g. Aseptic and protective equipment including running water, sink, soap, paper towels, clean disposable gloves, surgical masks, particulate respirator mask for demonstration purposes, gowns, hair protectors and shoe protectors;
 - h. Restorative equipment including wheelchair, gait belt, walker, anti-embolic hose, adaptive equipment, and cane;
 - i. Feeding supplies including cups, glasses, dishes, straws, standard utensils, adaptive utensils and clothing protectors;
 - j. Clean dressings, bandages and binders; and
 - k. Documentation forms.
- E. Consolidated Programs
 - 1. A nursing assistant program may request, in writing, to consolidate more than one site of a program under one program approval for convenience of administration. The site of a program is where didactic instruction occurs. The Board may approve the request for a consolidated program if all the following conditions are met:
 - a. The program is not based in a long-term care facility;
 - b. The program does not offer an innovative program as defined in R4-19-214 at any consolidated site;
 - c. A single RN administrator has authority and responsibility for all sites including hiring, retention and evaluation of all program personnel;
 - d. Curriculum and policies are identical for all sites;
 - e. Instructional delivery methods are substantially similar at all sites;
 - f. Didactic, lab practice and clinical hours are identical for all sites;
 - g. The program presents sufficient evidence that all sites have comparable resources, including classroom, skill lab, clinical facilities and staff. Evidence may include pictures, videos, documentation of equipment purchase and instructor resumes;
 - h. The program provides an application to the Board a minimum of 30 days before consolidation of the program or use of the new site;
 - i. The site is fully staffed before accepting students;
 - j. The program evaluates each site separately under R4-19-801(A)(9);
 - k. The program arranges for the test vendor to provide a separate program number for each site;
 - 2. There have been no substantiated complaints against the program or failure to follow the provisions of this Article in the past two years.
 - 3. The program shall notify the Board if a site is closed or has not been used in two years.
 - 4. A program that has been Board-approved as a consolidated program may request to add additional sites 30 days in advance of site utilization. The Board may approve the new site if the site meets the criteria in subsection (E)(1).
 - 5. The Board may deny a request to consolidate programs or add a site if the requirements of this section are not met. Denial of such a request is not a disciplinary action and does not affect the program's approval status.
 - 6. The Board shall not renew or visit any site that was not used in the previous approval period.
- F. Curriculum: a nursing assistant training program shall provide classroom and clinical instruction regarding each of the following subjects:
 - 1. Communication, interpersonal skills, and documentation;
 - 2. Infection control;
 - 3. Safety and emergency procedures, including abdominal thrusts for foreign body airway obstruction and cardiopulmonary resuscitation;
 - 4. Patient or resident independence;
 - 5. Patient or resident rights, including the right to:
 - a. Confidentiality;
 - b. Privacy;
 - c. Be free from abuse, mistreatment, and neglect;
 - d. Make personal choices;
 - e. Obtain assistance in resolving grievances and disputes;
 - f. Security of a patient's or resident's personal property; and
 - g. Be free from restraints;

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6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor;
 7. Basic nursing assistant skills, including:
 - a. Taking vital signs, height, and weight using standing, wheelchair and bed scales;
 - b. Maintaining a patient's or resident's environment;
 - c. Observing and reporting pain;
 - d. Assisting with diagnostic tests including obtaining specimens;
 - e. Providing care for patients or residents with drains and tubes including catheters and feeding tubes;
 - f. Recognizing and reporting abnormal patient or resident physical, psychological, or mental changes to a supervisor;
 - g. Applying clean bandages;
 - h. Providing peri-operative care; and
 - i. Assisting in admitting, transferring, or discharging patients or residents.
 8. Personal care skills, including:
 - a. Bathing, skin care, and dressing;
 - b. Oral and denture care;
 - c. Shampoo and hair care;
 - d. Fingernail care;
 - e. Toileting, perineal, and ostomy care;
 - f. Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding; and
 9. Age specific, mental health, and social service needs, including:
 - a. Modifying the nursing assistant's behavior in response to patient or resident behavior,
 - b. Demonstrating an awareness of the developmental tasks and physiologic changes associated with the aging process,
 - c. Responding to patient or resident behavior,
 - d. Allowing the resident or patient to make personal choices and providing and reinforcing other behavior consistent with the individual's dignity,
 - e. Providing culturally sensitive care,
 - f. Caring for the dying patient or resident, and
 - g. Using the patient's or resident's family as a source of emotional support for the resident or patient;
 10. Care of the cognitively impaired patient or resident including:
 - a. Understanding and addressing the unique needs and behaviors of patients or residents with dementia or other cognitive impairment,
 - b. Communicating with cognitively impaired patients or residents,
 - c. Reducing the effects of cognitive impairment, and
 - d. Appropriate responses to the behavior of cognitively impaired individuals.
 11. Skills for basic restorative services, including:
 - a. Body mechanics;
 - b. Resident self-care;
 - c. Assistive devices used in transferring, ambulating and dressing;
 - d. Range of motion exercises;
 - e. Bowel and bladder training;
 - f. Care and use of prosthetic and orthotic devices; and
 - g. Turning and positioning a resident in bed, transferring a resident between bed and chair and positioning a resident in a chair.
 12. Health care team member skills including the role of the nursing assistant and others on the health care team, time management and prioritizing work; and
 13. Legal aspects of nursing assistant practice, including:
 - a. Requirements for licensure and registry placement and renewal.
 - b. Delegation of nursing tasks,
 - c. Ethics,
 - d. Advance directives and do-not-resuscitate orders, and
 - e. Standards of conduct under R4-19-814.
 14. Body structure and function, together with common diseases and conditions.
- G.** Curriculum sequence: A nursing assistant training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections (F)(1) through (F)(6) before allowing a student to care for patients or residents.
- H.** Skills: A nursing assistant instructor shall verify and document that the following skills are satisfactorily performed by each student before allowing the student to perform the skill on a patient or resident without the instructor present:
1. Hand hygiene, gloving and gowning; and
 2. Skills in subsection (F)(7), (8) and (11)(a), (c), (d), (f), and (g).
- I.** One-year approval: following receipt and review of a complete initial application as specified in R4-19-804 the Board may approve the program for a period that does not exceed one year, if requirements are met, without a site visit.
- J.** A Medicare or Medicaid certified long-term care facility-based program shall provide in its initial and each renewal application, a signed, sworn, and notarized document, executed by the program coordinator, affirming that the program does not require a nursing assistant student to pay a fee for any portion of the program including the initial attempt on the state competency exam.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-803. Certified Medication Assistant Program Requirements

- A.** Organization and Administration: A certified medication assistant (CMA) program may only be offered by those entities identified in A.R.S. § 32-1650.01(A).
- B.** Instructor qualifications and duties
1. A medication assistant program instructor shall:
 - a. Hold a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15;
 - b. Possess at least two years or 3,000 hours of direct care nursing experience; and
 - c. Have administered medications to residents of a long-term care facility for a minimum of 40 hours.
 2. Duties of a medication assistant instructor include, but are not limited to:

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- a. Ensuring that the program meets the requirements of this Article;
 - b. Planning each learning experience;
 - c. Teaching a curriculum that meets the requirements of this Section;
 - d. Implementing student and program evaluation policies that meet or exceed the requirements R4-19-801(A)(9) and (10);
 - e. Administering not less than three secure unit examinations and one comprehensive final exam consistent with the course curriculum and the requirements of R4-19-801(B)(3)(c) and;
 - f. Requiring each student to demonstrate satisfactory performance of all critical elements of each skill in subsection (D)(4) before allowing a student to perform the skill on a patient or resident without the instructor's presence and direct observation;
 - g. Being physically present and attentive to students in the classroom and clinical setting at all times during all sessions;
3. A program instructor shall supervise only one student for the first 12 hours of each student's clinical experience; no more than three students for the next 12 hours of each student's clinical experience; and no more than five students for the next 16 hours of each student's clinical experience;
- C. Clinical and classroom hour requirements and resources**
1. A medication assistant training program shall ensure each graduate received a minimum of 100 hours of total instruction consisting of:
 - a. Instructor-led didactic instruction for a minimum of 45 hours;
 - b. Instructor supervised skill practice and testing for a minimum of 15 hours;
 - c. Instructor supervised medication administration for a minimum of 40 hours in a long-term care facility licensed by the Department of Health Services.
 2. A medication assistant program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills in subsection (D)(3) and (D)(4). At a minimum, the program shall provide the following:
 - a. A medication cart similar to one used in the clinical practice facility;
 - b. Simulated medications and packaging consistent with resident medications;
 - c. Pill crushers, pill splitters, medication cups and hand hygiene supplies;
 - d. Medication administration record forms; and
 - e. Current drug references, calculator and any other equipment used to administer medications safely.
- D. Curriculum: a medication assistant training program shall provide classroom and clinical instruction in each of the following subjects.**
1. Role of certified medication assistant (CMA) in Arizona including allowable acts, conditions, delegation and restrictions;
 2. Principles of medication administration including:
 - a. Terminology,
 - b. Laws affecting drug administration,
 - c. Drug references,
 - d. Medication action,
 - e. Medication administration across the human lifespan,
 - f. Dosage calculation,
 - g. Medication safety,
 - h. Asepsis, and
 - i. Documentation.
 3. Medication properties, uses, adverse effects, administration and care implications for the following types of medications:
 - a. Vitamins, minerals, and herbs,
 - b. Antimicrobials,
 - c. Eye and ear medications,
 - d. Skin medications,
 - e. Cardiovascular medications,
 - f. Respiratory medications,
 - g. Gastrointestinal medications,
 - h. Urinary system medications and medications to attain fluid balance,
 - i. Endocrine/reproductive medications,
 - j. Musculoskeletal medications,
 - k. Nervous system/sensory system medications and
 - l. Psychotropic medications.
 4. Medication administration theory and skill practice in administration of:
 - a. Oral tablets, capsules, and solutions;
 - b. Ear drops, eye drops and eye ointments;
 - c. Topical lotions, ointments and solutions;
 - d. Rectal suppositories; and
 - e. Nasal drops and sprays.
 5. Any other topics deemed by the program or the Board as necessary and pertinent to the safe administration of medications.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3).

R4-19-804. Initial Approval and Re-Approval of Training Programs

- A.** An applicant for initial training program approval shall submit an application packet to the Board at least 90 days before the expected starting date of the program. An applicant shall submit application documents in an electronic format.
- B.** The Board may impose disciplinary action including denial on any training program that has advertised, conducted classes, recruited or collected money from potential students before receiving Board approval or after expiration of approval except for completing instruction to students who enrolled before the expiration date.
- C.** A program applying for initial approval shall include all of the following in their application packet:
1. Name, address, web address, telephone number, e-mail address and fax number of the program;
 2. Identity of all program owners or sponsoring institutions;
 3. Name, license number, telephone number, e-mail address and qualifications of the program coordinator as required in R4-19-802;
 4. Name, license number, telephone number, e-mail address and qualifications of each program instructor including clinical instructors as required in either R4-19-802 for NA programs or R4-19-803 for CMA programs;
 5. Name, telephone number, e-mail address and qualifications any person with administrative oversight of the

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- training program, such as an owner, supervisor or director;
6. Accreditation status of the training program, if any, including the name of the accrediting body and date of last review;
 7. Name, address, telephone number and contact person, for all health care institutions which will be clinical sites for the program;
 8. Medicare certification status of all clinical sites, if any;
 9. Evidence of program compliance with this Article including all of the following:
 - a. Program description that includes the length of the program, number of hours of clinical, laboratory and classroom instruction, and program goals consistent with federal, state, and if applicable, private postsecondary requirements;
 - b. A list and description of classroom facilities, equipment, and instructional tools the program will provide;
 - c. Written curriculum and course schedule according to the provisions of this Article;
 - d. A copy of the documentation that the program will use to verify student attendance, instructor presence and skills;
 - e. Copy of signed, current clinical contracts;
 - f. The title, author, name, year of publication, and publisher of all textbooks the program will require students to use;
 - g. A copy of course policies and any other materials that demonstrate compliance with this Article and the statutory requirements in Title 32, Chapter 15;
 - h. A plan to evaluate the program that meets requirements in R4-19-801(A)(10);
 - i. An implementation plan including start date and a description of how the program will provide oversight to ensure all requirements of this Article are met;
 - j. A self-assessment checklist of the application contents and their location in the application, on a form provided by the Board; and
 - k. Other requirements as requested consistent with R4-19-802 for nursing assistant programs and R4-19-803 for medication assistant programs.
- D. Re-approval of Training Programs**
1. A training program applying for re-approval shall submit an electronic application and accompanying materials to the Board before expiration of the current approval. A program or site of a consolidated program that did not hold any classes in the previous approval period is not eligible for renewal of approval.
 2. The program shall include the following with the renewal application:
 - a. A program description and course goals;
 - b. Name, license number, and qualifications of current program personnel;
 - c. A copy of the current curriculum which meets the applicable requirements in either R4-19-802 or R4-19-803;
 - d. The dates of each program offering, number of students who have completed the program, and the results of the state-approved written and manual skills tests, including first-time pass rates since the last program review;
 - e. A copy of current program policies, consistent with R4-19-801;
 - f. Any change in resources, contracts, or clinical facilities since the previous approval or changes that were not previously reported to the Board;
 - g. The program evaluation plan with findings regarding required evaluation elements under R4-19-801(A)(10);
 - h. The title, author, year of publication, and publisher of the textbook used by the program;
 - i. Copies of the redacted records of one program graduate;
 - j. The total number of enrolled students and graduates for each year since the last approval;
 - k. The total number of persons taking the state-approved exam in the past two years; if the number is less than 10, a comprehensive plan to increase program enrollment;
 - l. A self-assessment checklist of the application contents and their location in the application, on a form provided by the Board; and
 - m. Other requirements as requested consistent with R4-19-802 for nursing assistant programs and R4-19-803 for medication assistant programs.
- E.** Upon determination of administrative completeness of either an initial or renewal application, the Board, through its authorized representative, shall schedule and conduct a site visit of a NA program, unless one year only approval is granted on an initial application. The Board may conduct a site visit of a CMA program. Site visits are for the purpose of verifying compliance with this Article. Site visits may be conducted in person or through the use of distance technology.
- F.** Following an evaluation of the program application and a site visit, if applicable, the Board may approve or renew the approval of the program for two years for a nursing assistant program and up to four years for a medication assistant program, if the program renewal application and site visit findings, as applicable, meet the requirements of this Article, and A.R.S. Title 32, Chapter 15 and renewal is in the best interest of the public. If the program does not meet these requirements, the Board may issue a notice of deficiency under R4-19-805 or take disciplinary action.
- G.** A program may request an administrative hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for program approval or renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- H.** The owner, operator, administrator or coordinator of a program that is denied approval or renewal of approval shall not be eligible to conduct, own or operate a new or existing program for a period of two years from the date of denial.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2,

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2020 (Supp. 20-4).

R4-19-805. Deficiencies and Rescission of Program Approval, Unprofessional Program Conduct, Voluntary Termination, Disciplinary Action, and Reinstatement**A. Deficiencies**

1. Upon determining that a training program has not complied with this Article, the Board s may issue a written notice of deficiency to the program. The Board shall establish a reasonable period of time, based upon the number and severity of deficiencies, for correction of the deficiencies. Under no circumstances, however, shall the period for correction of deficiencies exceed six months.
 - a. Within ten days from the date that the notice of deficiency is served, the program shall submit a plan of correction to the Board.
 - b. The Board, through its authorized representative, may approve the plan of correction or require modifications to the plan if the plan does not adequately address the deficiencies.
 - c. The Board may conduct periodic evaluations and site visits during the period of correction to ascertain the program's progress toward correcting the deficiencies.
 - d. The Board shall evaluate the program's compliance, at a regularly scheduled Board meeting following the period of correction to determine whether the program has corrected the deficiencies.
2. The Board may rescind the approval of a training program or take other disciplinary action under A.R.S. § 32-1663, based on the number and severity of violations if the program engages in any of the following:
 - a. Failure to submit a plan of correction to the Board within ten days of service of a notice of deficiency.
 - b. Failure to comply with the requirements of this Article within the period set by the Board in the notice of deficiency;
 - c. Noncompliance with federal, state, or, if applicable, private postsecondary requirements;
 - d. Failure to permit a scheduled or unannounced Board site visit or failure to allow a Board representative access to program documents, staff or students during a site visit or investigation;
 - e. Loaning or transferring Board program approval to another entity or facility, including a facility with the same ownership;
 - f. Offering, advertising, recruiting, or enrolling students in a training program before Board approval is granted;
 - g. Conducting a training program after expiration of Board approval without filing an application for renewal of approval before the expiration date;
 - h. For a long-term care based nursing assistant program, charging for any portion of the program;
 - i. Committing an act of unprofessional program conduct.

B. Unprofessional program conduct. A notice of deficiency or a disciplinary action including denial of approval or rescission of approval may be issued against a training program for any of the following acts of unprofessional conduct:

1. Failing to maintain minimum standards of acceptable and prevailing educational practice;
2. Any violation of this Article;
3. Utilization of students as labor rather than for educational purposes in a health care facility;

4. Failing to follow the program's or parent institution's mission or goals, program design, objectives, or policies;
 5. Failing to provide the classroom, laboratory or clinical teaching hours required by this Article or described in the program description;
 6. Enrolling students in a program without adequate faculty, facilities, or clinical experiences, as required by this Article;
 7. Permitting unqualified persons to supervise teaching-learning experiences in any portion of the program;
 8. Failing to comply with Board requirements within designated timeframes;
 9. Engaging in fraud, misrepresentation or deceit in advertising, recruiting, promoting or implementing the program;
 10. Making a false, inaccurate or misleading statement to the Board or the Board's designee in the course of an investigation, or on any application or information submitted to the Board or on the program's public website;
 11. Failing to supervise students in the clinical setting in accordance with this Article or allowing more than the maximum students per clinical instructor prescribed in this Article;
 12. Engaging in any other conduct that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety or welfare of students, faculty, patients or the public.
 13. Failing to:
 - a. Furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or
 - b. Respond to a subpoena issued by the Board;
 14. Failing to take appropriate action to safeguard a patient's or resident's welfare or follow policies and procedures of the program or clinical site designed to safeguard the patient or resident;
 15. Failing to promptly provide make-up classroom, laboratory, or clinical hours, with adequate notice to students, equivalent educational content, and reasonable scheduling, when shortages of hours were caused by the program or program instructors;
 16. Failing to promptly remove, or adequately discipline or train, program instructors whose conduct violates this Article or may be a threat to the safety or welfare of students, patients, residents, or the public.
 17. Engaging in retaliatory, threatening, or intimidating conduct toward current, prospective or former program students, instructors, other staff, or the public, who make complaints about any aspect of the program to program staff or the Board.
- C. Disciplinary Action.** If the Board issues disciplinary action against the approval of a nursing assistant or medication assistant training program, the program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10, and 4 A.A.C. 19, Article 6.
- D. Voluntary termination**
1. If a training program is voluntarily terminating before renewal, the program shall submit a written notice of termination to the Board.
 2. The program coordinator shall continue the training program, including retaining necessary instructors, until the last student is transferred or has completed the training program.

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3. Within 15 days after the termination of a training program, the administrator or a program representative shall notify the Board in writing of the permanent location and availability of all program records.
 4. A program that fails to renew its approval with the Board shall be considered voluntarily terminated unless there is a complaint against the program.
- E. Re-issuance of approval**
1. If the Board revokes the approval of a training program, the owner, administrator or coordinator of the revoked program may apply for re-issuance of program approval after a period of two years by complying with the requirements of this Article. The owner, administrator and coordinator of a program that had its approval revoked shall not own, administer or coordinate a training program for a period of two years from the date of program revocation.
 2. If the Board, in lieu of revocation, accepts a voluntarily surrender of a program's approval, the program's owner, administrator or coordinator may apply for reissuance of the program's approval after a period of two years. The owner, administrator and coordinator of a program that voluntarily surrendered its approval shall not own, administer or coordinate a training program for a period of two years from the date of the surrender of approval.
 3. A training program owner, administrator or coordinator whose program approval was voluntarily surrendered or that had its approval rescinded or revoked shall submit a complete reissuance application packet in writing that contains all of the information and documentation required of programs applying for initial approval. In addition, the program shall provide substantial evidence that the basis for revocation or voluntary surrender no longer exist and that reissuance of program approval is in the best interest of the public.
 4. The Board may reissue approval to a training program that meets the requirements of this Article. A program that is denied reissuance of approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying reissuance. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- Historical Note**
- New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3).
- R4-19-806. Initial Nursing Assistant Licensure (LNA) and Medication Assistant Certification**
- A.** An applicant for initial licensed nursing assistant (LNA) licensure or CMA certification shall submit the following to the Board:
1. A verified application on a form furnished by the Board that provides the following information about the applicant:
 - a. Full legal name and any and all former names used by the applicant;
 - b. Current address of record, including county of residence, e-mail address and telephone number;
 - c. Place and date of birth;
 - d. Social Security number;
 - e. Ethnic category and marital status at the applicant's discretion;
 - f. Educational background, including the name of the training program attended, and date of graduation and for medication assistant, proof of high school or equivalent education completion as required in A.R.S. § 32-1650-02(A)(4);
 - g. Current employer, including address and telephone number, type of position, and dates of employment, if employed in health care;
 - h. A list of all states in which the applicant is or has been included on a nursing assistant registry or been licensed or certified as a nursing or medication assistant and the license or certificate number, if any;
 - i. For medication assistant, proof of LNA licensure and 960 hours or 6 months full time employment as a CNA or LNA in the past year, as required in A.R.S. § 32-1650.02;
 - j. Responses to questions regarding the applicant's background on the following subjects:
 - i. Current investigation or pending disciplinary action by a nursing, nursing assistant or medication assistant regulatory agency in the United States or its territories;
 - ii. Action taken on a nursing assistant or medication assistant license, certification or registry designation in any other state;
 - iii. Felony conviction or conviction of an undesignated or other similar offense and the date of absolute discharge of sentence;
 - iv. Unprofessional conduct as defined in A.R.S. § 32-1601;
 - v. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
- 2.** Proof of satisfactory completion of a nursing assistant or medication assistant training program that meets the requirements of this Article;
- 3.** Proof of United States citizenship or alien status as specified in A.R.S. § 41-1080;
- 4.** For LNA applicants, one or more fingerprint cards or fingerprints;
- 5.** For CMA applicants, one or more fingerprint cards or fingerprints, as required by A.R.S. § 32-1606(B)(15) if a fingerprint background report has not been received by the Board in the past two years; and
- 6.** Applicable fees under A.R.S. § 32-1643 and R4-19-808.
- B.** An applicant for licensure as a nursing assistant shall submit a passing score on a Board-approved nursing assistant examination and provide one of the following criteria:
1. Proof that the applicant has completed a Board-approved nursing assistant training program within the past two years;
 2. Proof that the applicant has completed a nursing assistant training program approved in another state or territory of the United States consisting of at least 120 hours within the past two years;
 3. Proof that the applicant has completed a nursing assistant program approved in another state or territory of the United States of at least 75 hours of instruction in the past two years and proof of working as a nursing assistant for an additional number of hours in the past two years that together with the hours of instruction, equal at least 120 hours;

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4. Proof that the applicant either holds a nursing license in good standing in the U.S. or territories, has graduated from an approved nursing program, or otherwise meets educational requirements for a registered or practical nursing license in Arizona;
 5. Documentation sent directly from the program that the applicant successfully completed a nursing course or courses as part of an RN or LPN program approved in either this or another state in the last 2 years that included:
 - a. Didactic content regarding long-term care clients; and
 - b. Forty hours of instructor-supervised direct patient care in a long-term care or comparable facility; or
 6. Documentation of a minimum of 100 hours of military health care training, as evidenced by military records, and proof of working in health care within the past 2 years.
- C. An applicant for medication assistant shall meet the qualifications of A.R.S. §§ 32-1650.02 and 32-1650.03. An applicant who wishes to use part of a nursing program in lieu of completion of a Board approved medication assistant training program under A.R.S. § 32-1650.02 shall submit the following:
1. An official transcript from a Board approved nursing program showing a grade of C or higher in a 45 hour or 3 semester credit, or equivalent, pharmacology course; and
 2. A document signed by both the applicant's clinical instructor and the nursing program administrator verifying that the applicant completed 40 hours of supervised medication administration in a long-term care facility.
- D. Certifying Exam
1. A LNA applicant shall take and pass both portions of the certifying exam within 2 years:
 - a. Of program completion for graduates of nursing assistant programs approved in Arizona or another state, or
 - b. Of the date of the first test for all other applicants.
 2. A CMA applicant shall take and pass both portions of the certifying exam within one year:
 - a. Of program completion for graduates of Board-approved programs, or
 - b. Of the date of the first test for all other applicants.
 3. An applicant may re-take the failed portion or portions of a certifying exam, under conditions prescribed in written policy by the exam vendor, until a passing score is achieved or their time expires under subsections (D)(1) or (2).
- E. An applicant who does not take or pass an examination within the time period specified in subsection (D) shall enroll in and successfully complete a Board approved training program in the certification category before being permitted to retake an examination.
- F. The Board may license a nursing assistant or certify a medication assistant applicant who meets the applicable criteria in this Article and A.R.S. Title 32, Chapter 15 if licensure or certification is in the best interest of the public.
- G. An applicant who is denied licensure or certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- H. Medication assistant certification expires when nursing assistant licensure expires.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-807. Nursing Assistant Licensure and Medication Assistant Certification by Endorsement

- A. An applicant for LNA or CMA by endorsement shall submit all of the information, documentation, and fees required in R4-19-806.
- B. An applicant who has been employed for less than one year shall list all employers during the past two years.
- C. An applicant for nursing assistant licensure by endorsement shall meet the training program criteria in R4-19-806(B). An applicant for medication assistant endorsement shall, in addition, provide evidence satisfactory completion of a training program that meets the requirements of A.R.S. § 32-1650.04 and pass a competency examination as prescribed in A.R.S. § 32-1650.03.
- D. In addition to the other requirements of this Section, an applicant for licensure or certification by endorsement shall provide evidence that the applicant:
1. Is or has been, within the last 2 years, listed as active on a nursing assistant register or a substantially equivalent register by another state or territory of the United States with no substantiated complaints or discipline; and
 2. For nursing assistant, meets one or more of the following criteria:
 - a. Regardless of job title or description, performed nursing assistant activities for a minimum of 160 hours for an employer or as part of a nursing or allied health program in the past two years; or
 - b. Has completed a nursing assistant training program and passed the required examination within the past two years.
 3. In addition to the above requirements, for medication assistant certification, meets the practice requirements of A.R.S. § 32-1650.04 and pays applicable fees under R4-19-808.
- E. The Board may license a nursing assistant or certify a medication assistant applicant who meets the applicable criteria in this Article if certification is in the best interest of the public.
- F. An applicant who is denied licensure or certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for licensure or certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-808. Fees Related to Certified Medication Assistant

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- A. The Board shall collect the following fees related medication assistant certification:
1. Initial application for certification by exam, \$50.00.
 2. Fingerprint processing, \$50.00.
 3. Application for certification by endorsement, \$50.00.
- B. If an individual or entity submits a dishonored check, draft order or note, the Board may collect, from the provider of the instrument, the amount allowed under A.R.S. § 44-6852.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 5004, effective November 15, 2002 (Supp. 02-4). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-809. Nursing Assistant Licensure and Medication Assistant Certificate Renewal

- A. An applicant for renewal of a LNA license or a CMA certificate shall:
1. Submit a verified application to the Board on a form furnished by the Board that provides all of the following information about the applicant:
 - a. Full legal name, address of record including county of residence, e-mail address and telephone number;
 - b. Marital status and ethnicity at the applicant's discretion;
 - c. Current health care employer including name, address, telephone number, dates of employment and type of setting;
 - d. If the applicant fails to meet the practice requirements in subsections (A)(2) for nursing assistant or (A)(3) for medication assistant renewal, documentation that the applicant has completed a Board-approved training program for the licensure or certification sought and passed both the written and manual skills portions of the competency examination within the past two years;
 - e. Responses to questions that address the applicant's background:
 - i. Any investigation or disciplinary action by a nursing regulatory agency or nursing assistant regulatory agency in the United States or its territories not previously disclosed by the applicant to the Board;
 - ii. Felony conviction or conviction of undesignated offense and date of absolute discharge of sentence since licensed, certified or last renewed, and
 - iii. Unprofessional conduct committed by the applicant as defined in A.R.S. § 32-1601 since the time of last renewal and not previously disclosed by the applicant to the Board;
 - iv. Any disciplinary action or investigation related to the applicant's nursing or nursing assistant license or medication assistant certificate, nursing assistant certificate or registry listing by any other state regulatory agency since issuance of the license or certificate, or since last renewal and not previously disclosed to the Board.

- v. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
- f. For LNA renewal, employment as a nursing assistant, performing nursing assistant tasks for an employer or the applicant's performance of nursing assistant activities as part of a nursing or allied health program for a minimum of 160 hours every two years since the last license or certificate was issued, or
- g. For CMA renewal, employment as a medication assistant for a minimum of 160 hours within the last 2 years, and
- h. Pay applicable fees according to A.R.S. § 32-1643 and R4-19-808.

- B. An applicant's license or certificate expires every two years on the last day of the applicant's birth month. If an applicant fails to timely renew the license or certificate, the applicant shall:
1. Not work or practice as an LNA or CMA until the Board issues a renewal license or certificate; and
 2. Pay any late fee imposed by the Board.
- C. If an applicant's license or certificate was, or is currently, revoked, surrendered, denied, suspended or placed on probation in another jurisdiction, the applicant is not eligible to renew or reactivate the applicant's Arizona license or certificate until a review or investigation has been completed and a decision made by the Board.
- D. The Board may renew an LNA license and CMA certificate of an applicant who meets the criteria established in statute and this Article. An applicant who is denied renewal of a license or certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of the license or certificate. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

R4-19-810. Certified Nursing Assistant Registry; Licensed Nursing Assistant Registry

- A. The Board shall maintain a Certified Nursing Assistant (CNA) Registry and a Licensed Nursing Assistant (LNA) Registry. All individuals listed in either Registry shall provide proof to the Board, either directly or through the Board's test vendor, of legal presence in the United States as specified in A.R.S. § 41-1080. Both Registries meet the requirements of A.R.S. § 32-1606(B)(11).
1. To be placed on the CNA Registry, an applicant shall either:
 - a. Have successfully completed an approved nursing assistant training program and passed the nursing assistant written and manual skills competency evaluation within the past two years; or

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- b. For endorsement, be listed on another state's nursing assistant registry.
- 2. To renew CNA Registry status under A.R.S. § 32-1642(E), an applicant shall submit an application that includes verified statements establishing:
 - a. Whether applicant has performed nursing assistant or nursing related services for at least eight hours within the past 24 months. An applicant must complete this work requirement to be eligible for renewal.
 - b. Whether the applicant's listing on any registry in any other state includes documented findings of abuse, neglect or misappropriation of property.
- 3. The Executive Director shall include the following information in the CNA Registry for each registered individual:
 - a. Full legal name and any other names used;
 - b. Address of record;
 - c. County of residence;
 - d. The date of initial placement on the registry;
 - e. Dates and results of both the written and manual skills portions of the nursing assistant competency examination;
 - f. Date of expiration of current registration, if applicable;
 - g. Any substantiated complaints of abuse, neglect or misappropriation of property; and
 - h. Registry status such as active or expired as applicable.
- B. An LNA applicant who meets the qualifications under subsection (A)(1) and the licensure requirements of this Article shall be placed on an LNA Registry. The Executive Director shall include the following information in the LNA Registry for each licensed individual:
 - 1. Information contained in subsection (A)(3);
 - 2. Status of the license and any Board actions on the license, such as active, denied, expired, or revoked, as applicable.
- C. The Executive Director shall include the following information in the applicable Registry for an individual if the Board, or the United States Department of Health and Human Services (HHS) finds that the individual has violated relevant law. For a finding by the Board or HHS, the Executive Director shall include:
 - 1. The finding, including the date of the decision, and a reference to each statute, rule, or regulation violated; and
 - 2. The sanction, if any, including the date of action and the duration of action, if time-limited.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-811. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemak-

ing at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-812. Change of Name or Address

- A. An applicant, CNA, LNA, or CMA certificate holder shall notify the Board, in writing or electronically through the Board's website of any legal name change within 30 days of the change, and submit a copy of the official document verifying the name change.
- B. An applicant, CNA, LNA, or CMA certificate holder shall notify the Board in writing or electronically through the Board's website of any change of address within 30 days of the address change.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-813. Performance of Nursing Assistant Tasks; Performance of Medication Assistant Tasks

- A. A CNA or LNA may perform the following tasks as delegated by a licensed nurse:
 - 1. Tasks for which the nursing assistant has been trained through the curriculum identified in R4-19-802, and
 - 2. Tasks learned through inservice or educational training if the task meets the following criteria and the nursing assistant has demonstrated competence performing the task:
 - a. The task can be safely performed according to clear, exact, and unchanging directions;
 - b. The task poses minimal risk to the patient or resident and the consequences of performing the task improperly are not life-threatening or irreversible;
 - c. The results of the task are reasonably predictable; and
 - d. Assessment, interpretation, or decision-making is not required during the performance or at the completion of the task.
- B. A licensed nursing assistant who is also certified as a medication assistant under A.R.S. § 32-1650.02 may administer medications under the conditions imposed by A.R.S. § § 32-1650 through 32-1650.07.
- C. A licensed nursing assistant under this Article shall:
 - 1. Recognize the limits of the licensee's personal knowledge, skills, and abilities;
 - 2. No change
 - 3. Inform the registered nurse, licensed practical nurse, or another person authorized to delegate the task about the licensee's ability to perform the task before accepting the assignment;
 - 4. Accept delegation, instruction, and supervision from a licensed nurse or another person authorized to delegate a task;
 - 5. Not perform any task that requires a judgment based on nursing knowledge;
 - 6. Acknowledge responsibility for personal actions necessary to complete an accepted assigned task;
 - 7. Follow the plan of care, if available;
 - 8. Observe, report, and record signs, symptoms, and changes in the patient or resident's condition in an ongoing and timely manner; and

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9. Retain responsibility for all assigned tasks without delegating any tasks to another person.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-814. Standards of Conduct for Licensed Nursing Assistants and Certified Medication Assistants

For purposes of A.R.S. § 32-1601(24)(d), a practice or conduct that is or might be harmful or dangerous to the health of a patient or the public and constitutes a basis for disciplinary action on a LNA license and a CMA certificate includes the following:

1. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient's or resident's family;
2. Engaging in sexual conduct with a patient, resident, or any member of the patient's or resident's family who does not have a pre-existing relationship with the licensee or any conduct while on duty or in the presence of a patient or resident that a reasonable person would interpret as sexual;
3. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor;
4. Failing to accurately and timely document care and treatment provided to a patient or resident, including, for a CMA, medications administered or not administered;
5. Falsifying or making a materially incorrect entry in a health care record;
6. Failing to follow an employer's policies and procedures, designed to safeguard the patient or resident;
7. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator;
8. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner;
9. Violating the rights or dignity of a patient or resident;
10. Violating a patient or resident's right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law;
11. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially;
12. Failing to immediately report to a supervisor and the Board any observed or suspected abuse or neglect, including a resident or patient's report of abuse or neglect;
13. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient's or resident's family, or the patient's or resident's guardian;
14. Soliciting or engaging in the sale of goods or services unrelated to the licensee's health care assignment with a patient or resident, or any member of the patient or resident's immediate family, or guardians;
15. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker, or member of the public.
16. Repeated use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting;
17. Accepting or performing patient or resident care tasks that the licensee lacks the education, competence or legal authority to perform;
18. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting;
19. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law;
20. Permitting or assisting another person to use the licensee's license or CMA certificate holder's certificate or identity for any purpose;
21. Making untruthful or misleading statements in advertisements of the individual's practice as a licensed nursing assistant or certified medication assistant;
22. Offering or providing licensed nursing assistant or certified medication assistant services for compensation without a designated registered nurse supervisor;
23. Threatening, harassing, or exploiting an individual;
24. Using violent or abusive behavior in any work setting;
25. Failing to cooperate with the Board during an investigation by:
 - a. Not furnishing in writing a complete explanation of a matter reported under A.R.S. § 32-1664;
 - b. Not responding to a subpoena or written request for information issued by the Board;
 - c. Not completing and returning a Board-issued questionnaire within 30 days; or
 - d. Not informing the Board of a change of address or phone number within 10 days of each change;
26. Cheating on the competency exam or providing false information on an initial or renewal application for licensure or certification;
27. Making a false or inaccurate statement to the Board or the Board's designee during the course of an investigation;
28. Making a false or misleading statement on a nursing assistant, medication assistant or health care related employment or credential application;
29. If an applicant, licensee or CMA certificate holder is charged with a felony or a misdemeanor, involving conduct that may affect patient safety, failing to notify the Board, in writing, within 10 working days of being charged under A.R.S. § 32-3208. The applicant, licensee or CMA certificate holder shall include the following in the notification:
 - a. Name, current address, telephone number, Social Security number, and license and certificate number, if applicable;
 - b. Date of the charge; and
 - c. Nature of the offense;
30. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The applicant, licensee or CMA certificate holder shall include the following in the notification:
 - a. Name, current address, telephone number, Social Security number, and license and CMA certificate number, if applicable;
 - b. Date of the conviction;

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- c. Nature of the offense;
- 31. For a medication assistant, performance of any acts associated with medication administration not specifically authorized by A.R.S. § 32-1650 et seq; and
- 32. Practicing in any other manner that gives the Board reasonable cause to believe that the health of a patient, resident, or the public may be harmed.
- 33. Violation of any other state or federal laws, rules or regulations.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Antiquated statute reference in opening subsection revised at the request of Board under A.R.S. § 41-1011(C), Office File No. M11-189, filed May 16, 2011 (Supp. 11-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). A.R.S. Section reference updated under subsection under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-815. Reissuance or Subsequent Issuance of a Nursing Assistant License or Medication Assistant Certificate

- A. A person whose LNA license or CMA certificate was denied, revoked, or voluntarily surrendered according to A.R.S. § 32-1663 may apply to the Board to issue or re-issue the license or certificate:
 - 1. Five years from the date of denial or revocation, or
 - 2. In accordance with the terms of a voluntary surrender agreement.
- B. A person who applies for issuance or re-issuance of a license or certificate under the conditions of subsection (A) is subject to the following terms and conditions:
 - 1. The applicant shall submit a written application for issuance or re-issuance of the license or certificate that contains substantial evidence that the basis for surrendering, denying, or revoking the license or certificate has been removed and that the issuance or re-issuance of the license or certificate will not be a threat to public health or safety.
 - 2. Safe practice:
 - a. According to A.R.S. § 32-1664(F), the Board for reasonable cause may require a combination of mental, physical, nursing competency, psychological, or psychiatric evaluations, or any combination of evaluations, reports, and affidavits that the Board considers necessary to determine the person's competence and conduct to safely practice as an LNA or CMA.
 - b. The Board may require the applicant to be tested for competency, or retake and successfully complete a Board approved training program and pass the required examination, all at the applicant's expense.

- C. The Board shall consider the application, and may designate a time for the applicant to address the Board at a regularly scheduled meeting.
- D. After considering the application, the Board may:
 - 1. Grant certification or licensure, with or without conditions or limitations, or
 - 2. Deny the application.
- E. An applicant who is denied issuance or re-issuance of LNA licensure or CMA certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6, of this Chapter.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 3289, with an immediate effective date of December 2, 2020 (Supp. 20-4).

ARTICLE 9. LICENSED HEALTH AIDE**R4-19-901. Standards for Licensed Health Aide (LHA) Training Programs**

- A. Organization and Administration: An LHA program may be offered only by an entity:
 - 1. Approved by Board;
 - 2. Approved by the Arizona Department of Health Services as a Medicare-certified home health agency service provider; and
 - 3. That meets the requirements of A.R.S. § 36-2939.
- B. Instructor qualifications. An LHA instructor shall:
 - 1. Hold a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15;
 - 2. Possess at least two years of direct care nursing experience in pediatrics or medical/surgical care including medication administration, tracheostomy care, and enteral care and therapy for persons under 21 years of age.
- C. Curriculum: An LHA program shall provide a basic curriculum that includes: nursing assistant skills, medication administration, tracheostomy care; and enteral care and therapy for persons under 21 years of age.
- D. Competency Examination: An LHA program shall provide to the Board for approval a competency examination that includes a written portion and successful performance of the following skills for persons under 21 years of age, and specific to the LHA's singular patient:
 - 1. Nursing assistant skills,
 - 2. Medication administration,
 - 3. Tracheostomy care, and
 - 4. Enteral care and therapy.
- E. Training requirements: The LHA program shall train and evaluate the LHA, both in writing and performance of LHA skills, as to the applicable, required competencies related to the healthcare needs of the individual patient for whom the LHA provides care; and provide ongoing assessments as to safety of LHA when performing LHA tasks.
- F. Program Certificate Requirements: Upon satisfactory completion of the basic curriculum, the LHA program shall issue a program certificate to those students who demonstrate the

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skills and ability to safely administer care to the individual patient for whom they provide care.

Historical Note

New Section made by final exempt rulemaking (the Board solicited comments on draft rules) at 28 A.A.R. 111 (January 7, 2022), with an effective date of January 2, 2022 (Supp. 21-4).

R4-19-902. Initial Approval and Renewal of Approval of LHA Training Programs

- A. An applicant for initial training program approval shall submit an electronic application packet to the Board at least 90 days before the expected starting date of the program.
- B. A program applying for initial approval shall include all of the following in its application packet:
 - 1. Name, address, web address, telephone number, e-mail address and fax number of the program;
 - 2. Identity of all program owners or sponsoring institutions;
 - 3. Evidence of program compliance with all of the following:
 - a. Program description that includes the length of the program, number of hours of instruction;
 - b. A copy of the documentation that the program will use to verify student knowledge and skills;
 - c. A copy of course policies and any other materials that demonstrate compliance with R4-19-901;
- C. A program seeking renewal of its approval shall submit an application for renewal containing the information required in this Section at least 90 days prior to the expiration of its current approval.
- D. LHA program approvals and renewals shall be for a period of four years.

Historical Note

New Section made by final exempt rulemaking (the Board solicited comments on draft rules) at 28 A.A.R. 111 (January 7, 2022), with an effective date of January 2, 2022 (Supp. 21-4).

R4-19-903. Rescission of Program Approval, Unprofessional Program Conduct, Voluntary Termination, Disciplinary Action, and Reinstatement

- A. The Board may take disciplinary action against an LHA program, including rescinding program approval, for any of the following acts of unprofessional conduct:
 - 1. Failing to comply with Board requirements within designated timeframes;
 - 2. Making a false, inaccurate or misleading statement to the Board or the Board's designee in the course of an investigation, or on any application or information submitted to the Board or on the program's public website;
 - 3. Engaging in any other conduct that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety or welfare of students, instructors, patients or the public.
 - 4. Failing to:
 - a. Furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or
 - b. Respond to a subpoena issued by the Board;
 - 5. Failing to promptly remove, or adequately discipline or train, program instructors whose conduct violates this Article or may be a threat to the safety or welfare of students, patients, or the public.
- B. Disciplinary Action. An LHA program may request a hearing prior to the imposition of any disciplinary action by the Board

by filing a written request with the Board within 30 days of service of the Board's notice of charges. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10, and 4 A.A.C. 19, Article 6.

C. Voluntary termination.

- 1. An LHA program that seeks to voluntarily terminate the program before its next renewal shall submit a written notice of termination to the Board.
- 2. The program shall continue the training program, including retaining necessary instructors, until the last enrolled student has transferred or completed the training program.
- 3. Within 15 days after the termination of a training program, a program representative shall notify the Board in writing of the permanent location and availability of all program records.
- 4. A program that fails to renew its approval with the Board shall be considered voluntarily terminated unless there is a complaint against the program.

Historical Note

New Section made by final exempt rulemaking (the Board solicited comments on draft rules) at 28 A.A.R. 111 (January 7, 2022), with an effective date of January 2, 2022 (Supp. 21-4).

R4-19-904. Licensed Health Aide (LHA) Licensure, Renewals, and Patient Safety Referral

- A. An applicant for initial licensed health aide (LHA) licensure shall submit the following to the Board:
 - 1. A verified application on a form furnished by the Board that provides the following information about the applicant:
 - a. Full legal name and any and all former names used by the applicant;
 - b. Current address of record, including county of residence, e-mail address and telephone number;
 - c. Place and date of birth;
 - d. Social Security number;
 - e. Relationship to the patient that meets the definition of "family member" in R4-19-101;
 - f. Patient age and enrollment status in Arizona Long Term Care System ("ALTCS").
 - 2. Proof of satisfactory completion of an LHA training program that meets the requirements of this Article within the past two years;
 - 3. Proof the applicant has satisfactorily completed an LHA competency examination approved by the Board.
 - 4. Proof of United States citizenship or alien status as specified in A.R.S. § 41-1080; and
 - 5. Applicable fees under A.R.S. § 32-1643.
- B. An applicant who is denied licensure or certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- C. An applicant's license expires every four years. If an applicant fails to timely renew the license, the applicant shall not work as an LHA until the board issues a renewal license. To renew LHA licensure, an applicant shall:
 - 1. Pay applicable fees pursuant to A.R.S. § 32-1643;
 - 2. Submit proof that applicant's patient still meets the age and eligibility requirements of A.R.S. § 36-2939;

TITLE 4. PROFESSIONS AND OCCUPATIONS

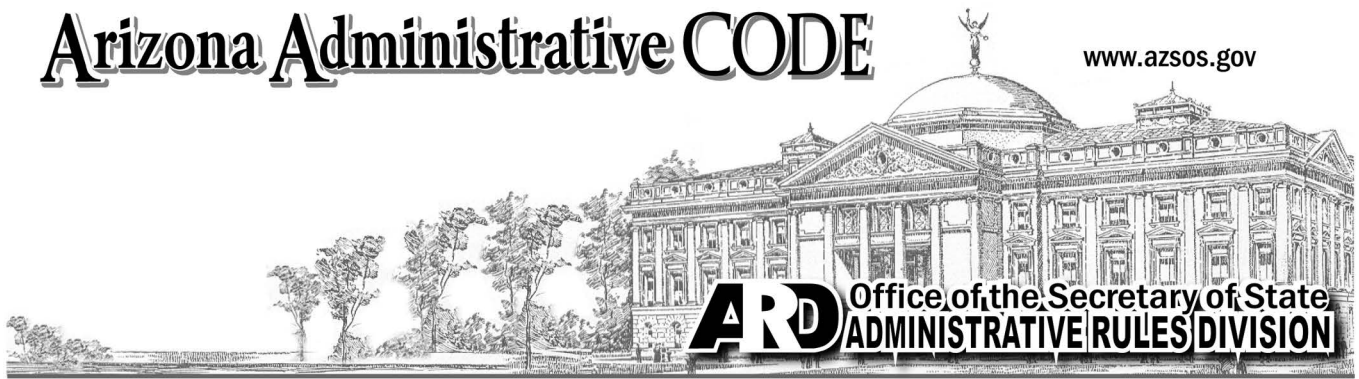
CHAPTER 19. BOARD OF NURSING

3. Submit a statement on a form provided by the Board and completed by the applicant's home health agency employer or support coordinator confirming that applicant has adequately maintained the skills and knowledge required for safe LHA care of the applicant's patient.
- D. The Board shall maintain a list, published on its website, of all LHA licensees.
- E. The Board shall submit a safety referral for any LHA for whom the Board has concerns regarding potential patient

neglect or abuse to the Arizona Department of Economic Security.

Historical Note

New Section made by final exempt rulemaking (the Board solicited comments on draft rules) at 28 A.A.R. 111 (January 7, 2022), with an effective date of January 2, 2022 (Supp. 21-4).



6 A.A.C. 1

Supp. 24-2

TITLE 6. ECONOMIC SECURITY CHAPTER 1. DEPARTMENT OF ECONOMIC SECURITY

The table of contents on page one contains links to the referenced page numbers in this Chapter.
Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

Article 4, consisting of Sections R6-1-401 through R6-1-409, expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

Questions about these rules? Contact:

Name: Hiroko Flores, Deputy Rules Administrator
Address: 1789 W. Jefferson, 4th Floor NE, Mail Drop 111G
Phoenix, AZ 85007
Phone: (480) 487-7694
Fax: (602) 542-6000
Email: Rules@azdes.gov

The release of this Chapter in Supp. 24-2 replaces Supp. 18-2, 1-7 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

This Chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 6. ECONOMIC SECURITY**CHAPTER 1. DEPARTMENT OF ECONOMIC SECURITY**

Authority: A.R.S. § 41-1954 et seq.

Supp. 24-2**CHAPTER TABLE OF CONTENTS****ARTICLE 1. PUBLIC PARTICIPATION IN RULEMAKING**

Article 1 consisting of Sections R6-1-101 through R6-1-107 adopted effective September 22, 1988.

Former Article 1 renumbered as Article 2 effective September 22, 1988.

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Former Article 1 consisting of Section R6-1-101 renumbered as Article 2, Section R6-1-201 effective September 22, 1988.

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ARTICLE 3. EXPIRED

Article 3, consisting of R6-1-301 through R6-1-309, expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

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ARTICLE 4. EXPIRED

Article 4, consisting of Sections R6-1-401 through R6-1-409, expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

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Article 5, consisting of Section R6-1-501, recodified from R6-3-103 effective February 13, 1996 (Supp. 96-1).

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TITLE 6. ECONOMIC SECURITY

CHAPTER 1. DEPARTMENT OF ECONOMIC SECURITY

ARTICLE 1. PUBLIC PARTICIPATION IN RULEMAKING**R6-1-101. Rulemaking Docket and Record**

- A. The Department of Economic Security ("the Department") shall maintain the official public rulemaking docket and agency rulemaking record required by A.R.S. §§ 41-1021 and 41-1029 in the office of the Department's Rules Unit, in the Department's central headquarters in Phoenix. Any person may review the docket and record Monday through Friday from 8:00 a.m. to 5:00 p.m., except on state holidays.
- B. The Department may electronically maintain the rulemaking docket and agency rulemaking record, and shall facilitate public review of documents stored electronically by either providing the documents in paper or electronic form.
- C. Any person who reviews a rulemaking docket or record shall sign a log that shall include the following information:
1. The person's name, current address, daytime telephone number, and e-mail address, if available;
 2. The name of any partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any nature, or another agency that the person is representing as a registered lobbyist or otherwise;
 3. The docket or record that the person is reviewing;
 4. Whether the person is requesting the records for a commercial purpose;
 5. The date of review; and
 6. The person's signature.

Historical Note

Former Section R6-1-101 renumbered as R6-1-201; new Section R6-1-101 adopted effective September 22, 1988 (Supp. 88-3). Amended effective December 22, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 2757, effective November 18, 2017 (Supp. 17-3).

R6-1-102. Manner of Submissions

- A. The Department shall accept petitions, requests, submissions, criticisms, or other materials related to the rulemaking process in either paper form or electronically.
- B. When submitting in paper form, the writing shall be legibly handwritten or typed on 8 1/2" by 11" white paper.

Historical Note

Adopted effective September 22, 1988 (Supp. 88-3). Amended effective December 22, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 2757, effective November 18, 2017 (Supp. 17-3).

R6-1-103. Petition to Make, Amend, or Repeal a Rule

- A. Any person may ask the Department to make a new rule or to amend or repeal an existing rule pursuant to A.R.S. § 41-1033 by filing a written petition with the Department's Director.
- B. The petition shall contain:
1. The petitioner's name, current address, daytime telephone number, and e-mail address, if available;
 2. The name of any partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any nature, or another agency that the petitioner is representing as a registered lobbyist or otherwise;
 3. The specific language of the rule that the person wishes the Department to make, amend, or repeal;
 4. The reason for the request, including the reason why any existing rule is inadequate, unreasonable, unduly burdensome, or otherwise improper;

5. A copy of any material that is referenced or otherwise incorporated in the petition; and
 6. The signature of the petitioner.
- C. Upon receipt of a petition, the Director's Office shall stamp the petition to indicate the date of receipt. If a petitioner submits a petition electronically, the Department shall consider the date of the electronic correspondence to be the receipt date.
- D. No later than 60 days after receipt of a petition, the Department shall send the petitioner a written notice of the action taken on the petition. The Department shall send the notice electronically unless otherwise specified in the petition. The notice shall state the petitioner may appeal the Department's action under A.R.S. § 41-1033(B).

Historical Note

Adopted effective September 22, 1988 (Supp. 88-3). Amended effective December 22, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 2757, effective November 18, 2017 (Supp. 17-3).

R6-1-104. Request for Rulemaking Notices

- A. A person who wishes to obtain a notice of the establishment of a rulemaking docket pursuant to A.R.S. § 41-1021(C), or a notice of proposed rulemaking pursuant to A.R.S. § 41-1022(C) shall file a written request for such notice with the Department's Director. The request shall contain:
1. The name, current address, and e-mail address, if available, of the requestor;
 2. A statement describing the nature of the notice being requested, directed either to proposed rulemaking in general or to specific rules or subject matter; and
 3. The signature of the requestor.
- B. The Department's Rules Unit shall maintain a mailing list of all docket requests and requests for notice of proposed rulemaking. Requestors shall renew the request for notice by January 30 of each even-numbered year or the Department shall purge the request. The requestor shall keep current any address and information filed with the Department.
- C. The Department shall send all information requested under this section electronically, unless the requestor requests a paper copy. The Department shall provide all requested documents according to the provisions of A.R.S. § 39-121 et seq.

Historical Note

Adopted effective September 22, 1988 (Supp. 88-3). Amended effective December 22, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 2757, effective November 18, 2017 (Supp. 17-3).

R6-1-105. Oral Proceedings; Request for; Nature of

- A. When requested under A.R.S. § 41-1023(C), the Department shall schedule an oral proceeding in at least one of the districts established under A.R.S. § 41-1961. The Department may provide internet or teleconference access to an oral proceeding.
- B. A written request for an oral proceeding filed with the Department under A.R.S. § 41-1023(C) shall contain:
1. The name, current address, daytime telephone number, and e-mail address, if available, of each requestor;
 2. The name of any partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any nature, or another agency that the requestor is representing as a registered lobbyist or otherwise;
 3. A statement identifying the rule for which the oral proceeding is requested; and
 4. The signature of each requestor.

TITLE 6. ECONOMIC SECURITY

CHAPTER 1. DEPARTMENT OF ECONOMIC SECURITY

- C. A person requesting an oral proceeding may indicate a specific city or district where the person would like the proceeding to be held. If such a location is included, the petition shall also explain how the proposed location will afford interested members of the public a reasonable opportunity to participate.
- D. The presiding officer shall conduct an oral proceeding in an informal manner as described in this subsection.
1. A person may make an oral presentation without being placed under oath or affirmation.
 2. Any person who makes an oral presentation shall fill out a speaker's registration card prior to speaking.
 3. The presiding officer shall conduct the proceeding in a way that avoids undue repetition and assures a reliable record on any proposed rulemaking.
 4. Any person may file a written submission at an oral proceeding, in addition to an oral presentation.
 5. Prior to taking oral presentations, the presiding officer shall summarize the contents of the rule under consideration and the economic impact and small business statements filed with the rule.
 6. Prior to the close of the record of the oral proceeding, the presiding officer shall summarize all subsequent rulemaking steps, procedures, and time-frames.
 7. The presiding officer shall record the oral proceeding by electronic or other means. At the start of the oral proceeding, the presiding officer shall announce that the proceeding is being recorded.

Historical Note

Adopted effective September 22, 1988 (Supp. 88-3).
 Amended effective December 22, 1993 (Supp. 93-4).
 Amended by final rulemaking at 23 A.A.R. 2757, effective November 18, 2017 (Supp. 17-3).

R6-1-106. Petition for Delayed Effective Date

- A. A person who wishes to delay the effective date of a rule under A.R.S. § 41-1032(B) shall file a petition with the Department's Director prior to the proposed rule's close of record.
- B. A petition for delayed effective date shall contain:
1. The petitioner's name, current address, daytime telephone number, and e-mail address, if available;
 2. The name of any partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any nature, or another agency that the petitioner is representing as a registered lobbyist or otherwise;
 3. A statement describing the effect the rule may have on the petitioner, and the reason why delaying the effective date of a rule to a specified date will lessen or eliminate that effect;
 4. A demonstration under A.R.S. § 41-1032(B) that good cause exists for, and the public interest will not be harmed by, the later effective date; and
 5. The signature of the petitioner.
- C. The Department shall notify the petitioner in writing, by mail or electronically, of the Department's determination regarding the petition within 60 days of receipt of the petition.

Historical Note

Adopted effective September 22, 1988 (Supp. 88-3).
 Amended effective December 22, 1993 (Supp. 93-4).
 Amended by final rulemaking at 23 A.A.R. 2757, effective November 18, 2017 (Supp. 17-3).

R6-1-107. Written Criticisms of Existing Rules

The Department shall retain written criticisms of existing rules that have been filed with the Department and shall consider such writings when conducting the five-year review required by A.R.S. § 41-1056.

Historical Note

Adopted effective September 22, 1988 (Supp. 88-3).
 Amended effective December 22, 1993 (Supp. 93-4).
 Amended by final rulemaking at 23 A.A.R. 2757, effective November 18, 2017 (Supp. 17-3).

ARTICLE 2. DEBT SETOFF**R6-1-201. Definitions**

In this article, unless otherwise specified:

1. "Debtor" means a person indebted to the Department.
2. "Department" means the Department of Economic Security.
3. "Request for review" means a request for agency-level review filed with the Department pursuant to A.R.S. §§ 5-575(C) or 42-1122(H), but excludes claims made pursuant to A.R.S. § 42-1122(S).

Historical Note

Adopted as an emergency effective March 2, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days. Former Section R6-1-101 adopted as an emergency effective March 2, 1984 now adopted without change as a permanent rule effective April 30, 1984 (Supp. 84-2). Former Section R6-1-101 renumbered without change as R6-1-201 (Supp. 88-3). Amended and subsections (B)(2) through (C) renumbered to Section R6-1-202 effective December 22, 1993 (Supp. 93-4). R6-1-201 renumbered to R6-1-202; new Section R6-1-201 made by final rulemaking at 24 A.A.R. 1415, effective June 19, 2018 (Supp. 18-2).

R6-1-202. Request for Review of Debt Setoff

- A. A Debtor who has had all or part of their debt set off pursuant to A.R.S. §§ 5-575 or 42-1122 may file a request for review of the setoff.
- B. To be considered by the Department, the request for review shall:
1. Be in writing;
 2. Be received by the Department office that set off the debt, at the address indicated on the notice of debt setoff no later than 30 days after the date of the notice of debt setoff;
 3. List any prior judicial or administrative proceedings regarding the debt;
 4. Set forth, with specificity, all reasons why the setoff is inaccurate or improper;
 5. Be signed by the Debtor or the Debtor's authorized representative; and
 6. Include an attached complete copy of the notice of debt setoff from which review is sought.
- C. As used in this Section, the date of the notice of debt setoff shall be the following dates, as applicable to the Debtor:
1. The date that the State Lottery Office gives the Debtor a written statement of winnings indicating the amount of the setoff; or
 2. The mailing date of the written notice generated by the Department, advising the Debtor of the setoff.
- D. Notwithstanding subsection (B), the Department may consider a timely request for review which does not include all the documentation listed in subsection (B) if:

TITLE 6. ECONOMIC SECURITY

CHAPTER 1. DEPARTMENT OF ECONOMIC SECURITY

1. The Debtor has good cause for failing to provide the information, and
2. The lack of information does not substantially prejudice the Department's ability to evaluate the request.

Historical Note

Renumbered from R6-1-201(B)(2) through (C) and amended effective December 22, 1993 (Supp. 93-4). R6-1-202 renumbered to R6-1-203; new Section R6-1-202 renumbered from R6-1-201 and amended by final rulemaking at 24 A.A.R. 1415, effective June 19, 2018 (Supp. 18-2).

R6-1-203. Departmental Review of Debt Setoff

- A. The Director of the Department shall appoint representatives who shall conduct the review in accordance with A.R.S. §§ 5-575 or 42-1122, as applicable, and in a manner that will observe the substantial rights of the Debtor.
- B. Unless otherwise prohibited by law, the Department may correct clerical errors that have occurred in the administration of the debt setoff.
- C. In reviewing the debt setoff, the Department shall consider all relevant evidence, including, without limitation, evidence submitted by the Debtor and the documents and records in the Department's files.
- D. The Department may dispose of a request for review by:
 1. Dismissal, if the Debtor fails to comply with R6-1-202;
 2. Withdrawal, if the Debtor withdraws the request for review in writing at any time before the Department issues a decision; or
 3. Decision.
- E. Every review decision shall be in writing and shall be mailed to the last known address of the Debtor or the Debtor's authorized representative.
- F. The Department's decision is final unless the debtor files a petition for judicial review with the Superior Court within 35 days of the date the decision is mailed to the debtor as provided in A.R.S. § 12-904. A debtor who files a petition for review shall mail a copy to the Department office which issued the decision.

Historical Note

New Section R6-1-203 renumbered from R6-1-202 and amended by final rulemaking at 24 A.A.R. 1415, effective June 19, 2018 (Supp. 18-2).

ARTICLE 3. EXPIRED

Article 3, consisting of R6-1-301 through R6-1-309, expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-301. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Amended effective December 22, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-302. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-303. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Amended effective December 22, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-304. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Amended effective December 22, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-305. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Amended effective December 22, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-306. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Amended effective December 22, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-307. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Amended effective December 22, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-308. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Amended effective December 22, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-1-309. Expired**Historical Note**

Adopted effective October 11, 1989 (Supp. 89-4). Amended effective December 22, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

ARTICLE 4. EXPIRED**R6-1-401. Expired****Historical Note**

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

R6-1-402. Expired**Historical Note**

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

R6-1-403. Expired

TITLE 6. ECONOMIC SECURITY

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Historical Note

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

R6-1-404. Expired**Historical Note**

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

R6-1-405. Expired**Historical Note**

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

R6-1-406. Expired**Historical Note**

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

R6-1-407. Expired**Historical Note**

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

R6-1-408. Expired**Historical Note**

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

R6-1-409. Expired**Historical Note**

Adopted effective December 2, 1992 (Supp. 92-4). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 816 (April 26, 2024), effective April 2, 2024 (Supp. 24-2).

ARTICLE 5. CIVIL RIGHTS**R6-1-501. Civil Rights**

- A.** Statement of compliance: Pursuant to the provisions of the Civil Rights Act of 1964, no person in the state of Arizona will be excluded from participation in, denied the benefits of, or subjected to discrimination under assistance payments programs on the basis of race, color, religion, sex, or national origin. The Department shall administer such programs in accordance with the laws, regulations, policies, and practices enumerated in the subsections below.
- B.** Definition of compliance: The Department shall follow policies and practices including, but not limited to, those described below.
 1. No individual will, on the basis of race, color, religion, sex, or national origin, be denied any benefit provided under an assistance payment program, or be provided a benefit which is different, or in a different manner, from that provided to others under the same program.
 2. No individual will, on the basis of race, color, religion, sex, or national origin, be subjected to segregation or separate treatment in any manner related to receipt of any benefit under an assistance payments program, nor will an individual be restricted in any way from any advantage

or privilege enjoyed by others receiving benefits under the same program. This includes any distinction with respect to spaces provided for service, waiting rooms, and restrooms. Neither will separate times be set aside on the basis of race, color, religion, sex, or national origin for the provision of assistance.

3. Employees of the Department will not be assigned case-loads or clientele on the basis of race, color, religion, sex, or national origin of the persons being assisted.
4. Criteria or methods of administration shall not subject individuals to discrimination or defeat or substantially impair the objectives of an assistance payments program on the basis of the individual's race, color, religion, sex, or national origin.
5. The Department shall conduct assistance payments programs in accordance with the requirements of existing laws and regulations, which shall extend not only to those activities which are conducted directly by the Department but also to all related activities which are conducted by other agencies, institutions, organizations, political subdivisions, and vendors.
6. The Department shall maintain records and submit reports as required by federal authorities to assure compliance with regulations. During normal business hours of the Department, access will be permitted to its facilities, records, and other sources of information as may be pertinent to as certain compliance with regulations.
7. The Department will make available to applicants, recipients, and public officials that information required by federal authorities to appraise such persons of the protections against discrimination assured them by the Civil Rights Act of 1964.

C. Methods of administration.

1. The Department shall inform and instruct its staff of obligations under the Civil Rights Act of 1964, existing regulations, and the Statement of Compliance by:
 - a. Making copies of all pertinent documents available to the entire staff.
 - b. Conducting, as a regular part of the In-service Training Program:
 - i. Meetings to explain to all staff personnel the intent and meaning of such documents and to instruct them in their obligation to carry out the policies contained therein.
 - ii. Orientation of new staff personnel regarding their responsibilities to comply with the Civil Rights Act of 1964.
 - iii. Periodic reminders of Civil Rights Act requirements in appropriate staff meetings and memoranda or other official correspondence.
 - iv. Cultural awareness training to all staff personnel concerning ethnic differences among various groups residing in Arizona who comprise the Department's clientele.
 - v. Constant review of practices and policies to assure that no individual is discriminated against because of race, color, religion, sex, or natural origin.
2. The Department will inform and instruct other appropriate agencies, institutions, organizations, political subdivisions, and vendors of their obligations to comply with the Civil Rights Act of 1964, existing regulations, and the Statement of Compliance filed by the Department as a condition to their initial or continued financial participa-

TITLE 6. ECONOMIC SECURITY

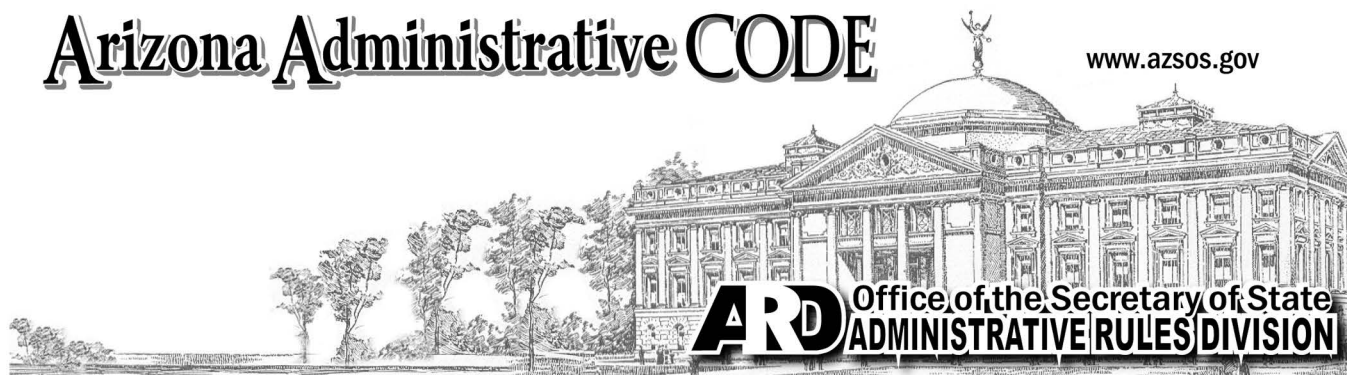
CHAPTER 1. DEPARTMENT OF ECONOMIC SECURITY

tion in any assistance payments program. This will be accomplished by:

- a. Making clear the requirements of the Civil Rights Act and implementing regulations and policies to fulfill these requirements.
- b. Determining that the agency, institution, organization, political subdivision, or vendor has executed an assurance in the form prescribed by federal authorities which is currently effective and applicable to the program under which the activity is conducted. This includes the use of memoranda which verifies specific obligations and undertakings or certification of compliance on each voucher presented to the Department for payment. Regular on-the-spot checks will be made by the Department's staff to assure compliance by any other agency, institution, organization, political subdivision, or vendor participating in an assistance payments program.
- c. The Department will inform its clientele and other interested persons that financial assistance and other program benefits are provided on a non-discriminatory basis and of their right to file a complaint with the Department, the federal authorities, or both, if they believe that discrimination on the basis of race, color, religion, sex, or national origin is practiced. Informing clientele will be accomplished by furnishing a written notice and the Statement of Compliance to all clientele and other interested persons.
- d. All complaints alleging discrimination because of race, color, religion, sex, or national origin shall be filed in writing, shall describe the type of discrimination alleged, indicate when and where such alleged discrimination occurred, and describe any pertinent facts and circumstances relating to the alleged discrimination. The complaint shall be signed by the complainant. All complaints shall be addressed to the Director of the Department of Economic Security, who will initiate a thorough investigation through established procedure. After the complaint has been investigated, the Director shall determine whether or not any discriminatory practice has occurred. If appropriate, the Director will take such action as the Director deems necessary to correct past practices and prevent future recurrence of such discrimination. The Department shall cease making referrals or vendor payments to any entity which does not fully comply with the Civil Rights Act of 1964. The complainant shall be advised in writing of the Department's determination regarding the complaint.
 - i. The Department will maintain a file of approved facilities, agencies, resources, and vendors who have executed Statements of Compliance with the Civil Rights Act of 1964. Verified complaints will be referred by the Department for corrective action. If, after a reasonable time, such corrective action has not been taken, the Department will advise and remove the facility, agency, or vendor from its approved list of resources.
 - ii. The Department will maintain adequate records to show action taken as a result of each complaint and will make this information available to appropriate federal authorities.
 - iii. Department employees who receive anonymous verbal complaints are required to report them to their supervisor. The supervisor will decide upon further action to be taken in such cases.
- e. At least once each year, or more frequently for those cases in which discriminatory practices are alleged or suspected, a representative of the Department will visit institutions, organizations, political subdivisions, or vendors who participate in a program to verify that their practices conform to the Civil Rights Act and the regulations issued pursuant thereto and as reflected in the Statement of Compliance. The Department will periodically determine if discriminatory practices are engaged in by its personnel and will take corrective action as required to ensure that actions are in compliance with the Civil Rights Act and regulations issued pursuant thereto, as reflected in the Statement of Compliance.
- f. Policies and procedures will provide effective verbal and written communication with non-English-speaking applicants and recipients. These policies and procedures will be made known to all Department employees. Supervisors will be required to ensure that their staff complies with such policies and procedures.
- g. Assistance payments program information will be disseminated to the general public, using appropriate and effective media to reach minority populations.
- h. Department advisory committees will include representatives of racial and ethnic minority groups to the extent feasible.
- i. The Department shall provide data revealing the extent to which members of minority groups are beneficiaries of, participants in, or both, federally funded assistance payments programs.

Historical Note

R6-1-501 recodified from R6-3-103 effective February 13, 1996 (Supp. 96-1).



9 A.A.C. 4

Supp. 24-2

TITLE 9. HEALTH SERVICES

CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES

The table of contents on page one contains links to the referenced page numbers in this Chapter.

Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

Editor's Note: Errors in subsections R9-4-301(3) and R9-4-401(9)(a) and (b) have been corrected as published at 25 A.A.R. 3429 (Supp. 24-2).

Questions about these rules? Contact:

Department: Arizona Department of Health Services
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Website: <https://www.azdhs.gov>

The release of this Chapter in Supp. 24-2 replaces Supp. 19-4, 1-17 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

This Chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 9. HEALTH SERVICES

CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES

Authority: A.R.S. § 36-136(G)

Supp. 24-2

Editor's Note: Errors in subsections R9-4-301(3) and R9-4-401(9)(a) and (b) have been corrected as published at 25 A.A.R. 3429 (Supp. 24-2).

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TITLE 9. HEALTH SERVICES

CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES

ARTICLE 1. DEFINITIONS

R9-4-101. Definitions, General

In this Chapter, unless otherwise specified:

1. "Admitted" means the same as in A.A.C. R9-10-101.
2. "Business day" means any day of the week other than a Saturday, a Sunday, a state legal holiday, or a day on which the Department is authorized or obligated by law or executive order to close.
3. "Calendar day" means any day of the week, including a Saturday or a Sunday.
4. "Clinical laboratory" means a facility that:
 - a. Meets the definition in A.R.S. § 36-451;
 - b. Holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and
 - c. Is located within Arizona.
5. "Code" means a single number or letter, a set of numbers or letters, or a set of both numbers and letters that represents specific information.
6. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
7. "Department" means the Arizona Department of Health Services.
8. "Diagnosis" means the identification of a disease or injury, by an individual authorized by law to make the identification.
9. "Discharge" means the same as in A.A.C. R9-10-101.
10. "Discharge date" means the month, day, and year of an individual's discharge from a hospital.
11. "Electronic" means the same as in A.R.S. § 44-7002.
12. "Guardian" means a person appointed as a legal guardian by a court of competent jurisdiction.
13. "Health care institution" means the same as in A.R.S. § 36-401.
14. "Health-related services" means the same as in A.R.S. § 36-401.
15. "Hospital" means the same as in A.A.C. R9-10-101.
16. "International Classification of Diseases Code" or "ICD Code" means a code, such as the ICD-9-CM or ICD-10-CM codes, which is used by a hospital for billing or reporting purposes.
17. "Medical records" means the same as in A.R.S. § 12-2291.
18. "Medical services" means the same as in A.R.S. § 36-401.
19. "Nursing services" means the same as in A.R.S. § 36-401.
20. "Ordered" means instructed by a physician, registered nurse practitioner, or physician assistant to perform a test on an individual.
21. "Parent" means the:
 - a. Biological or adoptive father of an individual; or
 - b. Woman who:
 - i. Gave birth to an individual; or
 - ii. Adopts an individual.
22. "Pathology laboratory" means a clinical laboratory in which human cells or tissues are examined for the purpose of diagnosing diseases.
23. "Physician" means an individual licensed as a doctor of allopathic medicine under A.R.S. Title 32, Chapter 13, or as a doctor of osteopathic medicine under A.R.S. Title 32, Chapter 17.

24. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
25. "Registered nurse practitioner" means an individual who meets the definition of registered nurse practitioner in A.R.S. § 32-1601, and is licensed under A.R.S. Title 32, Chapter 15.
26. "Treatment" means the same as in A.A.C. R9-10-101.

Historical Note

Adopted effective September 25, 1991 (Supp. 91-3).
Amended by final rulemaking at 6 A.A.R. 2948, effective July 18, 2000 (Supp. 00-3). Amended by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

R9-4-102. Repealed**Historical Note**

Adopted effective August 15, 1989 (Supp. 89-3).
Amended effective April 9, 1993 (Supp. 93-2). Section repealed by final rulemaking at 6 A.A.R. 2948, effective July 18, 2000 (Supp. 00-3).

R9-4-103. Repealed**Historical Note**

Adopted effective August 15, 1989 (Supp. 89-3).
Amended effective March 4, 1993 (Supp. 93-1). Section repealed by final rulemaking at 7 A.A.R. 55, effective December 12, 2000 (Supp. 00-4).

R9-4-104. Repealed**Historical Note**

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). "Register" corrected to "Registry" in subsection (1) (Supp. 93-1). Repealed by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1).

R9-4-105. Repealed**Historical Note**

Adopted effective September 25, 1991 (Supp. 91-3).
Section repealed by final rulemaking at 7 A.A.R. 712, effective January 17, 2001 (Supp. 01-1).

ARTICLE 2. PESTICIDE ILLNESS

R9-4-201. Definitions

In this Article, unless otherwise specified:

1. "Cluster illness" means pesticide illness in two or more individuals that is caused by or may be related to one pesticide exposure incident.
2. "Documented" means evidenced by written information such as pesticide applicator reports, statements of individuals with pesticide illness, or medical records.
3. "Health care professional" means a physician, a registered nurse practitioner, a physician assistant, or any other individual who is authorized by law to diagnose human illness.
4. "Medical director" means the individual designated by a poison control center as responsible for providing medical direction for the poison control center or for approving and coordinating the activities of the individuals who provide medical direction for the poison control center.

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CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES

5. "Pesticide" means the same as in A.R.S. § 3-361, but does not include an antimicrobial agent, such as a disinfectant, sanitizer, or deodorizer, used for cleaning.
6. "Pesticide illness" means any sickness reasonably believed by a health care professional or medical director to be caused by or related to documented exposure to any pesticide, based upon professional judgment and:
 - a. The history, signs, or symptoms of the sickness;
 - b. Laboratory findings regarding the individual; or
 - c. The individual's response to treatment for the sickness.
7. "Poison control center" means an organization that is a member of and may be certified by the American Association of Poison Control Centers.

Historical Note

Adopted effective August 15, 1989 (Supp. 89-3).
 Amended effective April 9, 1993 (Supp. 93-2). Former Section R9-4-201 renumbered to R9-4-202; new Section R9-4-201 adopted by final rulemaking at 6 A.A.R. 2948, effective July 18, 2000 (Supp. 00-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

R9-4-202. Pesticide Illness Reporting Requirements

- A. A health care professional who believes that an individual has pesticide illness shall submit a report to the Department, either personally or through a representative:
 1. Except as specified in subsections (A)(2) and (C), within five business days after the health care professional determines that the individual may have pesticide illness; and
 2. Within one business days after the individual is admitted to a hospital or dies due to pesticide illness.
- B. Except as specified in subsection (C), a medical director who believes that an individual has pesticide illness shall submit a report to the Department, either personally or through a representative at least once each month.
- C. A health care professional or medical director who believes that an individual is part of a cluster illness shall submit a report to the Department, either personally or through a representative, within one business day after determining that the individual has pesticide illness.
- D. A health care professional or medical director shall ensure that the report required in subsection (A), (B), or (C) includes the following information:
 1. The name, address, and telephone number of the individual with pesticide illness;
 2. The date of birth of the individual with pesticide illness;
 3. The gender, race, and ethnicity of the individual with pesticide illness;
 4. The date symptoms of pesticide illness began;
 5. The date the health care professional or medical director determined that the individual may have pesticide illness;
 6. The occupation of the individual with pesticide illness;
 7. The name of the pesticide, if known;
 8. The symptoms reported by the individual with pesticide illness;
 9. Whether any laboratory tests were performed for the individual with pesticide illness and, if so, for each test:
 - a. The type of specimen collected,
 - b. The date the specimen was collected,
 - c. The type of test performed,
 - d. The results of the test, and
 - e. What results of the test would be considered normal;

10. A description of any treatment provided to the individual with pesticide illness;
 11. On what basis the health care professional or medical director believes the individual has pesticide illness;
 12. The name and telephone number of the health care professional or medical director who believes that the individual has pesticide illness;
 13. The name and address of the health care institution or poison control center at which the health care professional or medical director determined that the individual may have pesticide illness; and
 14. A description of the type of health care institution or poison control center specified in subsection (D)(13).
- E. A health care professional or medical director, either personally or through a representative, shall submit the report required in subsection (A), (B), or (C):
1. By telephone;
 2. In person;
 3. In a document sent by fax, delivery service, or mail; or
 4. Through an electronic reporting system authorized by the Department.

Historical Note

New Section renumbered from R9-4-201 and amended by final rulemaking at 6 A.A.R. 2948, effective July 18, 2000 (Supp. 00-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

ARTICLE 3. BLOOD LEAD LEVELS**R9-4-301. Definitions**

In this Article, unless otherwise specified:

1. "Adult" means an individual 16 years of age or older.
2. "Child" means an individual younger than 16 years of age.
3. "Patient" means the individual whose blood has been tested for lead content.
4. "Point-of-care test for blood lead" means an analysis to screen an individual for exposure to lead:
 - a. That is performed outside a clinical laboratory, and
 - b. For which the results of the analysis are available before the individual leaves the location at which the analysis was performed.
5. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

Historical Note

Adopted effective August 15, 1989 (Supp. 89-3).
 Amended effective March 4, 1993 (Supp. 93-1). Former Section R9-4-301 renumbered to R9-4-302; new Section R9-4-301 adopted by final rulemaking at 7 A.A.R. 55, effective December 12, 2000 (Supp. 00-4). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). An error in subsection R9-4-301(3) has been corrected as published at 25 A.A.R. 3429 (Supp. 24-2).

R9-4-302. Blood Lead Level Reporting Requirements

- A. For each patient, a physician shall submit a report to the Department, either personally or through a representative, for the levels of lead and within the time periods specified in Table 3.1, Criteria for Physician Reporting of Blood Lead Levels.
- B. A physician shall ensure that the report required in subsection (A) includes the following information:
 1. The patient's name, address, and telephone number;

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CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES

2. The patient's date of birth;
 3. The patient's gender, race, and ethnicity;
 4. If the patient is an adult, the patient's occupation and the name, address, and telephone number of the patient's employer;
 5. Whether the blood collected from the patient was venous blood or capillary blood;
 6. The date the blood was collected;
 7. The results of the blood lead level test;
 8. The date of the test result;
 9. If the test result indicates a blood lead level greater than or equal to 25 µg of lead per dL of whole blood for an adult or greater than or equal to 10 µg of lead per dL of whole blood for a child:
 - a. The funding source for the medical services provided to the patient and, if applicable, the name of the patient's health plan and the identification number for the patient assigned by the health plan;
 - b. The language predominantly spoken in the patient's home, if known; and
 - c. If the patient is a child, the name of the patient's parent or guardian;
 10. The date the physician performed the point-of-care test for blood lead or received the test result from a clinical laboratory;
 11. If applicable, the name, address, and telephone number of the clinical laboratory that tested the blood; and
 12. The name, practice name, address, and telephone number of the physician who performed the point-of-care test for blood lead or received the test result from the clinical laboratory.
- C.** For each blood lead level test, a clinical laboratory director shall submit a report to the Department, either personally or through a representative, for the levels of lead and within the time periods specified in Table 3.2, Criteria for Clinical Laboratory Director Reporting of Blood Lead Levels.
- D.** A clinical laboratory director shall ensure that the report required in subsection (C) includes the following information:
1. The patient's name, address, and telephone number;
 2. The patient's date of birth;
 3. The patient's gender, race, and ethnicity;
 4. If the patient is an adult, the patient's occupation and the name, address, and telephone number of the patient's employer if known;
 5. The name, practice name, address, and telephone number of the physician who ordered the test;
 6. If known, the funding source for the test for blood lead, the name of the patient's health plan, and the identification number for the patient assigned by the health plan;
 7. Whether the blood collected from the patient was venous blood or capillary blood;
 8. The date the blood was collected;
 9. The results of the blood lead level test;
 10. The date of the test result;
 11. The name and address of the clinical laboratory that tested the blood; and
 12. The name and telephone number of the clinical laboratory director.
- E.** A physician or clinical laboratory director, either personally or through a representative, shall submit the report required in subsection (A) or (C):
1. By telephone;
 2. In person;
 3. In a document sent by fax, delivery service, or mail; or
 4. Through an electronic reporting system authorized by the Department.

Historical Note

New Section renumbered from R9-4-301 and amended by final rulemaking at 7 A.A.R. 55, effective December 12, 2000 (Supp. 00-4). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

Table 3.1. Criteria for Physician Reporting of Blood Lead Levels

	Child	Adult
Within One Business Day After Performing a Point-of-Care Test for Blood Lead or Receiving the Result of a Test for Blood Lead from a Clinical Laboratory	≥ 45 µg of lead per dL of whole blood	≥ 60 µg of lead per dL of whole blood
Within Five Business Days After Performing a Point-of-Care Test for Blood Lead or Receiving the Result of a Test for Blood Lead from a Clinical Laboratory	≥ 10 µg to < 45 µg of lead per dL of whole blood	≥ 25 µg to < 60 µg of lead per dL of whole blood
At Least Once Each Month After Performing a Point-of-Care Test for Blood Lead	< 10 µg of lead per dL of whole blood	< 25 µg of lead per dL of whole blood

Historical Note

Table 3.1 made by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

Table 3.2. Criteria for Clinical Laboratory Director Reporting of Blood Lead Levels

	Child	Adult
Within One Business Day After Completing the Test	≥ 45 µg of lead per dL of whole blood	≥ 60 µg of lead per dL of whole blood
Within Five Business Days After Completing the Test	≥ 10 µg to < 45 µg of lead per dL of whole blood	≥ 25 µg to < 60 µg of lead per dL of whole blood
At Least Once Each Month	< 10 µg of lead per dL of whole blood	< 25 µg of lead per dL of whole blood

Historical Note

Table 3.2 made by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

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ARTICLE 4. CANCER REGISTRY

R9-4-401. Definitions

In this Article, unless otherwise specified:

1. "Analytic patient" means a patient, who is:
 - a. Diagnosed at a facility, or
 - b. Administered any part of a first course of treatment at the facility.
2. "Calendar year" means January 1 through December 31.
3. "Cancer" means a group of diseases characterized by uncontrolled cell growth and the spread of abnormal cells.
4. "Cancer registry" means a unit within a hospital or clinic that collects, stores, summarizes, distributes, and maintains information specified in R9-4-403 about patients who:
 - a. Are admitted to the hospital;
 - b. Receive diagnostic evaluation at, or cancer-directed treatment from, the hospital or clinic; or
 - c. Show evidence of cancer, carcinoma in situ, or a benign tumor of the central nervous system while receiving treatment from the hospital or clinic.
5. "Carcinoma" means a type of cancer that is characterized as a malignant tumor derived from epithelial tissue.
6. "Carcinoma in situ" means a cancer that is confined to epithelial tissue within the site of origin.
7. "Case report" means an electronic or paper document that includes the information in R9-4-403 for a patient.
8. "Chemotherapy" means the treatment of cancer using specific chemical agents or drugs that are selectively destructive to malignant cells and tissues.
9. "Clinic" means a facility that is not physically connected to or affiliated with a hospital, where a physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner provides cancer diagnosis, cancer treatment, or both, and that is:
 - a. An outpatient treatment center, as defined in A.A.C. R9-10-101;
 - b. An outpatient surgical center, as defined in A.A.C. R9-10-101;
 - c. An outpatient radiation treatment center; or
 - d. A private office of one or more physicians, doctors of naturopathic medicine, dentists, or registered nurse practitioners that:
 - i. Is exempt from licensing under A.R.S. § 36-402(A)(3), and
 - ii. Treats 50 or more cancer patients per year.
10. "Clinical evaluation" means an examination of the body of an individual for the presence of disease or injury to the body, and review of any laboratory test results for the individual by a physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner.
11. "Clinical or pathological" means an analysis of evidence either acquired solely before a first course of treatment was initiated, or acquired both before a first course of treatment, and supplemented or modified by evidence acquired during and subsequent to surgery or other treatment.
12. "Cytology" means the microscopic examination of cells.
13. "Date of first contact" means the day, month, and year a reporting facility first began to provide cancer-related medical services, nursing services, or health-related services, as defined in A.R.S. § 36-401, to a patient.
14. "Date of last contact" means the day, month, and year that a reporting facility last knew a patient to be alive.
15. "Designee" means a person assigned by the governing authority, as defined in A.R.S. § 36-401, of a hospital or clinic or by an individual acting on behalf of the governing authority to gather information for or report to the Department, as specified in R9-4-403 or R9-4-404.
16. "Distant lymph node" means a lymph node that is not in the same general area of a human body as the primary site of a tumor.
17. "Distant site" means an area of a human body that is not adjacent to or in the same general area of the human body as the primary site of a tumor.
18. "Doctor of naturopathic medicine" means an individual licensed under A.R.S. Title 32, Chapter 14.
19. "First course of treatment" means the initial set of cancer- or non-cancer-directed treatment that is planned and administered to the patient when a cancer is diagnosed.
20. "Follow-up report" means an electronic document that includes the information stated in R9-4-404(A)(2) for a patient.
21. "Inpatient beds" means the same as in A.R.S. § 36-401.
22. "Licensed capacity" means the same as in A.R.S. § 36-401.
23. "Lymph" means the clear, watery, sometimes faintly yellowish fluid that circulates throughout the lymphatic system.
24. "Lymph node" means any of the small bodies located along lymphatic vessels, particularly at the neck, armpit, and groin, that filter bacteria and foreign particles from lymph.
25. "Lymphatic system" means the organ system that consists of lymph, lymph nodes, and vessels or channels that contain and convey lymph throughout a human body.
26. "Malignant" means an inherent tendency of a tumor to sequentially spread to areas of a human body beyond the site of origin.
27. "Medical record number" means a unique number assigned by a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner to an individual for identification purposes.
28. "Melanocyte" means a skin cell that makes melanin, which is a dark pigment.
29. "Melanoma" means a dark-pigmented, malignant tumor arising from a melanocyte and occurring most commonly in the skin.
30. "Metastasis" means the spread of a cancer from a primary site into a regional site or a distant site.
31. "Narrative description" means a written text describing an act, occurrence, or course of events.
32. "Organ" means a somewhat independent part of a human body, such as a heart or a kidney, that performs a specific function.
33. "Organ system" means one or more organs and associated tissues that perform a specific function, such as the circulatory system.
34. "Outpatient radiation treatment center" means a facility regulated under 9 A.A.C. 7 that provides radiation treatment.
35. "Patient" means an individual who has been diagnosed with a cancer, carcinoma in situ, or benign tumor of the central nervous system:
 - a. Including melanoma; and
 - b. Excluding skin cancer that:
 - i. Is confined to the primary site, or
 - ii. Was diagnosed after January 1, 2003.

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36. "Primary site" means a specific organ or organ system within a human body where the first cancer tumor originated.
37. "Principal diagnosis" means the primary condition for which an individual is admitted to a hospital or treated by the hospital.
38. "Radiation treatment" means the exposure of a human body to a stream of particles or electromagnetic waves for the purpose of selectively destroying certain cells or tissues.
39. "Reconstructive surgery" means a medical procedure that involves cutting into a body tissue or organ with instruments to repair damage or restore function to, or improve the shape and appearance of, a body structure that is missing, defective, damaged, or misshapen by cancer or cancer-directed therapies.
40. "Reference date" means the date on which the hospital's cancer registry began reporting patient information to the Department.
41. "Regional lymph node" means a lymph node that is in the same general area of a human body as the primary site of a tumor.
42. "Regional site" means an area of a human body that is adjacent to or in the same general area of the human body as the primary site of a tumor.
43. "Release" means to transfer care of a patient from a hospital to a physician, a doctor of naturopathic medicine, a registered nurse practitioner, an outpatient treatment center, another hospital, the patient, the patient's parent if the patient is under 18 years of age and unmarried, or the patient's legal guardian.
44. "Reporting facility" means a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner that submits a case report to the Department.
45. "Secondary diagnosis" means all other diagnoses of an individual that may be related to cancer made after the principal diagnosis.
46. "Skin cancer" means cancer of any of the following types:
 - a. Papillary tumor, a tumor of the skin producing finger-like projections from the skin surface;
 - b. Squamous cell, a flat, scale-like skin cell that forms part of the surface of the skin;
 - c. Basal cell, a cell of the inner-most layer of the skin; or
 - d. Other carcinoma of the skin, where a specific diagnosis has not been determined.
47. "Stage group" means a scheme for categorizing a patient, based on the staging classification of the patient's cancer, to enable a physician, doctor of naturopathic medicine, or registered nurse practitioner to provide better treatment and outcome information to the patient.
48. "Staging classification" means the categorizing of a cancer according to the size and spread of a tumor from its primary site, based on an analysis of three basic components:
 - a. The tumor at the primary site,
 - b. Regional lymph nodes, and
 - c. Metastasis.
49. "Tumor" means an abnormal growth of tissue resulting from uncontrolled multiplication of cells and serving no physiological function.

Historical Note

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 3708, effective November 11, 2006 (Supp. 06-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). Errors in subsections R9-4-401(9)(a) and (b) have been corrected as published at 25 A.A.R. 3429 (Supp. 24-2).

R9-4-401.01. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1859, effective June 3, 2003 (Supp. 03-2). Section repealed by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1).

R9-4-402. Exceptions

This Article does not apply to a hospital that is a special hospital, as defined in A.A.C. R9-10-101, that:

1. Is only licensed to provide psychiatric services, or
2. Limits admission to individuals requiring rehabilitation services, as defined in A.A.C. R9-10-101.

Historical Note

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

R9-4-403. Case Reports

- A. A physician, doctor of naturopathic medicine, dentist, registered nurse practitioner, or the designee of a clinic shall:
 1. Prepare a case report in a format provided by the Department;
 2. Include the following information in the case report:
 - a. The name, address, and telephone number of, or the identification number assigned by the Department to, the reporting facility;
 - b. The patient's name, and, if applicable, the patient's maiden name and any other name by which the patient is known;
 - c. The patient's address at the date of last contact, and address at diagnosis of cancer;
 - d. The patient's date of birth, Social Security number, sex, race, and ethnicity;
 - e. The date of first contact with the patient for the cancer being reported, as applicable;
 - f. If the patient is an adult, the:
 - i. Primary type of activity carried out by the business where the patient was employed for the most number of years of the patient's life before the diagnosis of cancer, and
 - ii. Kind of work performed by the patient for the most number of years of the patient's life during which the patient was employed for a salary or wages before the diagnosis of cancer;
 - g. The patient's medical record number, if applicable;
 - h. The date of diagnosis of the cancer being reported;
 - i. If the diagnosis was not made at the reporting facility, the name and address of the facility at which the diagnosis was made;
 - j. The primary site and the specific subsite area within the primary site for the cancer being reported;

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- k. The following characteristics of the tumor at diagnosis:
 - i. Size;
 - ii. Histology, the microscopic structure of the tumor cells and surrounding tissues in relation to their function;
 - iii. Grade, the degree of resemblance of the tumor to normal tissue, as an indication of the severity of the cancer; and
 - iv. Laterality, the side of a paired organ or the side of the body in which the primary site of the tumor is located;
 - l. A code that describes the presence or absence of malignancy in a tumor;
 - m. Whether the cancer had spread from the primary site at the time of diagnosis and, if so, to where;
 - n. The extent to which the cancer has spread from the primary site;
 - o. A narrative description of the extent to which the cancer had spread at diagnosis, as applicable;
 - p. The method or methods by which the diagnosis was made, or whether the method by which the diagnosis was made is unknown;
 - q. Whether the patient's laboratory results show the presence of specific substances, derived from tumor tissue, whose detection in the blood, urine, or tissues of a human body indicates the presence of a specific type of tumor, if applicable;
 - r. Any other physiological symptoms or diagnostic criteria that may indicate the presence of a specific type of tumor, if applicable;
 - s. For each treatment the patient received, the type of treatment, date of treatment, and the name of the facility where the treatment was performed;
 - t. Whether any residual tumor cells were left at the edges of a surgical site, after surgery to remove a tumor at the primary site;
 - u. Whether the patient is alive or dead, including:
 - i. The date of last contact if the patient is alive, and
 - ii. The date of death if the patient is dead;
 - v. Whether or not the patient has evidence of a current cancer, carcinoma in situ, or benign tumor of the central nervous system as of the date of last contact or death, or whether this information is unknown;
 - w. The name of the physician, nurse practitioner, or doctor of naturopathic medicine providing medical services to the patient; and
 - x. Whether the patient has a history of other cancers, and if so, identification of the primary site and the date the other cancer was diagnosed; and
3. Use codes and a coding format supplied by the Department for data items specified in subsection (A)(2) that require codes on the case report.
- B.** The cancer registry of a hospital that reports as specified in R9-4-404(A) shall:
- 1. Prepare a case report in a format provided by the Department;
 - 2. Include the information specified in subsection (A) and the following information in the case report:
 - a. The patient's unique accession number, separate from a medical record number, that was assigned by the hospital's cancer registry to the patient for identification purposes;
 - b. The unique sequence number assigned by the cancer registry to the specific cancer within the body of the patient being reported;
 - c. The date the patient was admitted to the hospital for diagnostic evaluation, cancer-directed treatment, or evidence of cancer, carcinoma in situ, or a benign tumor of the central nervous system, if applicable;
 - d. The date the patient was discharged from the hospital after the patient received diagnostic evaluation or treatment at the hospital, if applicable;
 - e. The source of payment for diagnosis or treatment of cancer, or both;
 - f. The level of the facility's involvement in the diagnosis or treatment, or both, of the patient for cancer;
 - g. The year in which the hospital first provided diagnosis or treatment to the patient for the cancer being reported;
 - h. The patient's county of residence at diagnosis of cancer;
 - i. The patient's marital status and age at diagnosis of cancer, place of birth, and, if applicable, name of the patient's spouse;
 - j. If the patient is under 18 years of age and unmarried, the name of the patient's parent or legal guardian;
 - k. A narrative description of how the cancer was diagnosed, including a description of the primary site and the microscopic structure of the tumor cells and surrounding tissues;
 - l. The number of regional lymph nodes examined and the number in which evidence of cancer was detected;
 - m. The clinical, pathological, or other staging classification, based on the analysis of tumor, lymph node, and metastasis;
 - n. The patient's clinical, pathological, or other stage group;
 - o. If the cancer was diagnosed before 2018, the code for the person who determined the stage group of the patient;
 - p. A narrative description of the clinical evaluation of x-ray diagnostic films and scans of the patient, and the dates of the films or scans;
 - q. A narrative description of laboratory tests performed for the patient, including the date, type, and results of any of the patient's laboratory tests;
 - r. A narrative description of the results of the patient's clinical evaluation;
 - s. The procedures used by the reporting facility to obtain a diagnosis and staging classification, including:
 - i. The dates on which the procedures were performed; and
 - ii. The name of the facilities where the procedures were performed, if different from the reporting facility;
 - t. A narrative description of any cancer-related surgery on the patient, including the:
 - i. Date of surgery;
 - ii. Name of the facility where the surgery was performed, if different from the reporting facility; and
 - iii. Type of surgery;
 - u. The code associated with the type of surgery performed on the patient and the date of surgery;

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- v. The codes associated with the:
 - i. Extent of lymph node surgery;
 - ii. Number of lymph nodes removed;
 - iii. Surgery of regional sites, distant sites, or distant lymph nodes; and
 - iv. Reason for no surgery or that surgery was performed;
 - w. Whether reconstructive surgery on the patient was performed as a first course of treatment, delayed, or not performed;
 - x. A narrative description of cancer-related radiation treatment administered to the patient, including the:
 - i. Date of radiation treatment;
 - ii. Name of the facility where the radiation treatment was performed, if different from the reporting facility; and
 - iii. Type of radiation;
 - y. As applicable, the code specifying that radiation treatment was administered or associated with the reason for no radiation treatment;
 - z. The code associated with the type of radiation treatment administered to the patient and the date of radiation treatment;
 - aa. A narrative description of cancer-related chemotherapy administered to the patient, including the:
 - i. Date of cancer-related chemotherapy;
 - ii. Name of the facility that administered the chemotherapy, if different from the reporting facility; and
 - iii. Type of chemotherapy;
 - bb. The code associated with the type of chemotherapy administered to the patient and the date of chemotherapy;
 - cc. The code associated with any other types of cancer or non-cancer-directed first course of treatment, not otherwise coded on the case report for the patient, including:
 - i. Hormone therapy, immunotherapy, hematologic transplant, or endocrine procedures administered to the patient;
 - ii. Additional surgery, radiation, or chemotherapy administered to the patient; or
 - iii. Other treatment administered to the patient;
 - dd. If applicable, a narrative description of any other types of cancer or non-cancer-directed first course of treatment, including:
 - i. The dates of the treatment;
 - ii. The names of the facilities where the treatment was performed, if different from the reporting facility; and
 - iii. The type of treatment;
 - ee. If the patient's treatment included both surgery and another type of treatment, the sequence of the two treatments;
 - ff. The code for the status of the patient's treatment, including whether the patient received any treatment or the tumor was being actively observed and monitored;
 - gg. The code for whether the patient has had a reappearance of a cancer, carcinoma in situ, or benign tumor of the central nervous system, and, if additional cancer of the type diagnosed at the primary site is found after cancer-directed treatment:
 - i. The date of the reappearance; and
 - ii. A narrative description of the nature of the reappearance, including whether the additional cancer was found at the primary site, a regional site, or a distant site;
 - hh. If the patient has died, the place and cause of death and whether an autopsy was performed;
 - ii. The name of the individual or the code that identifies the individual completing the case report;
 - jj. The type of records used by the reporting facility to complete the case report;
 - kk. If applicable, a code that indicates the reason for a required date not to be included in the case report required in subsection (B)(1); and
 - ll. If applicable, a code that indicates that an apparently inconsistent code has been reviewed and is correct; and
3. Use codes and coding format supplied by the Department for data items specified in subsection (B)(2) that require codes in the case report.

Historical Note

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 3708, effective November 11, 2006 (Supp. 06-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

R9-4-404. Requirements for Submitting Case Reports and Follow-up Reports and Allowing Review of Hospital Records

- A.** The cancer registry of a hospital with a licensed capacity of 50 or more inpatient beds shall ensure that:
1. An electronic case report, prepared according to R9-4-403(B), is submitted to the Department within 180 calendar days after the date a patient is first released from the hospital;
 2. An electronic follow-up report, for correcting information previously submitted according to R9-4-403(A)(2)(j) through (l), or (B)(2)(a), (b), (m), (n), or (w), is submitted to the Department:
 - a. Within 30 calendar days after identifying the correct information and at least annually,
 - b. For all patients for whom applicable corrected information is obtained,
 - c. That includes patient identifying information and the information to be corrected, and
 - d. In a format provided by the Department; and
 3. An electronic follow-up report for analytic patients, in a format provided by the Department:
 - a. Is submitted to the Department at least annually for:
 - i. All living analytic patients in the hospital's cancer registry database, and
 - ii. All analytic patients in the hospital's cancer registry database who have died since the last follow-up report; and
 - b. Includes, as applicable:
 - i. A change of patient address;
 - ii. A summary of additional first course of treatment; and
 - iii. The information in R9-4-403(A)(2)(s), (u), (v), and (w) and R9-4-403(B)(2)(gg).
- B.** The cancer registry or other designee of a hospital with a licensed capacity of fewer than 50 inpatient beds shall either

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report as specified in subsection (A), or shall at least once every six months:

1. Prepare and submit to the Department, in a format provided by the Department:
 - a. For all individuals:
 - i. Released by the hospital since the last report was prepared, and
 - ii. Whose medical records include ICD Codes specified in a list provided to the hospital by the Department; and
 - b. The following information for each individual:
 - i. The individual's medical record number assigned by the hospital,
 - ii. The individual's date of birth,
 - iii. The individual's admission and discharge dates,
 - iv. All applicable ICD Codes for the individual that are in the list in subsection (B)(1)(a)(ii), and
 - v. Whether the ICD Code reflects the individual's principal or secondary diagnosis; and
 2. Allow the Department to review the records listed in R9-4-405(A) to obtain the information specified in R9-4-403 about a patient.
- C. If the designee of a clinic submitted 100 or more case reports to the Department in the previous calendar year or expects to submit 100 or more case reports in the current calendar year, the designee of the clinic shall:
1. Submit to the Department a case report, prepared according to R9-4-403(A), for each patient who is not referred by the clinic to a hospital for the first course of treatment; and
 2. Ensure that the case report in subsection (C)(1) is submitted in electronic format within 90 calendar days after:
 - a. Initiation of treatment of the patient at the clinic; or
 - b. Diagnosis of cancer in the patient, if the clinic did not provide treatment and did not refer to a hospital for the first course of treatment.
- D. If the designee of a clinic submitted fewer than 100 case reports to the Department in the previous calendar year and expects to submit fewer than 100 case reports in the current calendar year, the designee of the clinic shall submit to the Department an electronic or paper case report, prepared according to R9-4-403(A), for each patient, within 30 calendar days after the date of diagnosis of cancer in the patient, if the clinic:
1. Diagnoses cancer in the patient, and
 2. Does not refer the patient to a hospital for the first course of treatment.
- E. A physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner who diagnoses cancer in or provides treatment for cancer for fewer than 50 patients per year shall submit an electronic or paper case report to the Department for each patient, within 30 calendar days after the date of diagnosis of cancer in the patient, if the physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner does not refer the patient to a hospital or clinic for the first course of treatment.
- F. A clinic, physician, dentist, registered nurse practitioner, or doctor of naturopathic medicine that receives a letter from the Department, requesting any of the information specified in R9-4-403 about a patient, shall provide to the Department the requested information on the patient within 15 business days after the date of the request.

- G. A clinic, physician, dentist, registered nurse practitioner, or doctor of naturopathic medicine that receives a letter from a hospital, requesting any of the information specified in R9-4-403 about a patient, shall provide to the hospital the requested information on the patient within 15 business days after the date of the request.
- H. A pathology laboratory shall:
1. At least once every 90 calendar days, provide to the Department electronic copies of pathology reports of patients; and
 2. Include in a pathology report the following information:
 - a. The patient's name, address, and telephone number;
 - b. The patient's date of birth;
 - c. The patient's gender, race, and ethnicity;
 - d. Clinical information about the patient, if available;
 - e. The type of tissue collected;
 - f. The procedure by which the tissue was collected;
 - g. The date the tissue was collected;
 - h. The code number assigned by the clinical laboratory to the tissue collected for pathological analysis;
 - i. The results of the pathological analysis of the tissue, including the pathologist's interpretation of the results;
 - j. The date of the results;
 - k. The name, practice name, address, and telephone number of the physician who ordered the pathological analysis of the tissue;
 - l. The name and address of the clinical laboratory that performed the pathological analysis of the tissue; and
 - m. The name and telephone number of the clinical laboratory director.

Historical Note

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). Section repealed by final rulemaking at 9 A.A.R. 1859, effective June 3, 2003 (Supp. 03-2). New Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 3708, effective November 11, 2006 (Supp. 06-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

R9-4-405. Data Quality Assurance

- A. To ensure completeness and accuracy of cancer reporting:
1. Upon notice from the Department of at least five business days, a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner required to report under R9-4-404 shall allow the Department to review any of the following records, as are applicable to the facility:
 - a. A report meeting the requirements of R9-4-404(B)(1);
 - b. Patient medical records;
 - c. Medical records of individuals not diagnosed with cancer;
 - d. Pathology reports;
 - e. Cytology reports;
 - f. Logs containing information about surgical procedures, as specified in A.A.C. R9-10-215(6) or A.A.C. R9-10-911(A); and
 - g. Records other than those specified in subsections (A)(1)(a) through (f) that contain information about diagnostic evaluation, cancer-directed treatment, or other treatment provided to an individual by the hos-

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pital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner;

2. Within 14 calendar days after the Department's request, a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner required to report under R9-4-404 shall submit the following information about patients who were diagnosed with cancer or received treatment for cancer within the time period specified in the Department's request whose medical records include ICD Codes specified in a list provided by the Department:
 - a. The individual's name and date of birth,
 - b. The individual's medical record number,
 - c. The individual's admission and discharge dates,
 - d. All applicable codes for the individual that are in the list provided by the Department, and
 - e. Whether the code reflects the individual's principal or secondary diagnosis; and
 3. Within 14 calendar days after the Department's request, a hospital shall resubmit all of the information required in R9-4-403(B)(2) for patients first released from the hospital within the time period specified in the Department's request.
- B.** The Department shall consider a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner required to report under R9-4-404 as meeting the criteria in R9-4-404 if the hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner submits a case report to the Department for at least 97% of the patients for whom a case report is required under R9-4-404 during a calendar year.
- C.** The Department shall consider a hospital required to report under R9-4-404(A)(3) as meeting the criteria in R9-4-404(A)(3) if the hospital submits a follow-up report specified in R9-4-404(A)(3) to the Department once each calendar year for at least:
1. Eighty percent of all analytic patients from the hospital's reference date; and
 2. Ninety percent of all analytic patients diagnosed within the last five years or from the hospital's reference date, whichever is shorter.
- D.** The Department shall return a case report not prepared according to R9-4-403 to the hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner that submitted the case report, identifying the revisions that are needed in the case report.
- E.** Upon receiving a case report returned under subsection (D), a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner shall submit the revised case report to the Department within 15 business days after the date the Department requests the revision.
- F.** Upon written request by the Department, a hospital shall:
1. Prepare a case report based on a simulated medical record provided by the Department for the purpose of demonstrating the variability with which data is reported, and
 2. Submit the case report to the Department within 15 business days after the date of the request.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 3708, effective November 11, 2006 (Supp. 06-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

ARTICLE 5. BIRTH DEFECTS MONITORING PROGRAM**R9-4-501. Definitions**

In this Article, unless otherwise specified:

1. "Birth defect" means an abnormality:
 - a. Of body structure, function, or chemistry, or of chromosomal structure or composition;
 - b. That is present at or before birth; and
 - c. That may be diagnosed before or at birth, or later in life.
2. "Clinic" means:
 - a. A person under contract or subcontract with the Arizona Health Care Cost Containment System to provide the services specified in 9 A.A.C. 22, Article 13;
 - b. An outpatient treatment center, as defined in A.A.C. R9-10-101;
 - c. An outpatient surgical center, as defined in A.A.C. R9-10-101; or
 - d. A birth center, as defined in A.A.C. R9-13-201.
3. "Clinical evaluation" means an examination of the body of an individual and review of the individual's laboratory test results to determine the presence or absence of a medical condition that may be related to a birth defect.
4. "Conception" means the formation of an entity by the union of a human sperm and ovum, resulting in a pregnancy.
5. "Co-twin" means a sibling of a patient, who was born to the same mother as the patient and as a result of the same pregnancy as the patient.
6. "Date of first contact" means the day, month, and year a physician, clinic, or other person specified in R9-4-503(A) first began to provide medical services, nursing services, or health-related services to a patient or the patient's mother.
7. "Date of last contact" means the day, month, and year:
 - a. Of a patient's death; or
 - b. That a physician, clinic, or other person specified in R9-4-503(A) last clinically evaluated, diagnosed, or provided treatment to a patient or the patient's mother.
8. "Designee" means an individual assigned by the governing power of a hospital, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility or by another individual acting on behalf of the governing power to gather information for or report to the Department, as specified in R9-4-502, R9-4-503, or R9-4-504.
9. "Estimated date of confinement" means an approximation of the date on which a woman will give birth, based on the clinical evaluation of the woman.
10. "Estimated gestational age" means an approximation of the duration of a pregnancy, based on the date of the last menstrual period of the pregnant woman.
11. "Facility" means a building and associated personnel and equipment that perform or are used in connection with performing a particular service or activity.
12. "Family medical history" means an account of past and present illnesses or diseases experienced by individuals who are biologically related to a patient.
13. "Genetic testing facility" means an organization, institution, corporation, partnership, business, or entity that conducts tests to detect, analyze, or diagnose a disease or other abnormal state present at birth or before birth, as a result of an alteration of DNA, that may impair normal physiological functioning in an individual, including an

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- evaluation to determine the structure of an individual's chromosomes.
14. "Governing power" means the individual, agency, group, or corporation appointed, elected, or otherwise designated, in which the ultimate responsibility and authority for the conduct of a hospital, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility are vested.
 15. "High-risk perinatal practice" means a clinic or physician that routinely provides medical services prenatally to a patient or a patient's mother with perinatal risk factors to prevent, clinically evaluate, diagnose, or treat the patient for a possible birth defect.
 16. "Log" means a chronological list of individuals for or on whom medical services, nursing services, or health-related services were provided by a designated unit of a hospital or by another person specified in R9-4-503(A).
 17. "Medical condition" means a disease, injury, other abnormal physiological state, or pregnancy.
 18. "Medical record number" means a unique number assigned by a hospital, clinic, physician, or registered nurse practitioner to an individual for identification purposes.
 19. "Midwife" means an individual licensed under A.R.S. Title 36, Chapter 6, Article 7, or certified under A.R.S. Title 32, Chapter 15.
 20. "Mother" means the woman:
 - a. Who is pregnant with or gives birth to a patient, or
 - b. From whose fertilized egg a patient develops.
 21. "Multiple gestation" means a pregnancy in which a patient is not the only fetus carried in a mother's womb.
 22. "Patient" means an individual, regardless of current age:
 - a. Who, from conception to one year of age, was clinically evaluated for a possible birth defect or a medical condition that may be related to a birth defect:
 - i. By a physician, midwife, registered nurse practitioner, or physician assistant; or
 - ii. At a hospital or clinic;
 - b. Whose mother was clinically evaluated during her pregnancy with the individual:
 - i. For a medical condition that may be related to a possible birth defect, and
 - ii. By an individual or facility specified in subsection (22)(a);
 - c. Who, from conception to one year of age, was tested by a genetic testing facility or other clinical laboratory;
 - d. Whose mother was tested during her pregnancy with the individual by a:
 - i. Genetic testing facility or other clinical laboratory, or
 - ii. Prenatal diagnostic facility;
 - e. Who, from conception to one year of age, was provided treatment or whose mother during her pregnancy with the individual was provided treatment by a hospital, clinic, physician, registered nurse practitioner, or other person specified in R9-4-503(A) for a medical condition that may be related to a possible birth defect; or
 - f. Who has received a diagnosis of having a medical condition that may be related to a birth defect.
 23. "Perinatal risk factor" means a situation or circumstance that may increase the chance of an individual being born with a birth defect, such as:
 - a. A family medical history of birth defects or other medical conditions;
 - b. The exposure of the individual or the individual's mother or biological father to radiation, medicines, chemicals, or diseases before the individual's birth; or
 - c. An abnormal result of a test performed for the individual or the individual's mother by a prenatal diagnostic facility or clinical laboratory, including a genetic testing facility.
 24. "Prenatal diagnostic facility" means an organization, institution, corporation, partnership, business, or entity that conducts diagnostic ultrasound or other medical procedures that may diagnose a birth defect in a human being.
 25. "Principal diagnosis" means the primary reason for which an individual is:
 - a. Admitted to a hospital;
 - b. Treated by a hospital, clinic, midwife, physician, registered nurse practitioner, or physician assistant; or
 - c. Tested by a genetic testing facility or prenatal diagnostic facility.
 26. "Procedure" means a set of activities performed on a patient or the mother of a patient that:
 - a. Are invasive;
 - b. Are intended to diagnose or treat a disease, illness, or injury;
 - c. Involve a risk to the patient or patient's mother from the activities themselves or from anesthesia; and
 - d. Require the individual performing the set of activities to be trained in the set of activities.
 27. "Refer" means to provide direction to an individual or the individual's parent or guardian to obtain medical services or a test for assessment, diagnosis, or treatment of a birth defect or other medical condition.
 28. "Routinely" means occurring in the regular or customary course of business.
 29. "Secondary diagnosis" means all other diagnoses that may be related to a birth defect for an individual besides the principal diagnosis.
 30. "Singleton gestation" means a pregnancy in which a patient is the only fetus carried in a mother's womb.
 31. "Support services" means activities, not related to the diagnosis or treatment of a birth defect, intended to maintain or improve the physical, mental, or psychosocial capabilities of a patient or those individuals biologically or legally related to the patient.
 32. "Surgical procedure" means making an incision into an individual's body for the:
 - a. Correction of a deformity or defect,
 - b. Repair of an injury,
 - c. Excision of a part of the individual's body, or
 - d. Diagnosis, amelioration, or cure of a disease.
 33. "Test" means:
 - a. An analysis performed on body fluid, tissue, or excretion by a genetic testing facility or other clinical laboratory to evaluate for the presence or absence of a disease; or
 - b. A procedure performed on the body of a patient or the patient's mother that may be used to evaluate for the presence or absence of a birth defect.
 34. "Transfer" means for a hospital to discharge a patient or the patient's mother and send the patient or the patient's

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mother to another hospital for inpatient medical services without the intent that the patient or the patient's mother will return to the sending hospital.

35. "Treatment" means the same as in A.A.C. R9-10-101.
36. "Unit" means an area of a hospital designated to provide an organized service, as defined in A.A.C. R9-10-201.

Historical Note

Adopted effective September 25, 1991 (Supp. 91-3).
Former Section R9-4-501 renumbered to R9-4-502; new
Section R9-4-501 adopted by final rulemaking at 7
A.A.R. 712, effective January 17, 2001 (Supp. 01-1).
Amended by final rulemaking at 13 A.A.R. 1702,
effective June 30, 2007 (Supp. 07-2). Amended by final
rulemaking at 25 A.A.R. 3429, effective January 1, 2020
(Supp. 19-4).

R9-4-502. Reporting Sources; Information Submitted to the Department**A.** The designee of a hospital shall:

1. Upon the request of the Department and no more often than once per month, prepare a report, in a format specified by the Department, identifying all individuals:
 - a. Who are patients or the mothers of patients; and
 - b. Whose:
 - i. Discharge date is within the time period for which the report is being prepared, as specified in subsection (A)(2)(d); and
 - ii. Medical records include for the principal diagnosis, a secondary diagnosis, or a procedure performed on the individual, an ICD Code for a diagnosis or a procedure code specified in a list provided to the hospital by the Department;
2. Include the following information in the report specified in subsection (A)(1):
 - a. The name, address, and telephone number of the hospital, or the identification number assigned by the Department to the hospital;
 - b. The name, telephone number, and e-mail address of the designee of the hospital;
 - c. The date the report was completed;
 - d. The time period for which the report is being prepared; and
 - e. For each patient or the mother of the patient:
 - i. The patient's or mother's medical record number;
 - ii. The name of the patient or patient's mother, if available, and, if applicable, any other name by which the patient or patient's mother is known;
 - iii. The patient's gender and date of birth, if applicable;
 - iv. The admission and discharge dates;
 - v. The principal and secondary diagnoses or the ICD Codes for the principal and secondary diagnoses for the patient or patient's mother; and
 - vi. The codes for procedures provided to the patient or patient's mother; and
3. Submit the report specified in subsection (A)(1) to the Department, in a format specified by the Department, within 30 calendar days after the Department's request.

B. The designee of a prenatal diagnostic facility, high-risk perinatal practice, or clinic shall:

1. Upon the request of the Department and no more often than once per month, prepare a report, in a format specified by the Department, identifying all individuals:
 - a. For whom a specified test was conducted, with test results indicating a diagnosis in a list provided by the Department; or
 - b. Whose medical records include a principal diagnosis or secondary diagnosis specified in a list provided by the Department;
2. Include the following information in the report specified in subsection (B)(1):
 - a. Either:
 - i. The name, address, and telephone number of the prenatal diagnostic facility, high-risk perinatal practice, or clinic; or
 - ii. The identification number assigned by the Department to the prenatal diagnostic facility, high-risk perinatal practice, or clinic;
 - b. The name, telephone number, and e-mail address of the designee of the prenatal diagnostic facility, high-risk perinatal practice, or clinic;
 - c. The date the report was completed;
 - d. The time period for which the report is being prepared;
 - e. The mother's name, date of birth, and medical record number;
 - f. The estimated gestational age of the patient at the time of the test or diagnosis, as applicable;
 - g. The mother's estimated date of confinement;
 - h. The outcome of the pregnancy, if known;
 - i. The location and date of the patient's birth, if known;
 - j. The patient's gender, if known;
 - k. The principal diagnosis and secondary diagnoses for the patient or the patient's mother, as applicable; and
 - l. Information about the test leading to the diagnosis, including:
 - i. The type of test performed,
 - ii. The date the test was completed, and
 - iii. The results of the test; and
3. Submit the report specified in subsection (B)(1) to the Department, in a Department-provided format, within 30 calendar days after the Department's request.

C. The designee of a genetic testing facility shall:

1. Prepare a report, in a format specified by the Department, for all individuals:
 - a. Who are patients or the mothers of patients, and
 - b. For whom the genetic testing facility performed a test specified in a list provided by the Department;
2. Include the following information in the report specified in subsection (C)(1):
 - a. The name, address, and telephone number of the genetic testing facility, or the identification number assigned by the Department to the genetic testing facility;
 - b. The name, telephone number, and e-mail address of the designee of the genetic testing facility;
 - c. The date the report was completed;
 - d. The month for which the report is being prepared, if reporting according to subsection (C)(3)(a); and
 - e. For each patient or mother of a patient:
 - i. If the test was performed on the patient:
 - (1) The patient's name, date of birth, and gender; and

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- (2) The name of the patient's parent or guardian;
 - ii. If the test was performed on the mother of the patient:
 - (1) The mother's name and date of birth;
 - (2) The estimated gestational age of the patient when the test was performed, if available; and
 - (3) The mother's estimated date of confinement when the test was performed, if available;
 - iii. The name of the physician, registered nurse practitioner, or physician assistant who ordered the test for the patient or the patient's mother; and
 - iv. Information about the test, including:
 - (1) The type of test performed on the patient or the patient's mother,
 - (2) The date the test was completed, and
 - (3) The results of the test; and
- 3. Submit to the Department the report specified in subsection (C)(1) and a copy of the test results within 30 calendar days after either:
 - a. The end of the month during which the test was completed, or
 - b. The date of the test.

Historical Note

Adopted effective September 25, 1991 (Supp. 91-3). New Section R9-4-502 renumbered from R9-4-501 and amended by final rulemaking at 7 A.A.R. 712, effective January 17, 2001 (Supp. 01-1). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1702, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

R9-4-503. Review of Records; Information Collected

- A. Upon notice from the Department of at least five business days, the following persons or facilities shall allow the Department access to the facility and the electronic or written records specified in subsection (B)(1) to collect the information specified in subsection (B)(2):
 - 1. A hospital,
 - 2. A clinic,
 - 3. A physician,
 - 4. A midwife,
 - 5. A registered nurse practitioner,
 - 6. A genetic testing facility,
 - 7. A prenatal diagnostic facility,
 - 8. A physician assistant,
 - 9. A clinical laboratory, or
 - 10. A medical examiner.
- B. The Department may:
 - 1. Review any of the following records in electronic or written format, as are applicable to the person or facility specified in subsection (A):
 - a. Patient medical records;
 - b. Medical records for the mother of a patient;
 - c. Reports from:
 - i. Physicians or other individuals who clinically evaluated, diagnosed, or treated a patient or the patient's mother, including physical therapists, as defined in A.R.S. § 32-2001; occupational therapists, as defined in A.R.S. § 32-3401;

- podiatrists, as defined in A.R.S. § 32-801; and speech-language pathologists, licensed according A.R.S. Title 35, Chapter 17;
 - ii. High-risk perinatal practices;
 - iii. Prenatal diagnostic facilities;
 - iv. Genetic testing facilities;
 - v. Pathology laboratories; or
 - vi. Other facilities or clinical laboratories that performed a test for a patient or the patient's mother;
 - d. Logs and registers containing information about surgical procedures, as specified in A.A.C. R9-10-215(6) or A.A.C. R9-10-911(A);
 - e. Other logs that may contain information about a patient or the mother of a patient with a birth defect, such as:
 - i. Labor and delivery unit logs,
 - ii. Nursery unit logs,
 - iii. Pediatric unit logs,
 - iv. Intensive care unit logs,
 - v. Autopsy logs, and
 - vi. Ultrasound logs;
 - f. Autopsy reports; and
 - g. Records other than those specified in subsections (B)(1)(a) through (f) that contain information about or may lead to information about:
 - i. A patient,
 - ii. The patient's mother, or
 - iii. The patient's biological sibling; and
- 2. Collect the following information from a person or facility specified in subsection (A), as applicable to a patient or the mother of a patient:
 - a. The name, address, and telephone number of the person or facility, or the identification number assigned by the Department to the person or facility;
 - b. The date of first contact and the date of last contact;
 - c. The date the patient was admitted to a hospital;
 - d. The date the patient was discharged from a hospital;
 - e. The dates the mother of the patient was admitted to and discharged from a hospital for:
 - i. The birth of the patient, or
 - ii. Treatment related to a possible birth defect in the patient;
 - f. The name and address of the hospital or other location in which the patient was born;
 - g. The name and address of a hospital in which the patient or the mother of the patient was admitted for treatment related to a possible birth defect in the patient;
 - h. The specific unit of a hospital that provided medical services to the patient or the patient's mother;
 - i. The medical record number of the patient or the patient's mother;
 - j. The patient's name and any other name by which the patient is known;
 - k. The names, addresses, and dates of birth of the patient's parents;
 - l. The name, address and telephone number of the patient's guardian, if a parent of the patient does not have physical custody of the patient;
 - m. The patient's date of birth and hour of birth;
 - n. The estimated date of confinement for the pregnancy resulting in the patient's birth;

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- o. The estimated gestational age, length, weight, and head circumference of the patient at birth;
- p. The patient's gender, race, and ethnicity;
- q. The race and ethnicity of the patient's biological mother and father;
- r. The address of the patient's mother at the time of the patient's birth;
- s. The address and telephone number of the patient at the date of last contact;
- t. The county in which the patient was born;
- u. The name of each physician, registered nurse practitioner, physician assistant, or other person that clinically evaluated, diagnosed, ordered a test for, or treated the patient or the patient's mother;
- v. The names of any facility from which or to which the patient or the patient's mother was transferred or referred;
- w. Whether the patient was referred for or approved to receive services under 9 A.A.C. 22, Article 13, and, if so, the date of referral or approval;
- x. Whether the patient is receiving any medical services, nursing services, health-related services, or other services to support the patient or the patient's parent related to a birth defect, other than services under 9 A.A.C. 22, Article 13, and, if so, the name of the person providing the services and the date the provision of the services began;
- y. The name of the insurance company, if applicable, that:
 - i. Paid for the birth of the patient, and
 - ii. Is currently covering medical expenses for the patient or the patient's mother;
- z. Any perinatal risk factors documented in:
 - i. The patient's medical record,
 - ii. The patient's mother's medical record, or
 - iii. The patient's family medical history;
- aa. Whether any tests were performed on the patient or the patient's mother by a genetic testing facility and, if so:
 - i. The types of tests performed,
 - ii. The test dates,
 - iii. The test results,
 - iv. The age or estimated gestational age of the patient at the time of each test,
 - v. The estimated date of confinement of the patient's mother at the time of each test,
 - vi. The name of the genetic testing facility that performed each test, and
 - vii. The names of the individuals who interpreted the test results;
- bb. Whether any tests were performed on the patient or the patient's mother by a prenatal diagnostic facility and, if so:
 - i. The types of tests performed,
 - ii. The test dates,
 - iii. The test results,
 - iv. The estimated gestational age of the patient at the time of each test,
 - v. The estimated date of confinement of the patient's mother at the time of each test,
 - vi. The name of the prenatal diagnostic facility that performed each test, and
 - vii. The names of the individuals who interpreted the test results;
- cc. Whether any other types of tests were performed on the patient or the patient's mother that may enable the diagnosis of a birth defect and, if so:
 - i. The types of tests performed,
 - ii. The test dates,
 - iii. The test results,
 - iv. The age or estimated gestational age of the patient at the time of each test,
 - v. The estimated date of confinement of the patient's mother at the time of each test,
 - vi. The names of the facilities that performed the tests, and
 - vii. The names of the individuals who interpreted the test results;
- dd. Whether any surgical procedures associated with a birth defect were performed on the patient or the patient's mother and, if so:
 - i. The types of surgical procedures performed,
 - ii. The dates of the surgical procedures,
 - iii. The results of the surgical procedures,
 - iv. The ages or estimated gestational ages of the patient at the time of the surgical procedures,
 - v. The estimated date of confinement of the patient's mother at the times of the surgical procedures,
 - vi. The names of the facilities at which the surgical procedures were performed, and
 - vii. The names of the individuals who performed the surgical procedures;
- ee. For each diagnosis made for the patient or the patient's mother:
 - i. The diagnosis,
 - ii. Whether the diagnosis is a principal or secondary diagnosis,
 - iii. The facility at which the diagnosis was made,
 - iv. The date on which the diagnosis was made, and
 - v. The name of the individual who made the diagnosis;
- ff. The number of times the patient's mother has been pregnant;
- gg. The number of times a pregnancy of the patient's mother has lasted:
 - i. More than 37 weeks,
 - ii. Between 20 and 37 weeks, and
 - iii. Less than 20 weeks;
- hh. The number of children who were born as a result of the patient's mother's pregnancies, and whether the children were born alive or dead;
- ii. Whether the patient is from a singleton or multiple gestation, and, if from a multiple gestation, whether a co-twin of the patient:
 - i. Is identical or fraternal;
 - ii. Is alive, and, if not alive, the co-twin's date of death; and
 - iii. Has:
 - (1) The same birth defect as the patient,
 - (2) A different birth defect from that of the patient, or
 - (3) No birth defect;
- jj. If the patient is being adopted or living with a guardian rather than a parent;
- kk. If the patient is being adopted, the name, address, and telephone number of the individual who will adopt the patient;

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- ll. The date of last contact; and
- mm. If the patient has died:
 - i. The patient's date and county of death,
 - ii. The facility in which the patient's death occurred, and
 - iii. Whether an autopsy was performed on the patient.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 1702, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

R9-4-504. Data Quality Assurance and Follow-up

- A. The Department may request a hospital, clinic, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility to revise a report:
 - 1. That was submitted to the Department by the designee of the hospital, clinic, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility under R9-4-502;
 - 2. That was not prepared according to R9-4-502; and
 - 3. By identifying the revisions that are needed in the report.
- B. If a person receives a request from the Department for revision of a report under subsection (A), the person shall return a revised report, containing the revisions requested by the Department, to the Department within 15 business days after the date of the Department's request, or by a date agreed to by the person and the Department.
- C. The Department may discuss the information submitted to the Department as specified in R9-4-502 or collected as specified in R9-4-503(B)(2) with:
 - 1. Any of the entities specified in R9-4-503(A) to obtain additional information about a patient's diagnosis or treatment;
 - 2. The Arizona Early Intervention Program, according to A.R.S. § 36-133(E); and
 - 3. The parent or guardian of a patient, as allowed by A.R.S. § 36-133(E).

Historical Note

New Section made by final rulemaking at 13 A.A.R. 1702, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

ARTICLE 6. OPIOID POISONING-RELATED REPORTING**R9-4-601. Definitions**

In this Article, unless otherwise specified:

- 1. "Administrator" means the individual who is a senior leader in a health care institution or correctional facility.
- 2. "Ambulance service" has the same meaning as in A.R.S. § 36-2201.
- 3. "Business day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.
- 4. "Clinical laboratory" has the same meaning as in A.R.S. § 36-451.
- 5. "Correctional facility" has the same meaning as in A.A.C. R9-6-101.
- 6. "Dispense" has the same meaning as in A.R.S. § 32-1901.
- 7. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
- 8. "First response agency" means:
 - a. An ambulance service,

- b. An emergency medical services provider, or
- c. A law enforcement agency.
- 9. "Health care institution" has the same meaning as in A.R.S. § 36-401.
- 10. "Health professional" has the same meaning as in A.R.S. § 32-3201.
- 11. "Law enforcement agency" has the same meaning as in A.A.C. R13-1-101.
- 12. "Medical examiner" has the same meaning as in A.R.S. § 36-301.
- 13. "Naloxone" means a specific opioid antagonist that has been used since 1971 to block the effects of an opioid in an individual.
- 14. "Neonatal abstinence syndrome" means a set of signs of opioid withdrawal occurring in an individual shortly after birth that are indicative of opioid exposure while in the womb.
- 15. "Opioid" means the same as "opiate" in A.R.S. § 36-2501.
- 16. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:
 - a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
 - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
- 17. "Opioid overdose" means respiratory depression, slowing heart rate, or unconsciousness or mental confusion caused by the administration, including self-administration, of an opioid to an individual.
- 18. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.

Historical Note

New Section made by emergency rulemaking at 23 A.A.R. 2857, effective September 21, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section amended by emergency rulemaking at 24 A.A.R. 630, effective March 20, 2018, for 180 days (Supp. 18-1). New permanent Section made by final rulemaking at 24 A.A.R. 783, with an immediate effective date of April 5, 2018 (Supp. 18-2).

R9-4-602. Opioid Poisoning-Related Reporting Requirements

- A. A first response agency shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:
 - 1. The following information about the first response agency:
 - a. Name;
 - b. Street address, city, county, and zip code;
 - c. Whether the first response agency reporting is:
 - i. An ambulance service,
 - ii. An emergency medical services provider, or
 - iii. A law enforcement agency; and
 - d. If applicable, the certificate number issued by the Department to the ambulance service;
 - 2. The name, title, telephone number, and email address of a point of contact for the first response agency required to report;
 - 3. The following information about the location at which the first response agency encountered the individual:

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- a. Street address or, if the location at which the first response agency encountered the individual does not have a street address, another indicator of the location at which the encounter occurred;
 - b. City, if applicable;
 - c. County;
 - d. State; and
 - e. Zip code;
 4. If applicable, the date and time the first response agency was dispatched to the location specified according to subsection (A)(3);
 5. The following information, as known, about the individual with a suspected opioid overdose or who died of a suspected opioid overdose:
 - a. Name,
 - b. Date of birth,
 - c. Age in years,
 - d. Gender,
 - e. Race and ethnicity, and
 - f. Reason for suspecting that the individual had an opioid overdose;
 6. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual before the first response agency encountered the individual and, if so:
 - a. The number of doses of naloxone or other opioid antagonist administered to the individual; and
 - b. As applicable, that the naloxone or other opioid antagonist was administered to the individual by:
 - i. Another individual; or
 - ii. Another first response agency and, if so the type of first response agency that administered the naloxone or other opioid antagonist to the individual;
 7. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual by the first response agency and, if so, the number of doses of naloxone or other opioid antagonist administered to the individual;
 8. Whether the disposition of the individual was that the individual:
 - a. Survived the suspected opioid overdose; or
 - b. Was pronounced dead:
 - i. At the location specified according to subsection (A)(3), or
 - ii. After leaving the location specified according to subsection (A)(3);
 9. If the individual was transported by a first response agency:
 - a. The type of first response agency that transported the individual; and
 - b. Whether the individual was transported to:
 - i. A hospital and, if so, the name of the hospital to which the individual was transported;
 - ii. Another class of health care institution and, if so, the name of the health care institution to which the individual was transported; or
 - iii. A correctional facility and, if so, the name of the correctional facility to which the individual was transported; and
 10. The date of the report.
- B.** The following are not required to submit a report under this Article:
1. An administrator of a health care institution licensed under 9 A.A.C. 10, for an opioid overdose resulting from the administration of the opioid to a patient in the health care institution if the opioid overdose is addressed through the health care institution's quality management program; or
 2. A pharmacist for naloxone or another opioid antagonist that is dispensed in connection with a surgical procedure, as defined in A.A.C. R9-10-101, or other invasive procedure performed in a health care institution.
- C.** Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2 or as specified in subsection (B), a health professional or the administrator of a health care institution licensed under 9 A.A.C. 10 shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:
1. The name, street address, city, county, zip code, and telephone number of the health professional or health care institution;
 2. If different from the person in subsection (C)(1), the name, title, telephone number, and email address of the individual reporting on behalf of the person in subsection (C)(1);
 3. The following information about the individual with a suspected opioid overdose:
 - a. The individual's name;
 - b. The individual's street address, city, county, state, and zip code;
 - c. The individual's date of birth;
 - d. The individual's gender;
 - e. The individual's race and ethnicity;
 - f. Whether the individual is pregnant and, if so, the expected date of delivery;
 - g. If applicable, the name of the individual's guardian; and
 - h. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual before the health professional or health care institution encountered the individual and, if so:
 - i. The type of first response agency that administered the naloxone or other opioid antagonist to the individual, or
 - ii. That the naloxone or other opioid antagonist was administered to the individual by another individual;
 4. The following information about the diagnosis of opioid overdose:
 - a. The reason for suspecting that the individual had an opioid overdose;
 - b. The date of the suspected opioid overdose;
 - c. The date of diagnosis; and
 - d. If the diagnosis was confirmed through one or more tests performed by a clinical laboratory, for each test:
 - i. The name, address, and telephone number of the clinical laboratory;
 - ii. The date a specimen was collected from the individual;
 - iii. The type of specimen collected;
 - iv. The type of laboratory test performed; and
 - v. The laboratory test result and date of the result;

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5. The following information about the suspected opioid overdose:
 - a. Whether the opioid overdose appeared to be intentional or unintentional;
 - b. The location where the opioid overdose took place;
 - c. Whether the individual was alone at the time of the opioid overdose;
 - d. Whether the individual was transported to the health professional or health care institution by a first response agency and, if so, the type of first response agency that transported the individual;
 - e. The specific opioid that appeared to be responsible for the opioid overdose; and
 - f. If known, whether:
 - i. The individual was prescribed an opioid within the 90 calendar days before the date of the suspected opioid overdose;
 - ii. The individual had been referred to receive behavioral health services, as defined in A.R.S. § 36-401; or
 - iii. The opioid overdose was the first time the individual had an opioid overdose and, if not, the number of previous opioid overdoses the individual was known to have had;
 6. Whether the individual with the suspected opioid overdose:
 - a. Survived the suspected opioid overdose and:
 - i. Was admitted to the health care institution;
 - ii. Was transferred to another health care institution and, if so, the name of the health care institution;
 - iii. Was discharged to a law enforcement agency or correctional facility and, if so, the name of the law enforcement agency or correctional facility;
 - iv. Was discharged to home; or
 - v. Left the health care institution against medical advice; or
 - b. Died and, if so, the date of death; and
 7. The date of the report.
- D.** Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, a health professional or the administrator of a health care institution licensed under 9 A.A.C. 10 shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with suspected neonatal abstinence syndrome, that includes:
1. The name, street address, city, county, zip code, and telephone number of the health professional or health care institution;
 2. If different from the person in subsection (D)(1), the name, title, telephone number, and email address of the individual reporting on behalf of the person in subsection (D)(1);
 3. The following information about the individual with suspected neonatal abstinence syndrome:
 - a. The individual's name;
 - b. The individual's date of birth;
 - c. The individual's gender;
 - d. The individual's race and ethnicity;
 - e. The name of the individual's mother; and
 - f. If not the individual's mother, the name of the individual's guardian;
 4. The following information about a diagnosis of neonatal abstinence syndrome:
 - a. The reason for suspecting that the individual has neonatal abstinence syndrome;
 - b. The date of the onset of signs of neonatal abstinence syndrome;
 - c. The date of diagnosis;
 - d. If the diagnosis was confirmed through one or more tests performed by a clinical laboratory, for each test:
 - i. The name, address, and telephone number of the clinical laboratory;
 - ii. The date a specimen was collected from the individual;
 - iii. The type of specimen collected;
 - iv. The type of laboratory test performed; and
 - v. The laboratory test result and date of the result; and
 - e. Whether any of the following supported a diagnosis of neonatal abstinence syndrome:
 - i. A maternal history of opioid use,
 - ii. A positive laboratory test for opioid use by the individual's mother, or
 - iii. A positive laboratory test for opioids in the individual;
 5. If known, the following information about the suspected neonatal abstinence syndrome:
 - a. The source of the opioid believed to have caused the neonatal abstinence syndrome; and
 - b. If the source of the opioid used by the individual's mother was not through a prescription order, as defined in A.R.S. § 32-1901, the specific opioid used by the individual's mother; and
 6. The date of the report.
- E.** A pharmacist who dispenses naloxone or another opioid antagonist to an individual according to A.R.S. § 32-1979 shall, either personally or through a representative, submit a report as required in A.R.S. § 32-1979 to document the dispensing.
- F.** A medical examiner shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after the completion of the death investigation required in A.R.S. § 11-594 on the human remains of a deceased individual with a suspected opioid overdose, that includes:
1. The following information about the medical examiner:
 - a. Name; and
 - b. Street address, city, county, and zip code;
 2. The following information about the deceased individual with a suspected opioid overdose:
 - a. The deceased individual's name;
 - b. The deceased individual's date of birth;
 - c. The deceased individual's gender;
 - d. The deceased individual's race and ethnicity;
 - e. Whether the deceased individual was pregnant and, if so, the expected date of delivery;
 - f. If applicable, the name of the deceased individual's guardian; and
 - g. Whether naloxone or another opioid antagonist was administered to the deceased individual before the deceased individual's death and, if known:
 - i. The type of first response agency that administered the naloxone or other opioid antagonist to the deceased individual, or

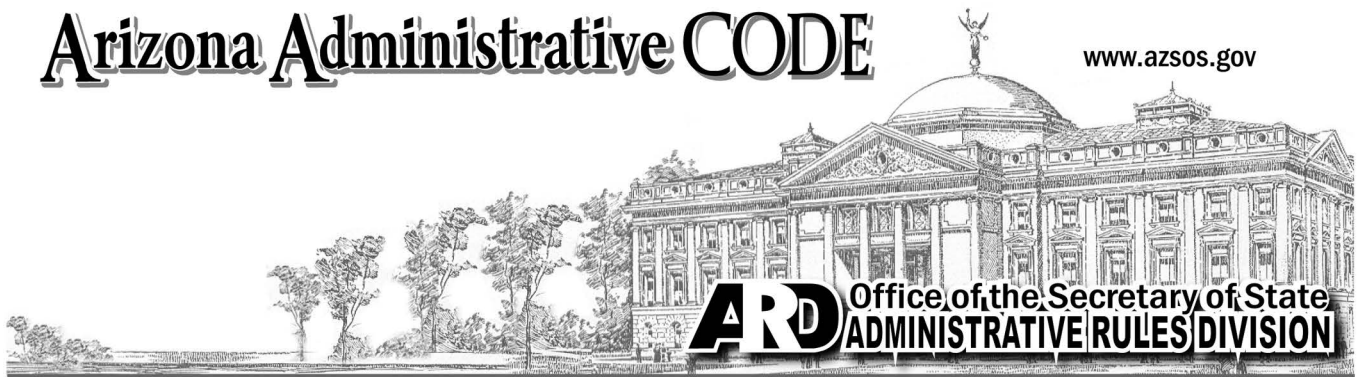
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- ii. That the naloxone or other opioid antagonist was administered to the deceased individual by another individual;
- 3. The following information about the diagnosis of opioid overdose:
 - a. The reason for suspecting that the deceased individual had an opioid overdose;
 - b. The date of the opioid overdose;
 - c. The date of diagnosis; and
 - d. If the diagnosis was confirmed by clinical laboratory tests:
 - i. The name, address, and telephone number of the clinical laboratory;
 - ii. The date a specimen was collected from the deceased individual;
 - iii. The type of specimen collected;
 - iv. The type of laboratory test performed; and
 - v. The laboratory test result and date of the result;
- 4. If applicable, a copy of the clinical laboratory test results;
- 5. If known, the following information about the suspected opioid overdose:
 - a. Whether the opioid overdose appeared to be intentional or unintentional;
 - b. The location where the opioid overdose took place;
 - c. Whether the deceased individual was alone at the time of the opioid overdose;
 - d. The specific opioid that appeared to be responsible for the opioid overdose;
 - e. Whether the deceased individual was prescribed an opioid within the 90 calendar days before the date of the opioid overdose; and
 - f. Whether the opioid overdose was the first time the deceased individual was known to have had an opioid overdose and, if not, the number of previous opioid overdoses the deceased individual had
- 6. Whether the deceased individual with the suspected opioid overdose:
 - a. Died from the suspected opioid overdose and, if so, the date of death; or
 - b. Died from another cause after experiencing a suspected opioid overdose and, if so, the date of death; and
- 7. The date of the report.
- G. Information collected on individuals pursuant to this Article is confidential according to:
 - 1. A.R.S. § 36-133(F); and
 - 2. If applicable, A.R.S. §§ 36-2401 through 36-2403.

Historical Note

New Section made by emergency rulemaking at 23 A.A.R. 2857, effective September 21, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section amended by emergency rulemaking at 24 A.A.R. 630, effective March 20, 2018, for 180 days (Supp. 18-1). New permanent Section made by final rulemaking at 24 A.A.R. 783, with an immediate effective date of April 5, 2018 (Supp. 18-2).



9 A.A.C. 13

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The table of contents on page one contains links to the referenced page numbers in this Chapter.
Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

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The release of this Chapter in Supp. 24-2 replaces Supp. 22-3, 1-29 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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Authorizing statutes: A.R.S. §§ 36-132(A), 36-136(A)(7), and 36-136(F)

Implementing statutes: A.R.S. § 36-694, as amended by Laws 2021, Ch. 409

Supp. 24-2

Editor's Note: Supp. 15-2 has rules that were filed as final exempt rules. The Department was required to provide an opportunity for public comment on the amended rules under Laws 2014, Ch. 171. The amended rules were published on the Department's website from May 1, 2015 to May 30, 2015. Even though the proposed amendments were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Exempt rulemakings are those filed with the Office of the Secretary of State that did not receive public comments (Supp. 15-2).

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R9-13-1413.	Repealed 32
R9-13-1414.	Repealed 32
R9-13-1415.	Repealed 32

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R9-13-1416. Emergency Expired 32
R9-13-1417. Emergency Expired 32

certify the rules.

Article 15, consisting of Sections R9-13-1501 through R9-13-1503, recodified to 9 A.A.C. 25, R9-25-801 through R9-25-803 (Supp. 98-1).

ARTICLE 15. RECODIFIED 32

Editor's Note: Article 15, consisting of R9-13-1501 through R9-3-1503 and Exhibits, were recodified to 9 A.A.C. 25.

Editor's Note: Former Article 15 was originally adopted, and subsequently amended by the addition of a new Section, under an exemption from the provisions of the Administrative Procedure Act which means that the rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not

Section

R9-13-1501. Recodified 32
R9-13-1502. Recodified 32
Exhibit 1. Recodified 33
Exhibit 2. Recodified 33
Exhibit 3. Recodified 33
Exhibit 4. Recodified 33
R9-13-1503. Recodified 33
Exhibit 1. Recodified 33

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ARTICLE 1. HEARING SCREENING AND VISION SCREENING**R9-13-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-899 and 36-899.10, the following definitions apply in this Article unless otherwise specified:

1. "Accredited" means that an educational institution is recognized by the U.S. Department of Education as providing standards necessary to meet acceptable levels of quality for its graduates to gain admission to other reputable institutions of higher learning or to achieve credentials for professional practice.
2. "Administrator" means the principal or person having general daily control and oversight of a school or that person's designee.
3. "Audiological equipment" means an instrument used to help determine the presence, type, or degree of hearing loss, such as:
 - a. A pure tone audiometer,
 - b. A tympanometer, or
 - c. An otoacoustic emissions device.
4. "Audiological evaluation" means:
 - a. Examination of an individual's ears;
 - b. Assessment of the functioning of the individual's middle ear;
 - c. Testing of the individual's ability to perceive sounds using audiological equipment; and
 - d. An analysis by a specialist of the results obtained from the activities described in subsections (a) through (c) to determine if the individual has a hearing loss and, if so, the type and degree of the individual hearing loss.
5. "Audiologist" means an individual licensed under A.R.S. Title 36, Chapter 17.
6. "Audiometer" means an electronic device that administers sounds of varying pitches and intensities to assess an individual's ability to hear the sounds.
7. "Auditory canal" means the tubular passage between the cartilaginous portion of the ear that projects from an individual's head and the outer surface of the eardrum.
8. "Autorefractor/photoscreener" means an automated device that provides information about the eyes that could affect vision, including refractive errors and eye misalignment.
9. "Behavioral condition" means any persistent and repetitive pattern of behavior that violates societal norms or rules, seriously impairs a person's functioning, or creates distress in others.
10. "Calendar day" means each day, that:
 - a. Is not the day of the act, event, or default from which a designated period of time begins to run; and
 - b. Includes the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
11. "Calibrate" means to measure the response of an instrument against a standard and adjust the instrument until the response falls within specified values according to the equipment's manufacturer specifications and by an authorized manufacturer's dealer, if recommended by the manufacturer.
12. "Certificate of completion" means a document issued to an individual who has completed the requirements in:
 - a. R9-13-108 to perform hearing screening for students according to this Article;
 - b. R9-13-111 to provide training to individuals who perform hearing screenings;
 - c. R9-13-112 to perform vision screening for students according to this Article; or
 - d. R9-13-115 to provide training to individuals who perform vision screenings.
13. "Classroom" means a physical room or electronic space where training and educational courses occur.
14. "Color vision" means the perception of and ability to distinguish colors.
15. "daPa" means dekaPascal, a standard measure of air pressure.
16. "dB HL" means decibel hearing level, a measurement used to compare the intensity at which an individual hears sound at a particular frequency to a standard.
17. "dB SPL" means sound pressure level measured in units of decibels.
18. "Deaf" has the same meaning as in A.R.S. § 36-1941.
19. "Deafblind" has the same meaning as in A.R.S. § 36-1941.
20. "Diagnosis" means a determination of whether a student is deafblind, is deaf, is hard of hearing, is legally blind, or has vision loss that is:
 - a. Made by a specialist; and
 - b. Based on an audiological evaluation or an eye examination of the student.
21. "Documentation" means a method used to report information on paper, electronic, photographic, or other permanent form.
22. "Eardrum" means the tympanic membrane in the ear that vibrates in response to sound.
23. "Earphone" means the part of an audiometer that is worn over an individual's ear.
24. "Eustachian tube" means a passage in an individual's head that:
 - a. Connects the middle ear and the throat, and
 - b. Equalizes pressure on both sides of the eardrum.
25. "Eye examination" means the same as "comprehensive eye and vision examination" in A.R.S. § 36-899.10 by an optometrist or ophthalmologist.
26. "Follow-up" means an action that serves to verify the accuracy of a previous hearing screening or vision screening result.
27. "Frequency" means the number of cycles per second of a sound wave, expressed in Hz and corresponding to the pitch of sound.
28. "Hard of hearing" has the same meaning as in A.R.S. § 36-1941.
29. "Hearing loss" means the difference, expressed in decibels, between the hearing threshold of an individual and a standard reference hearing threshold.
30. "Hearing screener" means an individual qualified to perform a hearing screening, as specified in R9-13-108.
31. "Hearing screening" means the same as "hearing screening evaluation" in A.R.S. § 36-899, and is performed by an individual who meets the requirements specified in R9-13-108 for the purpose of identifying students who may need further evaluation.
32. "Hz" means Hertz, a unit of frequency equal to one cycle per second.

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33. "Immittance" means the mobility of the parts of the middle ear during the transmission of sound vibrations through the middle ear.
34. "Inner ear" means the part of the ear, including the semi-circular canals, cochlea, and auditory nerve, that converts sound into neural messages that are sent through the auditory nerve to the brain.
35. "Intensity" means the strength of a sound wave, resulting in the perception of sound volume as expressed in decibels or decibels hearing level dB HL.
36. "kHz" means a unit of frequency equal to one thousand cycles per second or one thousand hertz.
37. "Legally blind" means any person who:
 - a. Has no vision or visual acuity;
 - b. Has central visual acuity of 20/200 or less in the better eye, with the best correction by single magnification; or
 - c. Has a field defect in which the peripheral field has been contracted to such an extent that the widest diameter of the visual field subtends an angular distance no greater than twenty degrees.
38. "mL" means a volume measurement unit.
39. "mmho" or "millimho" means a unit of electric conductance.
40. "Notification" means a method used to inform or announce information on paper, electronic, photographic, or other permanent form.
41. "Ophthalmologist" means an individual, licensed according to A.R.S. Title 32, Chapter 13 or 17, who may perform medical and surgical interventions for eye conditions.
42. "Optometrist" has the same meaning as in A.R.S. 32-1701, and is licensed according to A.R.S. Title 32, Chapter 16, who is a doctor of optometry who may examine the eyes to:
 - a. Evaluate health and visual abilities,
 - b. Diagnose eye diseases and conditions of the eye and visual system, and
 - c. Prescribe corrective lenses or provide other types of treatment.
43. "Optometry" means the professional practice of eye and vision care for the diagnosis, treatment, and prevention of diseases and conditions of the eye and visual system.
44. "Optotypes" means symbols, numbers, or letters of different sizes used in testing distance and near visual acuity.
45. "Otitis media" means inflammation of the middle ear.
46. "Otoacoustic emissions device" means an instrument used to determine the status of an individual's cochlear function by:
 - a. Presenting sounds into the auditory canal with a sound generator, and
 - b. Detecting, with one or more microphones, low-intensity echoes in the auditory canal that are produced by normally functioning cochlea in response to sounds.
47. "Outer ear" means the part of the ear that projects from an individual's head and the auditory canal.
48. "Parent" means a:
 - a. Natural or adoptive mother or father,
 - b. Legal guardian appointed by a court of competent jurisdiction, or
 - c. Custodian as defined in A.R.S. § 8-201.
49. "Pass" means a recordable response detected by a:
 - a. Hearing screener using audiological equipment consistent with established criteria for hearing screening requirements; or
 - b. Vision screener using vision equipment consistent with established criteria for vision screening requirements.
50. "Person" has the same meaning as in A.R.S. § 41-1001.
51. "Preschool" means the instruction preceding kindergarten provided to individuals three-years-old, four-years-old, or five-years-old through a school.
52. "Probe" means the part of a tympanometer or an oto-acoustic emissions device that is inserted into an individual's auditory canal during a hearing screening.
53. "Pseudoisochromatic plate" means a chart having printed dots of various colors, brightness, and sizes arranged so that dots of similar color form a known figure among a background of dots of other colors used to detect a color vision deficiency.
54. "Pure tone hearing screening" means a type of hearing screening using single frequency sounds that are performed using a pure tone audiometer or a device that includes the functions of both an audiometer and a tympanometer.
55. "School" means:
 - a. A school as defined in A.R.S. § 15-101,
 - b. An accommodation school as defined in A.R.S. § 15-101,
 - c. A charter school as defined in A.R.S. § 15-101, or
 - d. A private school as defined in A.R.S. § 15-101.
56. "School day" means any day in which students attend an educational institution for instructional purposes.
57. "School year" means the period from July 1 through June 30.
58. "Screening population" means the students who are expected to have a hearing screening or a vision screening during a school year.
59. "Special education" has the same meaning as in A.R.S. § 15-761.
60. "Specialist" means an:
 - a. Audiologist;
 - b. Individual licensed according to A.R.S. Title 32, Chapter 13 or 17 who specializes in the ear, nose, and throat;
 - c. Optometrist; or
 - d. Ophthalmologist.
61. "Stereoaucuity" refers to depth perception and is used interchangeably with binocular vision.
62. "Student" means an individual enrolled in a school.
63. "Supervision" means a screener is in the room observing and providing direction while an individual provides:
 - a. A hearing screening to a student, as specified in Table 13.3, or
 - b. A vision screening to a student, as specified in Table 13.4.
64. "Trainer" means an individual, who:
 - a. Has a current certificate of completion, and
 - b. Provides classroom instruction and assessment of competency in using audiological equipment, as specified in R9-13-108, or vision equipment, as specified in R9-13-112.
65. "Tympanogram" means a graphic display of the mobility of the middle ear in response to an acoustic stimulus as a function of air pressure in the auditory canal.

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66. "Tympanometer" means a device used to determine the status of an individual's middle ear by:
 - a. Presenting sound into the auditory canal with a sound generator;
 - b. Varying the air pressures in the auditory canal via an air pump to control the movement of the tympanic membrane; and
 - c. Detecting, with a microphone, variations in sound pressure level as acoustic energy passes into the individual's middle ear.
67. "Vision equipment" means vision screening materials and instruments used to help determine the presence, type, or degree of vision loss or impairment, including:
 - a. Optotypes,
 - b. Stereoacuity tests,
 - c. Pseudoisochromatic plates, and
 - d. Autorefractors/photoscreeners.
68. "Vision impairment" means visual impairment that cannot be corrected with a corrective device, such as eye glasses or contact lenses.
69. "Vision Screener" means an individual qualified to perform a vision screening, as specified in R9-13-112.
70. "Vision screening" in addition to the definition in A.R.S. § 36-899.10, means a test performed by an individual who meets the requirements specified in R9-13-112 for the purpose of identifying students who may need further evaluation.
71. "Visual acuity" means the relative ability of the visual system to resolve detail that is measured and recorded using an internationally recognized, two-figured indicator, such as 20/20.
72. "Written examination" means a series of questions administered in a paper or electronic format designed to determine an individual's knowledge and abilities specific to a hearing screening or vision screening.

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1).
 Amended effective October 15, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-102. Student Screening Populations

- A. Except as specified in subsections (B) and (C), an administrator shall ensure each student included in a school's hearing screening population, as specified in Table 13.1, receives a hearing screening.
- B. An administrator may exclude from a school's hearing screening population:
 1. A student who is 16 years of age or older;
 2. A student who has been diagnosed as being deaf or hard of hearing; or
 3. A student for whom the school has documentation from the specialist that includes information, as specified in R9-13-105(B)(1):
- C. An administrator shall exclude a student from a school's hearing screening population for whom the administrator has received written notification from the student's parent objecting to the student receiving a hearing screening, as specified in A.R.S. § 36-899.04, that contains the information specified in R9-13-105(A)(3)(d):

- D. Except as specified in subsections (E) and (F), an administrator shall ensure each student included in a school's vision screening population, as specified in Table 13.2, receives a vision screening.
- E. An administrator may exclude from a school's vision screening population:
 1. A student who is 16 years of age or older;
 2. A student who has been diagnosed as being legally blind or having vision loss; or
 3. A student for whom the school has documentation from a specialist that includes information specified in R9-13-105(I)(1):
- F. An administrator shall exclude from a school's vision screening population a student for whom the administrator has received written notification from the student's parent objecting to the student receiving a vision screening, as specified in A.R.S. § 36-899.10, that contains the information specified in R9-13-105(I)(3)(d).

Historical Note

Former Section R9-13-112 renumbered and amended as Section R9-13-102 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-103. Hearing Screening and Vision Screening Requirements

- A. Before permitting an individual to provide a hearing screening, an administrator shall ensure that the individual:
 1. Is an audiologist; or
 2. Except as provided in R9-13-108(H), has a hearing screening certificate of completion, as specified in R9-13-108(C).
- B. Before performing a hearing screening on a student, a hearing screener shall:
 1. Verify that the student is on a list of students in the school's hearing screening population provided by the administrator; and
 2. Conduct a non-otoscopic inspection of the student's outer ears for anything that would contraindicate the continuation of the hearing screening, such as:
 - a. Blood or other bodily fluid in or draining from the auditory canal,
 - b. Earwax that may be occluding the auditory canal,
 - c. An open sore, or
 - d. A foreign object.
- C. If a hearing screener observes a condition specified in subsection (B)(2) when inspecting a student's outer ears, the hearing screener shall:
 1. Not perform a hearing screening on the student, and
 2. Report the student's condition to the administrator immediately.
- D. If a hearing screener does not observe a condition specified in subsection (B)(2) when inspecting a student's outer ears, the hearing screener shall:
 1. Determine the developmental and age appropriate audio-logical equipment to be used, based on whether the student:
 - a. Is able or unable to understand the screener's instructions;

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- b. Has been designated as a child with a disability, as defined in A.R.S. § 15-761; or
 - c. Is physically or behaviorally limited in the ability to respond to perceived sounds; and
- 2. Perform a hearing screening on each of the student's ears, using the appropriate hearing screening methods, as specified in Table 13.3;
- E. If a hearing screener determines that a student is not able to complete the hearing screening, the hearing screener shall inform the administrator within 10 school days.
- F. Before permitting an individual to provide a vision screening, an administrator shall ensure that the individual:
 - 1. Is an optometrist;
 - 2. Is an ophthalmologist; or
 - 3. Except as provided in R9-13-112(H), has a vision screening certificate of completion, as specified in R9-13-112(C).
- G. Before performing a vision screening on a student, a vision screener shall:
 - 1. Verify that the student is on a list of students in the school's vision screening population provided by the administrator; and
 - 2. Conduct a non-ophthalmoscopic inspection of the student's eyes for anything that would contraindicate the continuation of the vision screening, such as:
 - a. Abnormal color of iris or shape of pupils,
 - b. Asymmetry of eyes or pupil size,
 - c. Cloudy or hazy appearance to the cornea,
 - d. Crusty eyelashes,
 - e. Discoloration of the sclera,
 - f. Drainage from an eye,
 - g. Drooping of an eyelid,
 - h. Growth on an eyelid or eye, or
 - i. Redness and/or swelling of eyes, eyelids, or conjunctivitis.
- H. If a vision screener observes a condition specified in subsection (G)(2) when inspecting a student's eyes, the vision screener shall:
 - 1. Not perform a vision screening on the student, and
 - 2. Report the student's condition to the administrator immediately.
- I. If a vision screener does not observe a condition specified in subsection (G)(2) when inspecting a student's eyes, the vision screener shall:
 - 1. Determine the developmental and age-appropriate vision equipment to be used, based on whether the student:
 - a. Is able or unable to understand the vision screener's instructions;
 - b. Has been designated as a child with a disability, as defined in A.R.S. § 15-761; or
 - c. Is physically or behaviorally limited in the ability to respond to perceived visual stimuli; and
 - 2. Perform a vision screening using the appropriate vision screening methods, as specified in Table 13.4.
- J. If a vision screener determines that a student is not able to complete the vision screening, the vision screener shall inform the administrator within 10 school days.

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1).
 Amended effective October 15, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-

3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-104. Criteria for Passing a Hearing Screening or Vision Screening

- A. A hearing screener shall consider a student to have passed a developmentally and age-appropriate hearing screening, as specified in Table 13.3, that meets the test-specific passing criteria.
- B. For a student in a school's hearing screening population who does not receive an initial hearing screening, an administrator shall ensure that the student receives the initial hearing screening not more than 45 school days after the date the student was expected to receive the initial hearing screening.
- C. For a student in a school's hearing screening population who does not pass an initial hearing screening, as specified in Table 13.1, an administrator shall ensure that the student receives a second hearing screening using the same hearing screening method, unless determined that another hearing screening method would be more appropriate, no earlier than 10 school days and no later than 30 school days after the date of the initial hearing screening.
- D. If a student does not pass the second hearing screening according to subsection (C), an administrator shall provide notification to the student's parent, as specified in R9-13-105.
- E. A vision screener shall consider a student to have passed a developmentally and age-appropriate vision screening, as specified in Table 13.4, that meets the test-specific passing criteria.
- F. For a student in a school's vision screening population, as specified in Table 13.2, who does not receive an initial vision screening, an administrator shall ensure that the student receives the initial vision screening not more than 45 school days after the date the student was expected to receive the initial vision screening.
- G. For a student in the school's vision screening population, as specified in Table 13.2, who does not pass an initial vision screening, according to Table 13.4, an administrator shall ensure that at the vision screener's discretion, the student receives a second vision screening using the same vision screening method, unless determined that another vision screening method would be more appropriate, no earlier than the next school day and no later than 30 school days after the date of the initial vision screening.
- H. If a student does not pass an initial or the second vision screening according to subsection (G), an administrator shall provide notification to the student's parent, as specified in R9-13-105.

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1).
 Amended effective October 15, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-105. Notification; Follow-up

- A. An administrator shall provide a notification to parents of students identified according to R9-13-102(A) and Table 13.1 that includes:
 - 1. The dates on which hearing screenings are scheduled to be conducted during the school year,
 - 2. Information about how the hearing screenings will be conducted, and
 - 3. That a student will be excluded from hearing screening if:

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- a. The student has declined to receive a hearing screening, according to R9-13-102(B)(1);
 - b. The administrator has documentation that the student is deaf or hard of hearing, according to R9-13-102(B)(2);
 - c. The administrator receives documentation from the parent that includes the information listed in R9-13-105(B)(1); or
 - d. According to A.R.S. § 36-899.04, the student's parent objects to the student receiving a hearing screening, and the administrator receives from the parent the written notification that contains:
 - i. The student's name;
 - ii. A statement objecting to the student receiving a hearing screening, including:
 - (1) The school year during which the student should not receive the hearing screening, or
 - (2) Instruction that the student is not to receive a hearing screening until the parent notifies the administrator that the student may receive a hearing screening; and
 - iii. The parent's name, signature, and date signed.
- B.** Except if an administrator has received written notification for a student whose parent has objected to the student receiving a hearing screening, as specified in A.R.S. § 36-899.04, if an administrator plans to exclude a student from a hearing screening, as specified in R9-13-102(B)(2) or (B)(3), the administrator shall provide a notification to the student's parent that:
- 1. Requests the parent to provide the administrator with a copy of the specialist's audiological report dated within the past 12 months that contains:
 - a. The student's name;
 - b. The date the student's audiological evaluation was performed;
 - c. The type of audiological equipment used;
 - d. Whether the student has been diagnosed as being deaf or hard of hearing and, if so, the type and degree of hearing loss; and
 - e. The name of the specialist who performed the audiological evaluation;
 - 2. Informs a parent that a student will receive a hearing screening if an administrator does not have:
 - a. Documentation of an audiological report in subsection (B)(1), or
 - b. Documentation specified in R9-13-105(A)(3)(d) stating that the parent does not want the student to have a hearing screening.
- C.** If a student did not receive a hearing screening due to behavior, an administrator shall provide notification to a student's parent within 10 school days after an initial hearing screening, as specified in Table 13.3, or a second hearing screening, as specified in R9-13-104(C), that includes:
- 1. The student's name; and
 - 2. A description of the student's behavior.
- D.** If a student did not receive a hearing screening due to a visual condition of the outer ear, as specified in R9-13-103(B)(2), an administrator shall provide immediate notification to a student's parent after an initial hearing screening or a second hearing screening, that includes:
- 1. The student's name; and
 - 2. A description of the visual condition of the outer ear.
- E.** If a student does not pass a second hearing screening, as specified in R9-13-104(C), an administrator shall provide notification to the student's parent within 10 school days that includes:
- 1. The student's name; and
 - 2. The type of hearing screening the student received.
- F.** In addition to the notification information provided in subsections (C), (D), or (E), an administrator shall request that the parent:
- 1. Contact a specialist to:
 - a. Examine the student's ears; and
 - b. If applicable, perform an audiological evaluation; and
 - 2. Provide to the administrator documentation received from the specialist who examined the student that includes:
 - a. The student's name;
 - b. The name of the specialist;
 - c. The date the specialist performed the services;
 - d. The type of services provided; and
 - e. If applicable:
 - i. The results of the examination of the student's ears;
 - ii. The results of the student's audiological evaluation, including diagnosis;
 - iii. Whether there is hearing loss and, if so, the type and degree of hearing loss; and
 - iv. A recommendation for treatment.
- G.** Within forty-five school days after sending a notification specified in subsection (F)(2), an administrator shall provide a follow-up notification to the student's parent to verify whether the student received an audiological evaluation and if evaluated, provide a diagnosis.
- H.** Within 10 school days after an administrator receives documentation from a specialist of a diagnosis that a student is deaf or hard of hearing, the administrator shall provide notification of the diagnosis, consistent with the privacy requirements in applicable law, to:
- 1. Each of the student's teachers,
 - 2. Other school personnel who interact with the student, and
 - 3. The persons responsible for determining the student's eligibility for special education services, as specified in R7-2-401.
- I.** An administrator shall provide a notification to parents of students identified according to Table 13.2 that includes:
- 1. The dates on which vision screenings are scheduled to be conducted during the school year,
 - 2. Information about how the vision screenings will be conducted, and
 - 3. That a student will be excluded from vision screening if:
 - a. The student has declined to receive a vision screening, according to R9-13-102(E)(1);
 - b. The administrator has documentation that the student is legally blind or has loss of vision, according to R9-13-102(E)(2);
 - c. The administrator receives documentation from the parent that includes the information listed in R9-13-105(J); or
 - d. According to A.R.S. § 36-899.10, the student's parent objects to the student receiving a vision screening, and the administrator receives from the parent the written notification that contains:
 - i. The student's name;
 - ii. A statement objecting to the student receiving a vision screening, including:

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- e. The school year during which the student should not receive the vision screening, or
 - f. Instruction that the student is not to receive a vision screening until the parent notifies the administrator that the student may receive a vision screening; and
 - g. The parent's name, signature, and date signed.
- J.** Except if an administrator has received written notification for a student whose parent has objected to the student receiving a vision screening, as specified in A.R.S. § 36-899.10, if an administrator plans to exclude a student from a vision screening, as specified in R9-13-102(E)(2) or (E)(3), the administrator shall provide a notification to the student's parent that:
- 1. Requests the parent to provide the administrator with a copy of the specialist's vision report dated within the past 12 months that contains the following information:
 - a. The student's name;
 - b. The date the student's eye examination was performed;
 - c. Whether the student has been diagnosed as being legally blind or has loss of vision, and, if so, the type and degree of vision loss; and
 - d. The name of the specialist who performed the eye examination;
 - 2. Informs a parent that a student will receive a vision screening if an administrator does not have documentation:
 - a. Of a vision report in subsection (J)(1), or
 - b. Specified in R9-13-102(F) stating that the parent does not want the student to have a vision screening.
- K.** If a student did not receive a vision screening due to behavior, an administrator shall provide notification to a student's parent within 10 school days after an initial vision screening in Table 13.4 or a second vision screening, that includes:
- 1. The student's name; and
 - 2. A description of the student's behavior.
- L.** If a student did not receive a vision screening due to a visual condition of the outer eyes, as specified in R9-13-103(H)(2), an administrator shall provide immediate notification to a student's parent after an initial vision screening, as specified in Table 13.4 or a second vision screening, that includes:
- 1. The student's name; and
 - 2. A description of the visual condition of the eye.
- M.** If a student does not pass a second vision screening, as specified in R9-13-104(G), an administrator shall provide notification to the student's parent within 10 school days that includes:
- 1. The student's name; and
 - 2. The type of vision screening the student received.
- N.** In addition to the notification information provided in subsections (K), (L), or (M), an administrator shall request that the parent:
- 1. Contact a specialist to:
 - a. Examine the student's eyes; and
 - b. Perform a visual evaluation; and
 - 2. Provide to the administrator documentation received from the specialist who examined the student that includes:
 - a. The student's name;
 - b. The name of the specialist;
 - c. The date the specialist performed the services;
 - d. The type of services provided; and
 - e. If applicable:
 - i. The results of the examination of the student's eyes;
 - ii. The results of the student's vision evaluation, including diagnosis;
 - iii. Whether there is vision loss and, if so, the type and degree of vision loss; and
 - iv. A recommendation for treatment.
- O.** Within 45 school days after sending a notification specified in subsection (M), an administrator shall provide a follow-up notification to the student's parent to verify whether the student received an eye examination and, if evaluated, provide a diagnosis.
- P.** Within 10 school days after an administrator receives documentation from a specialist of a diagnosis that a student is blind or has loss of vision, the administrator shall provide notification of the diagnosis, consistent with the privacy requirements in applicable law, to:
- 1. Each of the student's teachers,
 - 2. Other school personnel who interact with the student, and
 - 3. The persons responsible for determining the student's eligibility for special education services, as specified in R7-2-401.

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1).
 Amended effective October 15, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-106. Equipment Standards

- A.** An administrator shall ensure that audiological equipment used for hearing screenings is recommended by the American Academy of Audiology.
- B.** An administrator shall ensure that:
- 1. A pure tone audiometer is calibrated:
 - a. Not more than 12 months before the hearing screening is planned to occur, and
 - b. According to ANSI/ASA S3.6-2010 American National Standards Institution/Acoustical Society of America, Specification for Audiometers, incorporated by reference, on file with the Department, including no future editions or amendments, and available from the American National Standards Institution at <https://webstore.ansi.org>.
 - 2. A tympanometer is calibrated:
 - a. Not more than 12 months before the hearing screening is planned to occur; and
 - b. According to ANSI/ASA S3.39-1987 (R2020) American National Standards Institution/Acoustical Society of America, American National Standard Specifications for Instruments to Measure Aural Acoustic Impedance and Admittance (Aural Acoustic Immittance), incorporated by reference, on file with the Department, including no future editions or amendments, and available from the American National Standards Institution at <https://webstore.ansi.org>.
 - 3. An otoacoustic emissions device is calibrated:
 - a. Not more than 12 months before the hearing screening is planned to occur; and
 - b. According to the specifications of the otoacoustic emissions device's manufacturer, including:
 - i. Distortion product emission,

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- ii. No less than three test frequencies between 1 and 5 kHz,
 - iii. An f2/f1 ratio of 1.22,
 - iv. A L1/L2 levels of 65/55 dB SPL, and
 - v. A pass and fail criterion based on an emission-to-noise ratio.
 - C. A hearing screener shall ensure that:
 - 1. A pure tone audiometer:
 - a. Is inspected within one school day before the hearing screening is planned to occur; and
 - b. During the inspection in subsection (C)(1)(a):
 - i. Had a power source and power indicator that were working,
 - ii. Had earphones that were free of noise or distortion that could interfere with a hearing screening,
 - iii. Had earphone cords that were connected securely to the pure tone audiometer and had no breaks, and
 - iv. Generated a signal at each frequency and intensity specified in Table 13.3 that did not cross from one earphone to the other.
 - 2. A tympanometer:
 - a. Is inspected within one school day before the hearing screening is planned to occur; and
 - b. During the inspection in subsection (C)(2)(a):
 - i. Had no obstruction in the tympanometer's probe, and
 - ii. Generated a signal.
 - 3. An otoacoustic emissions device:
 - a. Is inspected within one school day before the hearing screening is planned to occur; and
 - b. During the inspection in subsection (C)(3)(a):
 - i. Had no obstruction in the otoacoustic emission device's probe microphone, and
 - ii. Generated a signal.
 - D. The administrator shall:
 - 1. Ensure that the vision equipment used to conduct vision screenings is in good condition; and
 - 2. If applicable, verify that the calibration is up-to-date according to the manufacturer guidelines for autorefractors.
 - E. A vision screener shall ensure vision equipment is:
 - 1. Used for vision screenings based on the age and developmental abilities of the student;
 - 2. If applicable, verify an autorefractor/photoscreeners' calibration date is within the past 12 months from the day the vision screening is provided; and
 - 3. Inspected within one school day before the vision screening is scheduled to occur.
- Historical Note**
- Adopted effective February 18, 1986 (Supp. 86-1).
 Amended effective October 15, 1993 (Supp. 93-4). Section repealed by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).
- R9-13-107. Records and Reporting Requirements**
- A. An administrator shall obtain from a hearing screener:
 - 1. The hearing screener's license number, if the hearing screener is an audiologist; or
 - 2. A copy of the hearing screener's certificate of completion, as specified in R9-13-110.
 - B. An administrator shall ensure that a student's record includes, as applicable:
 - 1. The dates and results of each hearing screening performed on the student;
 - 2. An objection to a hearing screening made by the student's parent, as specified in R9-13-105(A)(3)(d);
 - 3. A request for a hearing screening made by an individual listed in Table 13.1;
 - 4. A written diagnosis received by an administrator from a specialist, as specified in R9-13-102(B)(2), including whether the student is deaf or hard of hearing;
 - 5. If an administrator received a written diagnosis in subsection (B)(4), the name of each individual specified in R9-13-105(A)(3)(b) that received notification of the student's diagnosis and the date notified; and
 - 6. If the administrator notified the student's parent according to R9-13-105:
 - a. A copy of the notification; or
 - b. Documentation that contains:
 - i. The reason for the notification,
 - ii. The date of notification, and
 - iii. Whether the administrator recommended that the student have an audiological evaluation completed by a specialist.
 - C. Between April 1 and June 30 of each school year, an administrator shall submit to the Department in a Department-provided format:
 - 1. The name, address, and telephone number of the school;
 - 2. The name of the school district, if applicable; and
 - 3. For each hearing screening conducted at the school during the school year:
 - a. The name of each hearing screener who performed the hearing screening;
 - b. The hearing screener's audiological license number, if applicable;
 - c. A copy of the hearing screener's certificate of completion;
 - d. The type of audiological equipment used to conduct the hearing screening;
 - e. The date the audiological equipment was calibrated;
 - f. The name and title of the individual submitting the information;
 - g. The date the information is submitted;
 - h. Whether the hearing screening for students identified according to Table 13.1 was conducted within the first 90 school days of the school year;
 - i. The number of students grouped by:
 - i. Each grade level listed in Table 13.1, and
 - ii. Enrollment in special education;
 - j. The number of students who:
 - i. Were enrolled at the start of the school year at the time of before the first hearing screening provided to students,
 - ii. Were excluded from the school's hearing screening population according to R9-13-102(B) or (C) and Table 13.1,
 - iii. Received an initial hearing screening,
 - iv. Did not pass an initial hearing screening,
 - v. Received a second hearing screening,
 - vi. Did not pass a second hearing screening, and
 - vii. Were first identified as being deaf or hard of hearing; and

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- k. The number of students for whom the administrator:
 - i. Provided notification to a student's parent, as specified in R9-13-105; and
 - ii. Received documentation during the school year from a student's specialist related to an audio-logical evaluation.
 - D. An administrator shall obtain from a vision screener:
 - 1. The vision screener's license number, if the vision screener is an optometrist or an ophthalmologist; or
 - 2. A copy of the vision screener's certificate of completion.
 - E. An administrator shall ensure a student's record includes:
 - 1. The dates and results of each vision screening performed on the student;
 - 2. If applicable, documentation of an objection to a vision screening made by the student's parent, as specified in R9-13-105(H)(3)(d);
 - 3. If applicable, a request for a vision screening made by an individual listed in Table 13.2;
 - 4. If applicable, a written diagnosis received by an administrator from a specialist, as specified in R9-13-105(E)(2), of the student being legally blind or having vision loss;
 - 5. If the administrator received a written diagnosis in subsection (E)(4), the name of each individual that received notification of the student's diagnosis and the date notified; and
 - 6. If the administrator notified a student's parent according to R9-13-105;
 - a. A copy of the notification; or
 - b. Documentation that contains:
 - i. The reason for the notification,
 - ii. The date of notification, and
 - iii. Whether the administrator recommended that the student have a visual evaluation completed by a specialist.
 - F. Between April 1 and June 30 of each school year, an administrator shall submit to the Department in a Department-provided format:
 - 1. The name, address, and telephone number of the school;
 - 2. The name of the school district, if applicable; and
 - 3. For each vision screening conducted at the school during the school year:
 - a. The name of the vision screener who performed the vision screening;
 - b. The vision screener's optometry or ophthalmology license number, if applicable;
 - c. A copy of the vision screener's certificate of completion, if applicable;
 - d. The type of vision equipment used to conduct the vision screening;
 - e. The date the vision equipment was calibrated, if applicable;
 - f. The name and title of the individual submitting the information;
 - g. The date the information is submitted;
 - h. Whether the vision screenings for students identified in Table 13.2 were conducted within the first 90 school days of the school year;
 - i. The number of students grouped by:
 - i. Each grade level listed in Table 13.2; and
 - ii. Enrollment in special education;
 - j. The number of students who:
 - i. Were enrolled at the start of the school year prior to the first vision screening provided to students;
 - ii. Were excluded from the school's vision screening population, according to R9-13-102(E) or (F) and Table 13.2;
 - iii. Received an initial vision screening;
 - iv. Did not pass an initial vision screening;
 - v. Received a second vision screening;
 - vi. Did not pass a second vision screening;
 - vii. Were first identified as being legally blind; and
 - viii. Were first identified as having vision loss.
 - G. An administrator shall retain the information in:
 - 1. Subsection (A) and (D) for at least three years after the date that the hearing screening or vision screening occurred; and
 - 2. Subsection (B) and (E) for three school years after fiscal year of last attendance of the student at the school, according to Arizona State Library, Archives and Public Records, General Records Retention Schedule for All Arizona School Districts, and Charter Schools Student Records.

Historical Note

Former Section R9-13-113 renumbered and amended as Section R9-13-107 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-108. Hearing Screener Qualifications

- A. An individual may be a hearing screener if the individual:
 - 1. Is an audiologist, or
 - 2. Has a current hearing screener certificate of completion, as specified in subsection (C).
- B. An individual, who is not an audiologist, is eligible to become a hearing screener, if the individual:
 - 1. Is at least 18 years of age;
 - 2. Has a high school diploma or a general equivalency diploma;
 - 3. Has the ability to recognize a student's response to hearing a range of tones at different pitches and volumes;
 - 4. Has completed classroom instruction provided by a hearing screening trainer, including:
 - a. Introduction to hearing screening for children, including the:
 - i. Anatomy and physiology of the ear,
 - ii. Auditory development,
 - iii. Language development,
 - iv. Signs and types of hearing loss in children,
 - v. Prevention of hearing loss in children,
 - vi. Otitis media, and
 - vii. Rationale for early identification of hearing loss;
 - b. Essentials for hearing screening children, including:
 - i. When, how, and on whom hearing screening is performed;

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- ii. How to set up a hearing screening, including the selection of a method to use for hearing screening and a location to conduct hearing screening; and
 - iii. Infection control;
 - c. Hearing screening protocols, including:
 - i. Types of age-specific audiological equipment;
 - (1) A pure tone audiometer,
 - (2) Otoacoustic emission device, and
 - (3) Tympanometer,
 - ii. How to select an appropriate screening type;
 - iii. Proper hearing screening techniques;
 - iv. Possible results of hearing screening;
 - v. Hearing screener requirements specified in this Article;
 - vi. Procedures for tracking students expected to receive hearing screening and recording hearing screening results;
 - vii. Identifying students who need a second hearing screening; and
 - viii. Requirements in A.R.S. Title 36, Chapter 7.2, and requirements in this Article;
 - d. Hearing screening results, including documentation of:
 - i. Notification of and communication with the parents of students;
 - ii. The information that a parent of a student who does not pass a hearing screening is requested to obtain from the student's specialist and provide to the student's school;
 - iii. When and to whom a student's hearing loss is required to be reported;
 - iv. Procedures for reporting hearing screening results to the Department; and
 - v. What resources are available to the parent of a student who does not pass hearing screening;
 - 5. Obtains a score of at least 80% on a written examination that covers the classroom instruction, as specified in subsection (B)(4); and
 - 6. Demonstrates competency in the use of the audiological equipment, as applicable.
- C.** When the Department receives notification that an individual has satisfied the requirements in subsection (B), from the hearing screening trainer who provided the classroom instruction, written examination, and competency assessment, the Department shall issue to the individual a hearing screening certificate of completion that includes:
- 1. The individual's name;
 - 2. The information provided in R9-13-109(D)(2)(b), (f), and (g); and
 - 3. The date the hearing screening certificate of completion was issued.
- D.** A hearing screener's certificate of completion expires four years from the issue date indicated on the hearing screening certificate of completion.
- E.** Before the expiration date of a hearing screening certificate of completion, a hearing screener, who is not an audiologist and wants to renew a hearing screening certificate of completion, shall:
- 1. Complete instruction, as provided by a hearing trainer or another Department-approved method related to:
 - a. Development of speech and language,
 - b. Essentials for hearing screening children, and
 - c. Hearing screening protocols;
 - 2. Obtain a score of at least 80% on a written examination that covers the hearing screening requirements in subsection (B)(5); and
 - 3. Demonstrate competency in the use of the audiological equipment consistent with the hearing screening training received in subsection (B)(6);
- F.** Within 30 calendar days after the Department receives notification that a hearing screener has satisfied the requirements in subsection (E), the Department shall issue to the hearing screener a renewal hearing screening certificate of completion.
- G.** An individual who does not score at least 80% on the:
- 1. Initial written examination, as specified in subsection (B)(5), may retake the written examination; or
 - 2. Second written examination, shall repeat the classroom instruction, as specified in subsection (B)(4) before taking a third written examination.
- H.** An individual who is not a hearing screener:
- 1. May perform an initial three-frequency, pure tone hearing screening for a student, as specified in Table 13.3, under the supervision of a hearing screener; and
 - 2. Shall not perform a hearing screening:
 - a. For a student who did not pass an initial hearing screening,
 - b. Using a combination of a tympanometer and a pure tone audiometer according to R9-13-103(G)(2); or
 - c. Using an otoacoustic emissions device, as specified in Table 13.3.
- Historical Note**
- Adopted effective February 18, 1986 (Supp. 86-1).
 Amended effective October 15, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).
- R9-13-109. Hearing Screening Trainer Eligibility**
- A.** An individual is eligible to be a hearing screening trainer if the individual:
- 1. Is currently licensed in Arizona as an audiologist according to A.R.S. Title 36, Chapter 17, and has completed at least 25 hearing screenings within the 12 months before submitting the application in R9-13-110;
 - 2. Is currently licensed as a registered nurse according to A.R.S. Title 32, Chapter 15 who is providing school health services and has completed at least 100 hearing screenings within the previous 12 months from the date of submitting the application in R9-13-110;
 - 3. Has completed at least 30-semester credits at an accredited college or university related to audiology or speech-language pathology and 100 hearing screenings within the previous 12 months from the date of submitting the application in R9-13-110; or
 - 4. Is currently a hearing screener who has maintained a hearing screener certificate of completion for the previous five years and has completed at least 1,000 hearing screenings within the previous five years from the date of the application in R9-13-110.
- B.** Before the expiration date of a hearing screening trainer certificate of completion, a hearing screening trainer is eligible to renew a hearing screening trainer certificate of completion if the hearing screening trainer demonstrates the hearing screening trainer provided at least ten hearing screening trainings

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during the five-year period that a certificate of completion is valid.

- C. The scope of practice for a hearing screening trainer includes:
1. Providing Department approved classroom instruction, as specified in R9-13-108(B)(4), including;
 - a. Training individuals in hearing screening skills, procedures, and techniques; and
 - b. Observing and assessing individuals and hearing screeners in the operations of audiological equipment;
 2. Administering a written examination that covers the applicable classroom instruction, as specified in R9-13-108(B)(5);
 3. Assessing competency in the use of the applicable audiological equipment, as specified in R9-13-108(B)(6);
 4. Submitting to the Department, documentation of an individual's or hearing screener's information for issuance of a hearing screening certificate of completion, as specified in subsection (D)(2); and
 5. If a scheduled hearing screening training is available to the public, provide notice to the Department 30 calendar days before the training indicating what, where, and when classroom instruction, examination, or assessment of competency are scheduled to be provided to individuals to become a hearing screener.
- D. A hearing screening trainer shall:
1. Ensure that for an individual or hearing screener:
 - a. Seeking a hearing screener certificate of completion, the topics of the classroom instruction are consistent with R9-13-108(B)(4);
 - b. Has a passing score of 80% on a written examination that covers the applicable topics of classroom instruction, as specified in R9-13-108(B)(5); and
 - c. Demonstrates competency in the use of the audiological equipment, as specified in R9-13-108(B)(6); and
 2. Submit the following information to the Department, for each individual or hearing screener seeking a hearing screening certificate of completion:
 - a. The name, address, email address, and telephone number of the individual or hearing screener;
 - b. The date the individual or hearing screener completed the requirements in R9-13-108(B)(4), (5), and (6);
 - c. The address where the classroom instructions, examination, and assessment were held;
 - d. If applicable, the name of a sponsoring organization, such as a school, school district, or other public agency;
 - e. Documentation indicating when classroom instruction, examination, and assessment were provided;
 - f. The hearing screening methods, in which the individual has demonstrated competency, as specified in Table 13.3; and
 - g. The hearing screening trainer's name.
- E. A hearing screening trainer shall comply with:
1. A.R.S. §§ 36-899 through 36-899.04, and
 2. The applicable requirements in this Article.

Historical Note

Former Section R9-13-116 renumbered and amended as Section R9-13-109 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Sec-

tion made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-110. Hearing Screening Trainer Certificate of Completion

- A. An individual who meets the eligibility requirements, as specified in R9-13-109(A), may apply for a hearing screening trainer certificate of completion by submitting a request to the Department, in a Department-provided format, that includes:
1. The individual's name, address, email address, and telephone number;
 2. If the individual is a licensed audiologist, as specified in R9-13-109(A)(1), the:
 - a. Audiologist's license number, and
 - b. Date of expiration;
 3. If the individual is a registered nurse according to A.R.S. Title 32, Chapter 15, as specified in R9-13-109(A)(2), the:
 - a. Registered nurse license number, and
 - b. Date of expiration;
 4. If the individual has completed 30-semester credits, as specified in R9-13-109(A)(3), all applicable academic transcripts demonstrating that the qualifying educational requirements have been met;
 5. If the individual is a hearing screener who has maintained a hearing screener certificate of completion for the previous five years, as specified in R9-13-109(A)(4), the:
 - a. Names of the school districts where the hearing screener provided hearing screenings, and
 - b. Hearing screener's certification of completion date of expiration;
 6. Whether the individual completed the hearing screenings, as specified in R9-13-109(A)(3); and
 7. An attestation that:
 - a. The applicant will comply with the requirements in R9-13-109, and
 - b. The information provided in the request for the hearing screening trainer certificate of completion is true and accurate; and
 - c. The individual's signature and date of signature.
- B. Within 30 calendar days after the date the Department receives an individual's request for a hearing screening trainer certificate of completion, the Department shall send a notification to the individual regarding the information on how the individual may register to take hearing screening classroom instruction and written examination.

Historical Note

Former Section R9-13-117 renumbered and amended as Section R9-13-110 effective February 18, 1986 (Supp. 86-1). Repealed effective October 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-111. Hearing Screening Trainer Instruction, Examination, and Observation

- A. An individual requesting to become a hearing screening trainer shall complete the required classroom instruction, written examination, and observation within 160 calendar days from the date provided in the Department's notification, as specified in R9-13-110(B).

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- B.** An individual, who has received notification from the Department, as specified in R9-13-110(B), shall attend classroom instruction provided by the Department or designee that includes:
1. Adult education learning strategies,
 2. Hearing curriculum,
 3. Hearing screening protocols,
 4. Audiological equipment, and
 5. Written examination.
- C.** An individual who completes classroom instruction and written examination, as specified in subsection (B), shall:
1. Pass a written examination with a score of 80% or more; and
 2. Submit to the Department, in a Department-provided format, at least 30 calendar days before the date required in subsection (C)(2)(c), a request to schedule hearing screening training observation that includes:
 - a. The individual's name, address, email address, and telephone number;
 - b. The date the individual passed the written examination in subsection (C)(1); and
 - c. The date the individual is requesting the hearing screening training observation.
- D.** If an individual participating in the hearing screening training observation, as specified in subsection (C)(2), passes with a score of 80% or more, the Department shall send the individual a hearing screening trainer certificate of completion within 10 calendar days after receiving notification that the individual has passed the hearing screening training observation.
- E.** An individual, who does not score at least 80% on the second written examination, shall repeat the classroom instruction in subsection (C) before taking a third examination.
- F.** If an individual does not score at least 80% on the:
1. Hearing screening training observation, as specified in subsection (D), may participate in a second hearing screening training observation no later than 60 calendar days after the first hearing screening training observation; or
 2. Second hearing screening training observation, shall repeat the classroom instruction in subsection (B) before participating in a third hearing screening training observation.
- G.** If an individual does not complete the hearing screening training observation within 160 calendar days after the notification in subsection (D), the individual shall reapply for a hearing screening trainer certificate of completion, as specified in R9-13-110.
- H.** An individual, who does not pass the written examination or pass the hearing screening training observation may file an appeal according to A.R.S. Title 41, Chapter 6, Article 10.
- Historical Note**
- Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).
- R9-13-112. Vision Screener Qualifications**
- A.** An individual may be a vision screener, if the individual:
1. Is an optometrist or ophthalmologist, or
 2. Has a current vision screening certificate of completion, as specified in subsection (C).
- B.** An individual, who is not an optometrist or ophthalmologist, is eligible to become a vision screener, if the individual:
1. Is at least 18 years of age;
 2. Has a high school diploma or a general equivalency diploma;
 3. Has the ability to recognize a student's response using the recommended vision screening, as specified in Table 13.4;
 4. Has completed classroom instruction provided by a vision screening trainer, including:
 - a. Introduction to vision screening for children, including the:
 - i. Anatomy, physiology, and development of the eye;
 - ii. Signs and types of vision loss in children; and
 - iii. Prevention of vision loss in children;
 - b. Essentials for vision screening children, including:
 - i. When, how, and on whom vision screening is performed;
 - ii. How to set up a vision screening, including the selection of a method to use for vision screening and a location to conduct vision screening; and
 - iii. Infection control;
 - c. Vision screening protocols, including:
 - i. Types of age-specific vision equipment;
 - ii. Proper vision screening techniques;
 - iii. Possible results of vision screening;
 - iv. Vision screener requirements, as specified in this Article;
 - v. Procedures for tracking students expected to receive vision screening and recording vision screening results;
 - vi. Identifying students who need a second vision screening; and
 - vii. Requirements in A.R.S. Title 36, Chapter 7.2, and requirements in this Article; and
 - d. Vision screening results, including documentation of:
 - i. Notification of and communication with the parents of students,
 - ii. The information that a parent of a student who does not pass a vision screening is requested to obtain from the student's specialist and provide to the student's school,
 - iii. Procedures for reporting vision screening results to the Department,
 - iv. When and to whom a student's vision loss is required to be reported, and
 - v. What resources are available to the parent of a student who does not pass a vision screening.
 5. Obtains a score of at least 80% on an examination that covers the classroom instruction, as specified in subsection (B)(5); and
 6. Demonstrates competency in the use of the visual equipment, as specified in subsection (B)(6).
- C.** When the Department receives notification that an individual has satisfied the requirements in subsection (B), from the vision screening trainer who provided the classroom instruction, written examination, and competency assessment, the Department shall issue to the individual a vision screening certificate of completion that includes:
1. The individual's name;

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2. The information provided in R9-13-113(D)(2)(b), (f), and (g); and
 3. The date the vision screening certificate of completion was issued.
- D.** Except as specified in A.R.S. § 36-899.10(B), a vision screener's certificate of completion expires four years from the issue date indicated on the vision screening certificate of completion.
- E.** Before the expiration date of a vision screening certificate of completion, a vision screener, who is not an optometrist or ophthalmologist and wants to renew a vision screening certificate of completion shall:
1. Complete instruction, as provided by a vision screening trainer or another Department-approved method related to:
 - a. Essentials for vision screening children, and
 - b. Vision screening protocols;
 2. Obtain a score of at least 80% on an examination that covers the vision screening requirements in subsection (B)(5); and
 3. Demonstrate competency in the use of the visual equipment consistent with the vision screening training received in subsection (B)(6); and
- F.** Within 30 calendar days after the Department receives notification that a vision screener has satisfied the requirements in subsection (E), the Department shall issue to the vision screener a renewal vision screening certificate of completion.
- G.** An individual who does not score at least 80% on the:
1. Initial written examination in subsection (B)(5), may retake the written examination; or
 2. Second written examination, the individual shall repeat classroom instruction in subsection (B)(4) before taking a third written examination.
- H.** An individual who is not a vision screener:
1. May perform a vision screening, as specified in Table 13.4, under the supervision of a vision screener; and
 2. Shall not perform a vision screening for a student who:
 - a. Did not pass an initial vision screening, or
 - b. Was not screened based on a condition identified in R9-13-103(G)(2).
- Historical Note**
- Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Section R9-13-112 renumbered and amended as Section R9-13-102 effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Section repealed; new Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).
- R9-13-113. Vision Screening Trainer Eligibility**
- A.** An individual is eligible to be a vision screening trainer if the individual:
1. Is currently licensed in Arizona as an optometrist or ophthalmologist, according to A.R.S. Title 32, Chapter 16, and has completed at least 25 vision screenings within the 12 months before submitting the application in R9-13-114;
 2. Is currently licensed as a registered nurse according to A.R.S. Title 32, Chapter 15 who is providing school health services and has completed at least 100 vision screenings within the previous 12 months from the date of submitting the application in R9-13-114;
 3. Has completed at least 30-semester credits at an accredited college or university related to optometry, ophthalmology, or instruction of students with visual impairment, and 100 vision screenings within the previous 12 months from the date of submitting the application in R9-13-114; or
 4. Is currently a vision screener who has maintained a vision screening certificate of completion for the previous five years and has completed at least 1,000 vision screenings within the previous five years from the date of the application in R9-13-114.
- B.** Before the expiration date of a vision screening trainer certificate of completion, a vision screening trainer is eligible to renew a vision screening trainer certificate of completion if the vision screening trainer demonstrates that the vision screening trainer provided at least ten vision screening trainings during the five-year period during which the certificate of completion was valid.
- C.** The scope of practice for a vision screening trainer includes:
1. Providing Department approved classroom instruction, as specified in R9-13-112(B)(4);
 - a. Training individuals in vision screening skills, procedures, and techniques; and
 - b. Observing and assessing individuals and vision screeners in the operations of vision equipment;
 2. Administering a written examination that covers the applicable classroom instruction, as specified in R9-13-112(B)(5);
 3. Assessing competency in the use of the applicable vision equipment, as specified in R9-13-112(B)(6);
 4. Submitting to the Department, documentation of an individual's or vision screener's information for issuance of a vision screening certificate of completion, as specified in subsection (D)(2); and
 5. If a scheduled vision screening training is available to the public, provide notice to the Department 30 calendar days prior to the training, indicating what, where, and when classroom instruction, examination, or assessment of competency are scheduled to be provided to individuals to become a vision screener.
- D.** A vision screening trainer shall:
1. Ensure that for an individual or vision screener:
 - a. Seeking a vision screener certificate of completion, the topics of classroom instruction are consistent with R9-13-112(B)(4);
 - b. Has a passing score of 80% on a written examination that covers the applicable topics of classroom instruction, as specified in R9-13-112(B)(5); and
 - c. Demonstrates competency, as specified in R9-13-112(B)(6); and
 2. Submit the following information to the Department, for each individual or vision screener seeking a vision screening certificate of completion:
 - a. The name, address, email address, and telephone number of the individual or vision screener;
 - b. The date the individual or vision screener completed the requirements in R9-13-112(B)(4), (5), and (6);
 - c. The address where the classroom instructions, examination, and assessment was held;
 - d. If applicable, the name of a sponsoring organization, such as a school, school district, or other public agency;
 - e. Documentation indicating when classroom instruction, examination, and assessment were provided.

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- f. The vision screening methods, in which the individual has demonstrated competency, as specified in Table 13.4; and
 - g. The vision screening trainer's name.
- E. A vision screening trainer shall comply with:
1. A.R.S. § 36-899.10, and
 2. Applicable requirements in this Article.

Historical Note

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Section R9-13-113 renumbered and amended as Section R9-13-107 effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Section repealed; new Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-114. Vision Screening Trainer Certificate of Completion

- A. An individual who meets the eligibility requirements, as specified in R9-13-113(A), may apply for a vision screening trainer certificate of completion by submitting a request to the Department, in a Department-provided format, that includes:
1. The individual's name, address, email address, and telephone number;
 2. If the individual is a licensed optometrist or ophthalmologist, as specified in R9-13-113(A)(1), the:
 - a. Optometrist or ophthalmologist license number, and
 - b. Date of expiration;
 3. If the individual is a registered nurse according to A.R.S. Title 32, Chapter 15, as specified in R9-13-113(A)(2), the:
 - a. Registered nurse license number, and
 - b. Date of expiration;
 4. If the individual has completed 30-semester credits, as specified in R9-13-113(A)(3), all applicable academic transcripts demonstrating that the qualifying educational requirements have been met;
 5. If the individual is a vision screener who has maintained a vision screening certificate of completion for the previous five years, as specified in R9-13-113(A)(4), the:
 - a. Names of the school districts where the vision screener provided vision screenings, and
 - b. Vision screener's certification of completion date of expiration;
 6. Whether the individual completed the vision screenings, as specified in R9-13-113(A)(4); and
 7. An attestation that:
 - a. The applicant will comply with the requirements in R9-13-113, and
 - b. The information provided in the request for the vision screening trainer certificate of completion is true and accurate; and
 - c. The individual's signature and date of signature.
- B. Within 30 calendar days after the date the Department receives an individual's request for a vision screening trainer certificate of completion, the Department shall send a notification to the individual regarding the information on how the individual may register to take a vision screening classroom instruction and written examination.

Historical Note

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at

25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Section repealed; new Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-115. Vision Screening Trainer Instruction, Examination, and Observation

- A. An individual requesting to become a vision screening trainer shall complete the required classroom instruction, written examination, and observation within 160 calendar days from the date provided in the Department's notification, as specified in R9-13-114(B).
- B. An individual, who has received notification from the Department, as specified in R9-13-114(B), shall attend classroom instruction provided by the Department or designee that includes:
1. Adult education learning strategies,
 2. Vision curriculum,
 3. Vision screening protocols,
 4. Vision equipment, and
 5. Written examination.
- C. An individual who completes classroom instruction and written examination, as specified in subsection (B), shall:
1. Pass a written examination with a score of 80% or more; and
 2. Submit to the Department, in a Department-provided format, at least 30 calendar days before the date required in subsection (C)(2)(c), a request to schedule vision screening training observation that includes:
 - a. The individual's name, address, email address, and telephone number;
 - b. The date the individual passed the examination in subsection (C)(1); and
 - c. The date the individual is requesting the vision screening training observation; and
- D. If an individual participating in the vision screening training observation, as specified in subsection (C)(2)(c), passes with a score of 80% or more, the Department shall send the individual a vision screening trainer certificate of completion within 10 calendar days after receiving notification that the individual has passed the vision screening training observation.
- E. An individual, who does not score at least 80% on the second written examination, shall repeat the classroom instruction in subsection (C) before taking a third examination.
- F. If an individual does not score at least 80% on the:
1. Vision screening training observation, as specified in subsection (D), may participate in a second vision screening training observation no later than 60 calendar days after the first vision screening training observation; or
 2. Second vision screening training observation, shall repeat the classroom instruction, as specified in subsection (B), before participating in a third vision screening training observation.
- G. If an individual does not complete the vision screening training observation within 160 calendar days after the notification, as specified in subsection (D), the individual shall reapply for a vision screening trainer certificate of completion, as specified in R9-13-114.
- H. An individual, who does not pass the examination or pass the vision screening training observation may file an appeal according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986

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(Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Section repealed; new Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-116. Trainer Certificate of Completion Renewal

- A.** A training certificate of completion may be renewed by attending and completing a Department-approved refresher training course, either offered directly by the Department or by a trainer authorized under this Article, during the fifth year of certification from the date the preceding certificate was issued. Once a refresher training course is successfully completed, the five-year cycle begins again. If certification is not renewed within the required time period, the individual must attend the basic certification training course (i.e., a refresher course will not be sufficient).
- B.** A trainer shall submit the following to the Department, in a Department-provided format, at least 60 calendar days before the expiration date of the trainer's certificate of completion,

which includes the trainer's name, address, email address, and telephone number;

- C.** Within 30 calendar days from the date a trainer submits a renewal certificate of completion, the Department shall issue the trainer a certificate of completion.

Historical Note

Effective 4-72. Correction, Section R9-13-116 omitted in Supp. 76-5 (Supp. 77-5). Section R9-13-116 renumbered and amended as Section R9-13-109 effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

R9-13-117. Renumbered**Historical Note**

Effective 4-72. Correction, Section R9-13-117 omitted in Supp. 76-5 (Supp. 77-5). Section R9-13-117 renumbered and amended as Section R9-13-110 effective February 18, 1986 (Supp. 86-1).

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Table 13.1 Hearing Screening Population

A. Students Included in the Hearing Screening Population	
1. All grades, including preschool and kindergarten	Every student, within 90 school days after initial enrollment to school if the school does not have documentation of a previous hearing screening within the last 12 months. Additional screening is applicable to every student if one of the following applies: a. The student receives or is being considered for special education services pursuant to A.R.S. Title 15, Chapter 7, Article 4, and A.A.C. Title 7, Chapter 2, Article 4; b. A teacher has requested a screening for the student; c. The student did not pass a hearing rescreening during the previous school year; or d. The student is repeating a grade.
2. Preschool	Every enrolled student
3. Kindergarten	Every enrolled student
4. Grade 1	Every enrolled student
5. Grade 3	Every enrolled student
6. Grade 5	Every enrolled student
7. Grade 7	Every enrolled student
8. Grade 9	Every enrolled student
9. Grades 10, 11, and 12	Every enrolled student for whom the school does not have documentation that the student received and passed a hearing screening in or after grade 9.
B. Students Not Included in the Hearing Screening Population	
1.	A student whose parent has objected to the student receiving a hearing screening, as specified in A.R.S. § 36-899.04.
2.	A student who has been diagnosed as being deaf or hard of hearing.
3.	A student who is at least 16 years of age and has requested not to receive a hearing screening according to A.R.S. § 36-899.01.
4.	A student enrolled in a child care facility regulated pursuant to A.R.S. Title 36, Chapter 7.1.

Historical Note

Table 13.1 made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

Table 13.2 Vision Screening Population

A. Students Included in Vision Screening Population	
1. All grades	Every enrolled student, within 90 school days after initial enrollment to school if the school does not have documentation of a previous vision screening within the last 12 months. Additional screening applicable to every student if one of the following applies: a. The student receives or is being considered for special education services pursuant to A.R.S. Title 15, Chapter 7, Article 4, and A.A.C. Title 7, Chapter 2, Article 4, and who has not been screened in the last year; b. A teacher has requested a screening for the student, and the student has not been screened in the previous year; or c. The student is not reading at the proficient level by the third grade pursuant to the state assessment required in ARS 15-741.
2. Preschool	Every enrolled student, if initial entry
3. Kindergarten	Every enrolled student, if initial entry
4. Grade 3	Every enrolled student.
5. Grade 7	Every enrolled student.
B. Students Not Included in Vision Screening Population	
1.	A student whose parent objects to the student receiving a vision screening, as specified in A.R.S. § 36-899.10;
2.	A student who has been diagnosed as being legally blind or having vision impairment;
3.	A student enrolled in a private education program, as specified in A.R.S. § 36-899(5);
4.	A student who is an “emancipated person” defined in A.R.S. § 12-2451 and objects to receiving a vision screening; or
5.	A student enrolled in a child care facility regulated pursuant to A.R.S. Title 36, Chapter 7.1.

Historical Note

Table 13.2 made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

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Table 13.3 Hearing Screening Requirements

Screening Type	Pure Tone Audiometry	Pure Tone Audiometry/Tympanoetry	Otoacoustic Emissions
Grade Level	All students who are cognitively and behaviorally able to participate.	Tympanometry may be added to pure tone screenings at the discretion of the screening program.	Initial Entry to preschool or kindergarten Students who are cognitively or behaviorally limited in their ability to participate in pure tone screenings
Passing Criteria	Screen each student's ears, with the response recorded at the following criteria:		
	1000 Hz at 20 dB HL, 2000 Hz at 20 dB HL, and 4000 Hz at 20 dB HL;	The height of the peak acoustic immittance is > 0.3 mmho, mL, or compliance; or The tympanometric width or gradient is < 250 daPa; and	The display screen of the otoacoustic emissions device indicates results that the student has passed
		1000 Hz at 20 dB HL, 2000 Hz at 20 dB HL, and 4000 Hz at 20 dB HL;	
Otoacoustic Emissions Screening			
<p>A. Otoacoustic Emissions devices may be used to screen the following populations:</p> <ol style="list-style-type: none">Students who are between the ages of one year but less than six years of age who cannot participate in pure tone hearing screening.Students who are six years of age and older who cannot participate in pure tone hearing screenings, for example children with special healthcare needs and children with developmental delays or disabilities. <p>B. Otoacoustic emissions screenings do not measure the child's ability to detect or respond to sound but measure the response of inner ear structures to auditory stimulation. Therefore, otoacoustic emissions screening should not be used in lieu of pure tone audiometry screening for those students that are able to participate.</p>			

Historical Note

Table 13.3 made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

Table 13.4. Vision Screening Requirements

Screening Type	Distance and Near Visual Acuity	Stereoacuity	Color Vision Deficiency
Grade Level	Initial Entry to Preschool or Kindergarten (if able to participate)	Initial Entry to Preschool or Kindergarten (if able to participate)	Initial Entry to Preschool or Kindergarten
	Grade 3	Grade 3	
	Grade 7		
	A student who is not reading at a proficient level by the third grade or who meets the criteria in Table 13.2 (A)(1)		
Passing Criteria	Able to identify the majority of the optotypes at the: 1. 20/50 line if 3 years old, 2. 20/40 line if 4 years old, 3. 20/32 line if 5 years or older.	According to the manufacturer’s criteria	
Instrument-based Vision Screening			
<p>A. Autorefractors/photoscreeners may be used to screen the following populations:</p> <p>1. Students who are between the ages of one year but less than six years of age who cannot participate in optotype visual acuity screening.</p> <p>2. Students who are six years of age and older who cannot participate in optotype visual acuity screenings, for example, children with special healthcare needs and children with developmental delays or disabilities.</p> <p>B. Autorefractors/photoscreeners do not measure visual acuity but identify the presence of risk factors that could lead to problems with visual acuity. Therefore, Autorefractors/photoscreeners should not be used in lieu of near or distance optotype visual acuity screening for students that are able to participate.</p> <p>C. A student has passed an instrument-based vision screening if the display screen of the device indicates the results as passed.</p>			

Historical Note

Table 13.4 made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

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ARTICLE 2. NEWBORN AND INFANT SCREENING**R9-13-201. Definitions**

In this Article, unless otherwise specified:

1. "Abnormal result" means an outcome that deviates from the range of values established by:
 - a. The Department for an analysis performed as part of a bloodspot test or for a hearing test, or
 - b. A health care facility or health care provider for critical congenital heart defect screening.
2. "Admission" or "admitted" means the same as in A.A.C. R9-10-101.
3. "AHCCCS" means the Arizona Health Care Cost Containment System.
4. "Amino acid disorder" means a congenital disorder characterized by the abnormal accumulation of an amino acid or another nitrogen-containing molecule due to a defective enzyme.
5. "Arizona State Laboratory" means the entity operated according to A.R.S. § 36-251.
6. "Audiological equipment" means an instrument used to help determine the presence, type, or degree of hearing loss by:
 - a. Providing ear-specific and frequency-specific stimuli to an individual; or
 - b. Measuring an individual's physiological response to stimuli.
7. "Audiologist" means the same as in A.R.S. § 36-1901.
8. "Birth center" means a health care facility that is not a hospital and is organized for the purpose of delivering newborns.
9. "Blood sample" means capillary or venous blood, and possibly arterial blood but not cord blood, applied to the filter paper of a specimen collection kit.
10. "Bloodspot test" means multiple laboratory analyses performed on a blood sample to screen for the presence of congenital disorders listed in R9-13-203.
11. "Congenital disorder" means an abnormal condition present at birth, as a result of heredity or environmental factors, that impairs normal physiological functioning of a human body.
12. "Critical congenital heart defect" means a heart abnormality or condition present at birth that places a newborn or infant at significant risk of disability or death if not diagnosed soon after birth.
13. "Department" means the Arizona Department of Health Services.
14. "Diagnostic evaluation" means a hearing test performed by an audiologist or a physician to determine whether hearing loss exists, and, if applicable, determine the type or degree of hearing loss.
15. "Discharge" means the termination of inpatient services to a newborn or an infant.
16. "Disorder" means a disease or medical condition that may be identified by a laboratory analysis.
17. "Document" means to establish and maintain information in written, photographic, electronic, or other permanent form.
18. "Educational materials" means printed or electronic information provided by the Department, explaining newborn and infant screening, any of the congenital disorders listed in R9-13-203, hearing loss, or critical congenital heart defect.
19. "Electronic" means the same as in A.R.S. § 44-7002.
20. "Endocrine disorder" means a congenital disorder characterized by an abnormal amount of a hormone being secreted from a gland into the blood stream.
21. "Fatty acid oxidation disorder" means a congenital disorder characterized by the inability of the body to break down fatty acids as a source of energy.
22. "First specimen" means a specimen that is collected from a newborn who is less than five days of age and sent to the Arizona State Laboratory for testing and recording of demographic information.
23. "Guardian" means an individual appointed by a court under A.R.S. Title 14, Chapter 5, Article 2.
24. "Health care facility" means a health care institution, as defined in A.R.S. § 36-401, where obstetrical care or newborn care is provided.
25. "Health care provider" means a physician, physician assistant, registered nurse practitioner, or midwife.
26. "Health-related services" means the same as in A.R.S. § 36-401.
27. "Hearing screening" means a hearing test to determine the likelihood of hearing loss in a newborn or infant.
28. "Hearing test" means an evaluation of each of a newborn's or an infant's ears, using audiological equipment to:
 - a. Screen the newborn or infant for a possible hearing loss;
 - b. Determine that the newborn or infant does not have a hearing loss; or
 - c. Diagnose a hearing loss in the newborn or infant, including determining the type or degree of hearing loss.
29. "Hemoglobinopathy" means a congenital disorder characterized by abnormal production, structure, or functioning of hemoglobin.
30. "Home birth" means delivery of a newborn, outside a health care facility, when the newborn is not hospitalized within 72 hours of delivery.
31. "Hospital" means the same as in A.A.C. R9-10-101.
32. "Hospital services" means the same as in A.A.C. R9-10-201.
33. "Identification code" means a unique set of numbers or letters, or a unique set of both numbers and letters, assigned by the Department to a health care facility, a health care provider, an audiologist, or another person submitting specimen collection kits to the Arizona State Laboratory or hearing test results to the Department.
34. "Infant" means the same as in A.R.S. § 36-694.
35. "Initial specimen" means the earliest specimen that was collected from a newborn or infant and sent to the Arizona State Laboratory for testing.
36. "Inpatient" means an individual who:
 - a. Is admitted to a hospital,
 - b. Receives hospital services for 24 consecutive hours, or
 - c. Is admitted to a birth center.
37. "Inpatient services" means medical services, nursing services, or other health-related services provided to an inpatient in a health care facility.
38. "Medical services" means the same as in A.R.S. § 36-401.
39. "Midwife" means an individual licensed under A.R.S. Title 36, Chapter 6, Article 7, or certified under A.R.S. Title 32, Chapter 15.
40. "Newborn" means the same as in A.R.S. § 36-694.

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41. "Newborn care" means medical services, nursing services, and health-related services provided to a newborn.
42. "Nursing services" means the same as in A.R.S. § 36-401.
43. "Obstetrical care" means medical services, nursing services, and health-related services provided to a woman throughout her pregnancy, labor, delivery, and postpartum.
44. "Organ" means a somewhat independent part of a human body, such as a salivary gland, kidney, or pancreas, which performs a specific function.
45. "Organic acid disorder" means a congenital disorder characterized by the abnormal accumulation of organic acids in the blood and urine due to a defective enzyme.
46. "Parent" means a natural, adoptive, or custodial mother or father of a newborn or an infant.
47. "Parenteral nutrition" means the feeding of an individual intravenously through the administration of a formula containing at least glucose and amino acids, as well as possibly lipids, vitamins, and minerals.
48. "Person" means the state, a municipality, district, or other political subdivision, a cooperative, institution, corporation, company, firm, partnership, individual, or other legal entity.
49. "Physician" means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.
50. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.
51. "Pulse oximetry" means a non-invasive method of measuring the percentage of hemoglobin in the blood that is saturated with oxygen using a device approved by the U.S. Food and Drug Administration for use with newborns or infants less than six weeks of age.
52. "Registered nurse practitioner" means the same as in A.R.S. § 32-1601.
53. "Second specimen" means a specimen that is sent to the Arizona State Laboratory for testing and recording of demographic information, after being collected from an individual who is at least five days and not older than one year of age.
54. "Sickle cell disease" means a hemoglobinopathy characterized by an abnormally shaped red blood cell resulting from the abnormal structure of the protein hemoglobin.
55. "Sickle cell gene" means a unit of inheritance that is involved in producing an abnormal type of the protein hemoglobin, in which the amino acid valine is substituted for the amino acid glutamic acid at a specific location in the hemoglobin.
56. "Specimen" means a blood sample obtained from and demographic information about a newborn or an infant.
57. "Specimen collection kit" means a strip of filter paper for collecting a blood sample attached to a form for obtaining the information specified in R9-13-203(B)(3) about a newborn or an infant.
58. "Transfer" means a health care facility or health care provider discharging a newborn and sending the newborn to a hospital for inpatient medical services without the intent that the patient will be returned to the sending health care facility or health care provider.
59. "Transfusion" means the infusion of blood or blood products into the body of an individual.
60. "Verify" means to confirm by obtaining information through a source such as the newborn screening program,

a health care provider, a health care facility, or a documented record.

61. "Working day" means 8:00 a.m. through 5:00 p.m. Monday through Friday, excluding state holidays.

Historical Note

Amended effective October 26, 1977 (Supp. 77-5). Former Section R9-13-201 repealed, new Section R9-13-201 adopted effective July 16, 1981 (Supp. 81-4). Amended as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5).

Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Amended by adding paragraphs (3), (5) and (7) and renumbering remaining paragraphs effective November 23, 1983. Amended as an emergency, by adding paragraphs (32) and (42) and renumbering remaining paragraphs, effective November 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency amendment expired. Permanent amendment, adding paragraphs (32) and (42) and renumbering remaining paragraphs adopted effective March 19, 1984 (Supp. 84-2). Amended as an emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Re-adopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency with changes effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency amendments permanently adopted with changes effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-501 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Amended by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 3262, effective November 7, 2017 (Supp. 17-4). Amended by final expedited rulemaking at 28 A.A.R. 226 (January 21, 2022), with an immediate effective date of December 30, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 2543 (September 30, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3).

R9-13-202. Newborn and Infant Critical Congenital Heart Defect Screening

- A. A health care facility's designee, a health care provider, or a health care provider's designee shall order critical congenital heart defect screening using pulse oximetry for a newborn to be performed:

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1. Between 24 and 48 hours after birth according to the health care facility's or health care provider's policies and procedures, or
 2. As late as possible before discharge according to the health care facility's or health care provider's policies and procedures if the newborn is discharged earlier than 24 hours after birth.
- B.** Before critical congenital heart defect screening is performed on a newborn, a health care facility's designee, a health care provider, or a health care provider's designee shall provide educational materials to the newborn's parent or guardian.
- C.** When critical congenital heart defect screening is ordered for a newborn, a health care facility's designee, a health care provider, or a health care provider's designee shall submit, in a format specified by the Department, the following information:
1. The newborn's name, gender, race, ethnicity, medical record number, and, if applicable, AHCCCS identification number;
 2. Whether the newborn is from a single or multiple birth;
 3. If the newborn is from a multiple birth, the birth order of the newborn;
 4. The date and time of birth, and the newborn's weight at birth;
 5. The identification code or the name and address of the health care facility or health care provider submitting the information;
 6. Except as provided in subsection (C)(7), the mother's first and last names, date of birth, name before first marriage, mailing address, telephone number, and, if applicable, AHCCCS identification number;
 7. If the newborn's mother does not have physical custody of the newborn, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn;
 8. The date, time, and result of the critical congenital heart defect screening;
 9. If critical congenital heart defect screening was not performed, the reason critical congenital heart defect screening was not performed;
 10. If the newborn was transferred to another health care facility or health care provider before the critical congenital heart defect screening was performed, the name, address, and telephone number of the health care facility or health care provider to which the newborn was transferred; and
 11. Whether the newborn has a medical condition that may affect the critical congenital heart defect screening results.
- D.** In addition to the information in subsection (C), if the reported result of critical congenital heart defect screening for a newborn or infant is abnormal, a health care facility's designee, a health care provider, or a health care provider's designee shall submit to the Department, upon request and in a format specified by the Department, the following information:
1. The dates, times, values of all critical congenital heart defect screening results;
 2. The dates, times, and results of any subsequent tests performed as a result of critical congenital heart defect screening;
 3. The name, address, and telephone number of the contact person for the health care facility, health care provider, or other person performing the subsequent tests; and
 4. If a medical condition is found as a result of critical congenital heart defect screening or subsequent tests, the type of medical condition found and the name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged.

Historical Note

Amended effective October 26, 1977 (Supp. 77-5). Former Section R9-13-202 repealed, new Section R9-13-202 adopted effective July 16, 1981 (Supp. 81-4). Repealed by emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Emergency repeal readopted effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency repeal readopted effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency repeal readopted effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency repeal readopted effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency repeal readopted effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency repeal readopted effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Repealed permanently effective July 3, 1991 (Supp. 91-3). New Section recodified from R9-14-502 at 11 A.A.R. 3577, effective August 31, 2005

(Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2).

R9-13-203. Newborn and Infant Bloodspot Tests

- A.** A bloodspot test shall screen for the following congenital disorders:
1. Amino acid disorders, including:
 - a. Argininemia, a congenital disorder characterized by an inability to metabolize the amino acid arginine due to defective arginase activity;
 - b. Argininosuccinic acidemia, a congenital disorder characterized by an inability to metabolize the amino acid argininosuccinic acid due to defective argininosuccinate lyase activity;
 - c. Bioppterin defect in cofactor biosynthesis, a congenital disorder characterized by reduced levels of tetrahydrobiopterin due to a defect in an enzyme that produces tetrahydrobiopterin;
 - d. Bioppterin defect in cofactor regeneration, a congenital disorder characterized by reduced levels of tetrahydrobiopterin due to a defect in an enzyme that recycles tetrahydrobiopterin to a usable form after a metabolic reaction;
 - e. Citrullinemia type I, a congenital disorder characterized by an inability to convert the amino acid citrulline and aspartic acid into argininosuccinic acid due to defective argininosuccinate synthetase activity;
 - f. Citrullinemia type II, a congenital disorder characterized by a reduction in levels of citrin, which is involved in the transport of glutamate and aspartate, due to a defective *SLC25A13* gene;

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- g. Homocystinuria, a congenital disorder characterized by abnormal methionine and homocysteine metabolism due to defective cystathione- β -synthase activity;
 - h. Hypermethioninemia, a congenital disorder characterized by an elevated level of methionine in the bloodstream;
 - i. Hyperphenylalaninemia (benign), a congenital disorder characterized by an elevated level of phenylalanine in the bloodstream with few, if any, clinical symptoms;
 - j. Maple syrup urine disease, a congenital disorder of branched chain amino acid metabolism due to defective branched chain-keto acid dehydrogenase activity;
 - k. Phenylketonuria, a congenital disorder characterized by abnormal phenylalanine metabolism due to defective phenylalanine hydroxylase activity;
 - l. Tyrosinemia type I, a congenital disorder characterized by an accumulation of the amino acid tyrosine due to defective fumarylacetoacetate hydrolase activity;
 - m. Tyrosinemia type II, a congenital disorder characterized by an accumulation of the amino acid tyrosine due to defective tyrosine aminotransferase activity; and
 - n. Tyrosinemia type III, a congenital disorder characterized by an accumulation of the amino acid tyrosine and metabolic product 4-hydroxyphenylpyruvate due to defective 4-hydroxyphenylpyruvate dioxygenase activity;
2. Endocrine disorders, including:
 - a. Congenital adrenal hyperplasia, a congenital disorder characterized by decreased cortisol production and increased androgen production due to defective 21-hydroxylase activity; and
 - b. Congenital hypothyroidism, a congenital disorder characterized by deficient thyroid hormone production;
 3. Fatty acid oxidation disorders, including:
 - a. 2,4 Dienoyl-CoA reductase deficiency, a congenital disorder characterized by an accumulation of the amino acid lysine and some fatty acids due to defective 2,4 dienoyl-CoA reductase activity;
 - b. Carnitine shuttle disorders, including:
 - i. Carnitine palmitoyltransferase I deficiency, a congenital disorder characterized by the defective activity of carnitine palmitoyltransferase I, resulting in the inability of a cell to transport carnitine and acyl-CoA out of the cytosol;
 - ii. Carnitine-acylcarnitine translocase deficiency, a congenital disorder characterized by the defective activity of carnitine-acylcarnitine translocase, resulting in the inability of acylcarnitine to enter the mitochondria; and
 - iii. Carnitine palmitoyltransferase II deficiency, a congenital disorder characterized by the defective activity of carnitine palmitoyltransferase II, resulting in the inability to transfer acyl-CoA into the mitochondria;
 - c. Carnitine uptake defect, a congenital disorder characterized by a decrease in the amount of free carnitine due to defective sodium ion-dependent carnitine transporter OCTN2 activity;
 - d. Glutaric acidemia type II, a congenital disorder characterized by a decrease in the ability to break down proteins and fatty acids due to decreased activity of either electron transfer flavoprotein or electron transfer flavoprotein dehydrogenase;
 - e. Long-chain 3-hydroxy acyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 12 to 18 carbon atoms in length due to defective long-chain 3-hydroxy acyl-CoA dehydrogenase activity;
 - f. Medium-chain acyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 6 to 10 carbon atoms in length due to defective medium-chain acyl-CoA dehydrogenase activity;
 - g. Medium-chain ketoacyl-CoA thiolase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids due to defective ketoacyl-CoA thiolase activity;
 - h. Medium/short chain L-3 hydroxyacyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 3 to 10 carbon atoms in length due to defective 3-hydroxyacyl-CoA dehydrogenase activity;
 - i. Short chain acyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 6 or fewer carbon atoms in length due to defective short chain acyl-CoA dehydrogenase activity;
 - j. Trifunctional protein deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 12 to 18 carbon atoms in length due to defective mitochondrial trifunctional protein activity; and
 - k. Very long-chain acyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 14 to 18 carbon atoms in length due to defective very long-chain acyl-CoA dehydrogenase activity;
4. Hemoglobinopathies, including:
 - a. Hemoglobin S/Beta-thalassemia, a sickle cell disease in which an individual has one sickle cell gene and one gene for beta thalassemia, another inherited hemoglobinopathy;
 - b. Hemoglobin S/C disease, a sickle cell disease in which an individual has one sickle cell gene and one gene for another inherited hemoglobinopathy called hemoglobin C;
 - c. Sickle cell anemia, a sickle cell disease in which an individual has two sickle cell genes; and
 - d. Other congenital disorders caused by an abnormal hemoglobin protein;
 5. Organic acid disorders, including:
 - a. 2-Methylbutyrylglycinuria, a congenital disorder characterized by an inability to metabolize the amino acid isoleucine, resulting in elevated levels of 2-methylbutyryl carnitine, due to defective short/branched chain acyl-CoA dehydrogenase activity;
 - b. 2-Methyl-3-hydroxybutyric aciduria or HSD10 disease, a congenital disorder characterized by elevated levels of break-down products of the amino acid isoleucine and a reduction in functional mitochondrial tRNA molecules, which results in impaired mitochondrial synthesis of proteins;

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- c. 3-Hydroxy-3-methylglutaric aciduria, a congenital disorder characterized by the accumulation of 3-hydroxy-3-methylglutaric acid due to defective 3-hydroxy-3-methylglutaryl-CoA lyase activity;
 - d. 3-Methylcrotonyl-CoA carboxylase deficiency, a congenital disorder characterized by an accumulation of 3-methylcrotonyl-glycine due to defective 3-methylcrotonyl-CoA carboxylase activity;
 - e. 3-Methylglutaconic aciduria, a congenital disorder characterized by elevated levels of 3-methylglutaconic acid due to defective 3-methylglutaconyl-CoA hydratase activity or a related enzyme;
 - f. Beta-ketothiolase deficiency, a congenital disorder characterized by an inability to metabolize 2-methyl-acetoacetyl-CoA due to defective mitochondrial acetoacetyl-CoA thiolase activity;
 - g. Glutaric acidemia type I, a congenital disorder characterized by an accumulation of glutaric acid due to defective glutaryl-CoA dehydrogenase activity;
 - h. Holocarboxylase synthase deficiency, a congenital disorder of multiple carboxylase deficiencies characterized by an inability to transport or metabolize biotin that leads to defective activity of propionyl-CoA carboxylase, beta-methylcrotonyl-CoA carboxylase, and pyruvate carboxylase;
 - i. Isobutyrylglycinuria, a congenital disorder characterized by an inability to metabolize the amino acid valine due to defective isobutyryl-CoA dehydrogenase activity;
 - j. Isovaleric acidemia, a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity;
 - k. Malonic acidemia, a congenital disorder characterized by an inability to metabolize fatty acids due to defective malonyl-CoA decarboxylase activity;
 - l. Methylmalonic acidemia (cobalamin disorders), a congenital disorder characterized by an accumulation of methylmalonic acid due to defective activity of methylmalonyl-CoA epimerase or adenosylcobalamin synthetase;
 - m. Methylmalonic acidemia (mutase deficiency), a congenital disorder characterized by an accumulation of methylmalonic acid due to defective methylmalonyl-CoA mutase activity;
 - n. Methylmalonic acidemia with homocystinuria, a congenital disorder characterized by the abnormal processing of cobalamin, leading to defective activity of methylmalonyl-CoA mutase and methionine synthase, for both of which cobalamin is a cofactor; and
 - o. Propionic acidemia, a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity; and
6. Other disorders, including:
- a. Biotinidase deficiency, a congenital disorder characterized by defective biotinidase activity that causes abnormal biotin metabolism and multiple carboxylase deficiencies;
 - b. Classic galactosemia, a congenital disorder characterized by abnormal galactose metabolism due to defective galactose-1-phosphate uridylyltransferase activity;
 - c. Cystic fibrosis, a congenital disorder caused by defective functioning of a transmembrane regulator protein and characterized by damage to and dysfunction of various organs, such as the lungs, pancreas, and reproductive organs;
 - d. Galactose epimerase deficiency, a congenital disorder characterized by abnormal galactose metabolism due to defective UTP-galactose 4-epimerase activity;
 - e. Galactokinase deficiency, a congenital disorder characterized by abnormal galactose metabolism due to defective galactokinase activity;
 - f. Beginning May 1, 2023, glycogen storage disease type II or Pompe disease, a congenital disorder characterized by the accumulation of the polysaccharide, glycogen, in lysosomes due to a defect in the lysosomal acid alpha-glucosidase enzyme;
 - g. Beginning May 1, 2023, mucopolysaccharidosis type I, a congenital disorder characterized by the buildup of the glycosaminoglycans, dermatan sulfate and heparan sulfate, due to defective alpha-L-iduronidase activity;
 - h. Severe combined immunodeficiency, a congenital disorder usually characterized by a defect in both the T- and B-lymphocyte systems, which typically results in the onset of one or more serious infections within the first few months of life;
 - i. Spinal muscular atrophy, a congenital disorder characterized by the loss of nerve cells in the spinal cord that control muscle movement due to a defect in the survival motor neuron 1 (*SMN1*) gene;
 - j. T-cell related lymphocyte deficiency, a congenital disorder characterized by a defect in the T-lymphocyte system, which typically results in a decrease in cell-mediated immunity and unusually severe common viral infections; and
 - k. X-linked adrenoleukodystrophy, a congenital disorder characterized by the build-up of very long-chain fatty acids due to a deficiency in the adrenoleukodystrophy protein, caused by a defective *ABCD1* gene.
- B.** When a bloodspot test is ordered for a newborn or an infant, a health care facility's designee, a health care provider, or the health care provider's designee shall:
1. Only use a specimen collection kit supplied by the Department;
 2. Collect a blood sample from the newborn or infant on a specimen collection kit;
 3. Complete the following information on the specimen collection kit:
 - a. The newborn's or infant's name, gender, race, ethnicity, medical record number, and, if applicable, AHCCCS identification number;
 - b. The newborn's or infant's type of food or food source;
 - c. Whether the newborn or infant is from a single or multiple birth;
 - d. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
 - e. Whether the newborn or infant has a medical condition that may affect the bloodspot test results;
 - f. Whether the newborn or infant received a blood transfusion and, if applicable, the date of the last blood transfusion;

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- g. The date and time of birth, and the newborn's or infant's weight at birth;
 - h. The date and time of blood sample collection, and the newborn's or infant's weight when the blood sample is collected;
 - i. The identification code or the name and address of the health care facility or health care provider submitting the specimen collection kit;
 - j. The name, address, and telephone number or the identification code of the health care provider responsible for the management of medical services provided to the newborn or infant;
 - k. Except as provided in subsection (B)(3)(l), the mother's first and last names, date of birth, name before first marriage, mailing address, telephone number, and if applicable, AHCCCS identification number; and
 - l. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant; and
4. Submit the specimen collection kit to the Arizona State Laboratory no later than 24 hours or the next working day after the blood sample is collected.
- C.** A health care facility or a health care provider submitting an initial specimen to the Arizona State Laboratory shall pay the Department the fee in R9-13-208.
- D.** When a home birth not attended by a health care provider is reported to a local registrar, a deputy local registrar, or the state registrar under A.R.S. § 36-333:
- 1. The local registrar, deputy local registrar, or state registrar shall notify the local health department of the county where the birth occurred; and
 - 2. The local health department's designee shall:
 - a. Collect a specimen from the newborn or infant on a specimen collection kit according to the requirements in R9-13-204(A)(2) or R9-13-205(C), and
 - b. Submit the specimen collection kit to the Arizona State Laboratory no later than 24 hours or the next working day after the blood sample is collected.
- E.** A health care facility's designee, a health care provider, or the health care provider's designee shall ensure that:
- 1. Educational materials are provided to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered, and
 - 2. The newborn's or infant's parent or guardian is informed of the requirement for a second specimen if the second specimen has not been collected.
- F.** For a home birth, a health care provider or the health care provider's designee shall provide educational materials to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered.

Historical Note

Effective 11-74; Former Section R9-13-203 repealed, new Section R9-13-203 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-503 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20

A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 3262, effective November 7, 2017 (Supp. 17-4). Amended by final expedited rulemaking at 28 A.A.R. 226 (January 21, 2022), with an immediate effective date of December 30, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 2543 (September 30, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3).

R9-13-204. First Specimen Collection

- A.** When a newborn is born in a hospital, the hospital's designee shall collect a first specimen from the newborn according to whichever of the following occurs first:
- 1. Unless specified otherwise by a physician, physician assistant, or registered nurse practitioner, before administering a transfusion or parenteral nutrition;
 - 2. When the newborn is at least 24 but not more than 72 hours old; or
 - 3. Before the newborn is discharged, unless the newborn:
 - a. Is transferred to another hospital before the newborn is 48 hours old; or
 - b. Dies before the newborn is 72 hours old.
- B.** If a newborn is admitted or transferred to a hospital before the newborn is 48 hours old, the receiving hospital's designee shall:
- 1. Verify that the first specimen was collected before admission or transfer, or
 - 2. Collect a first specimen from the newborn according to the requirements in subsection (A).
- C.** When a newborn is born in a birth center, the birth center's designee shall collect a first specimen from the newborn according to subsections (A)(1) or (A)(2).
- D.** For a home birth attended by a health care provider, the health care provider or the health care provider's designee shall collect a first specimen from the newborn according to the requirements in subsection (A)(2).

Historical Note

Effective 11-74; Former Section R9-13-204 repealed, new Section R9-13-204 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 6, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-504 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2).

R9-13-205. Second Specimen Collection

- A.** After a newborn's or an infant's discharge from a health care facility or after a home birth, a health care provider or the health care provider's designee shall:
- 1. Collect a second specimen from the newborn or infant not older than one year of age at the time of the newborn's or infant's first visit to the health care provider, or
 - 2. Verify that a health care facility or different health care provider has collected a second specimen from the newborn or infant.
- B.** If a newborn is an inpatient of a health care facility at 5 days of age, the health care facility's designee shall collect a second specimen from the newborn:

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1. When the newborn is at least 5 but not more than 10 days old; or
 2. If the newborn is discharged from the health care facility when the newborn is at least 5 but not more than 10 days old, before discharge.
- C. For a home birth that is not attended by a health care provider, a local health department's designee shall collect a specimen from a newborn or an infant if the local health department's designee has not verified that a second specimen has already been collected from the newborn or infant.

Historical Note

Effective 11-74; Former Section R9-13-205 repealed, new Section R9-13-205 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 6, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-505 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2).

R9-13-206. Reporting Requirements for Specimens

- A. The Arizona State Laboratory shall report, in written or electronic format, to the health care provider and, if applicable, health care facility identified on a specimen collection kit:
1. The results of a bloodspot test on a specimen; or
 2. For a specimen that does not meet quality standards established by the Arizona State Laboratory in compliance with 42 CFR § 493.1200:
 - a. That a bloodspot test was not performed on the specimen; and
 - b. The reason the bloodspot test was not performed.
- B. A health care facility's designee, a health care provider, or the health care provider's designee, who orders a subsequent test on a newborn or an infant in response to an abnormal result on a bloodspot test, shall send the results of the subsequent test in writing to the Department, if the subsequent test is not performed by the Arizona State Laboratory.
- C. Bloodspot test results are confidential subject to the disclosure provisions of 9 A.A.C. 1, Article 3, and A.R.S. §§ 12-2801 and 12-2802.

Historical Note

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4). Adopted as an emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency without change effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency rule permanently adopted with changes effective July 3, 1991 (Supp. 91-3).

Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2).

R9-13-207. Newborn and Infant Hearing Tests

- A. Before a hearing test is performed on a newborn or infant, a health care facility's designee, a health care provider, or the health care provider's designee shall provide educational materials to the newborn's or infant's parent or guardian.
- B. A health care facility's designee, a health care provider, or the health care provider's designee shall order hearing testing for a newborn or infant to be performed according to the health care facility's or health care provider's policies and procedures that includes:
1. An initial hearing screening ordered to be performed within 30 days after birth or before discharge;
 2. A second hearing screening ordered to be performed within 30 days after birth if an abnormal result is obtained in one or both of a newborn's or infant's ears on the initial hearing screening; and
 3. Diagnostic evaluation ordered to be performed:
 - a. If a newborn or infant has an abnormal result in one or both ears on the second hearing screening;
 - b. If a newborn or infant has been admitted to the Neonatal Intensive Care Unit for five days or more and has an abnormal initial hearing screening;
 - c. If a newborn or infant has a medical condition that makes diagnostic evaluation more appropriate; or
 - d. As clinically indicated.
- C. When an initial hearing test is performed on a newborn or infant, a health care facility's designee, a health care provider, or the health care provider's designee shall submit to the Department, as specified in subsection (G), the following information:
1. The newborn's or infant's name, date of birth, gender, and medical record number;
 2. Whether the newborn or infant is from a single or multiple birth;
 3. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
 4. The first and last names and date of birth of the newborn's or infant's mother;
 5. The name and identification code of the health care facility of birth;
 6. The name and identification code of the health care facility where the initial hearing test was performed or of the health care provider who performed the initial hearing test;
 7. The date of the initial hearing test;
 8. Whether or not the initial hearing test was performed when the newborn or infant was an inpatient;
 9. The audiological equipment used for the initial hearing test and the type of initial hearing test performed; and
 10. The initial hearing test result for each of the newborn's or infant's ears.
- D. In addition to the information in subsection (C), if the reported results of an initial hearing test on a newborn or infant include an abnormal result, a health care facility's designee, a health care provider, or the health care provider's designee shall submit to the Department, as specified in subsection (G), the following information:

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1. Except as provided in subsection (D)(2), the mother's name before first marriage, mailing address, and telephone number;
 2. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;
 3. The name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged from the health care facility;
 4. The name and telephone number of the person to whom the newborn's or infant's mother or other person who has physical custody of the newborn or infant was referred for a subsequent hearing test;
 5. The date of the appointment for a subsequent hearing test, if available; and
 6. The health care facility where a subsequent hearing test is scheduled to be performed or the name and address of the health care provider who is scheduled to perform the subsequent test, if available.
- E.** When a subsequent hearing test is performed on a newborn or an infant after an initial hearing test, the designee of the health care facility, health care provider, or other person that performs the subsequent hearing test shall submit to the Department, as specified in subsection (G), the following information:
1. The newborn's or infant's name, date of birth, and gender;
 2. Whether the newborn or infant is from a single or multiple birth;
 3. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
 4. The first and last names and date of birth of the newborn's or infant's mother;
 5. The name of the health care facility of birth, if known;
 6. The name of the health care facility where the subsequent hearing test was performed, or the name and address of the health care provider who performed the subsequent hearing test;
 7. The date of the subsequent hearing test;
 8. The audiological equipment used for the subsequent hearing test and type of hearing test performed;
 9. The result, including a quantitative result if applicable, for each of the newborn's or infant's ears on the subsequent hearing test;
 10. The name, address and telephone number of the contact person for the health care facility, health care provider, or other person that performed the subsequent hearing test, if different from the person specified in subsection (E)(6); and
 11. If the subsequent hearing test was a diagnostic evaluation:
 - a. Whether the newborn or infant has a hearing loss and, if so, the type and degree of hearing loss;
 - b. A copy of the narrative that describes the hearing test performed on the newborn or infant to determine that the newborn or infant does not have a hearing loss or diagnose a hearing loss in the newborn or infant, the results of the hearing test, and the analysis of the hearing test results by the audiologist or physician who performed the hearing test;
 - c. Whether the newborn or infant has a medical condition that may affect the hearing test results; and
 - d. Whether the newborn or infant has been referred to early intervention services, including a date of referral.
- F.** In addition to the information in subsection (E), if the reported results of a subsequent hearing test on a newborn or infant include an abnormal result, the person submitting the report on the subsequent hearing test shall submit to the Department, as specified in subsection (G), the following information:
1. Except as provided in subsection (F)(2), the mailing address and telephone number of the newborn's or infant's mother;
 2. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;
 3. The name of the health care provider who is responsible for the coordination of medical services for the newborn or infant; and
 4. If applicable, the name and phone telephone number of the person to whom the newborn's or infant's parent was referred for further hearing tests, evaluation services, specialty care, or early intervention.
- G.** A health care facility's designee, health care provider, health care provider's designee, or other person required to report under subsections (C), (D), (E), or (F) shall submit, in an electronic format specified by the Department, the information specified in subsections (C), (D), (E), or (F) for hearing tests performed each week by the sixth day of the subsequent week.

Historical Note

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4). New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2).

R9-13-208. Newborn Screening Program Fee

- A.** Until November 1, 2022, the fee for the newborn screening program is:
1. For a first specimen, \$36; and
 2. For a second specimen, \$65.
- B.** Effective November 1, 2022, the fee for the newborn screening program is \$171.00.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final rulemaking at 23 A.A.R. 3262, effective November 7, 2017 (Supp. 17-4). Amended by final rulemaking at 28 A.A.R. 2543 (September 30, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3).

ARTICLE 3. REPEALED**R9-13-301. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-301 repealed, new Section R9-13-301 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final

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rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

R9-13-302. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-302 repealed, new Section R9-13-302 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

R9-13-303. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-303 repealed, new Section R9-13-303 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-304. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-304 repealed, new Section R9-13-304 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

R9-13-305. Repealed**Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-306. Repealed**Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

ARTICLE 4. REPEALED**R9-13-401. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-401 repealed, new Section R9-13-401 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-402. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-402 repealed, new Section R9-13-402 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-403. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-403 repealed, new Section R9-13-403 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-404. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-404 repealed, new Section R9-13-404 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-405. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-405 repealed, new Section R9-13-405 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-406. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-406 repealed, new Section R9-13-406 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-407. Repealed**Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

ARTICLE 5. REPEALED**R9-13-501. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-501 repealed, new Section R9-13-501 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

R9-13-502. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-502 repealed, new Section R9-13-502 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

R9-13-503. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-503 repealed, new Section R9-13-503 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-504. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-504 repealed, new Section R9-13-504 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

R9-13-505. Repealed

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Historical Note

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-506. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-507. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-508. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-509. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-510. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-511. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

ARTICLE 6. REPEALED**R9-13-601. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-601 repealed, new Section R9-13-601 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-602. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-602 repealed, new Section R9-13-602 adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-603. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-603 repealed, new Section R9-13-603 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-604. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-604 repealed, new Section R9-13-604

adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-605. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-605 repealed, new Section R9-13-605 adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-606. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

ARTICLE 7. REPEALED**R9-13-701. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

R9-13-702. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

R9-13-703. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-704. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

ARTICLE 8. REPEALED**R9-13-801. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

R9-13-802. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended by emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired, Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted

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as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency without change effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency rule permanently adopted effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

R9-13-803. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-804. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-805. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 30, 1998 (Supp. 99-1).

R9-13-806. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

ARTICLE 9. REPEALED**R9-13-901. Repealed****Historical Note**

Adopted as an emergency effective April 6, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R9-13-901 expired, new Section R9-13-901 adopted as a permanent rule effective October 13, 1982 (Supp. 82-5). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-902. Emergency Expired**Historical Note**

Adopted as an emergency effective April 6, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R9-13-902 expired (Supp. 82-5).

ARTICLE 10. REPEALED**R9-13-1001. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section

repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1002. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1003. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1004. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

ARTICLE 11. REPEALED**R9-13-1101. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1102. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1103. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1104. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule

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adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1105. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1). New Section made by final rulemaking at 8 A.A.R. 2323, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

ARTICLE 12. REPEALED**R9-13-1201. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1202. Emergency Expired**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired (Supp. 83-2).

ARTICLE 13. REPEALED**R9-13-1301. Repealed****Historical Note**

Adopted effective November 23, 1983 (Supp. 83-6). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1302. Repealed**Historical Note**

Adopted effective November 23, 1983 (Supp. 83-6). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1303. Repealed**Historical Note**

Adopted effective November 23, 1983 (Supp. 83-6). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

ARTICLE 14. REPEALED**R9-13-1401. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1403 renumbered and amended as permanent rule R9-13-1401 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1402. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1404 renumbered and amended as permanent rule R9-13-1402 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1403. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1405 renumbered as permanent rule R9-13-1403 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1404. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1406 renumbered and amended as permanent rule R9-13-1404 without change effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1405. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1407 renumbered and amended as permanent rule R9-13-1405 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1406. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1408 renumbered and amended as permanent rule R9-13-1406 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1407. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1409 renumbered and amended as permanent rule R9-13-1407 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1408. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-

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1410 renumbered and amended as permanent rule R9-13-1408 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1409. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1411 renumbered and amended as permanent rule R9-13-1409 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1410. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1412 renumbered and amended as permanent rule R9-13-1410 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1411. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1413 renumbered and amended as permanent rule R9-13-1411 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1412. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1414 renumbered and amended as permanent rule R9-13-1412 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1413. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1415 renumbered and amended as permanent rule R9-13-1413 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1414. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1416 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2). Section

repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1415. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1417 renumbered and amended as permanent rule R9-13-1415 effective March 19, 1984 (Supp. 84-2). Correction in subsection (C)(2) to insert the word 'not' which was inadvertently omitted (Supp. 94-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1416. Emergency Expired**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1416 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2).

R9-13-1417. Emergency Expired**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1417 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2).

Editor's Note: Article 15 was recodified to 9 A.A.C. 25, Article 8 (Supp. 98-1).

Editor's Note: Former Article 15 contained Sections and Exhibits which were adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.

ARTICLE 15. RECODIFIED**R9-13-1501. Recodified****Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former Section R9-13-1501 recodified to A.A.C. R9-25-801 (Supp. 98-1).

R9-13-1502. Recodified**Historical Note**

Adopted effective October 12, 1994; received by the Office of the Secretary of State October 24, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp.

TITLE 9. HEALTH SERVICES

CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

94-4). Former Section R9-13-1502 recodified to A.A.C. R9-25-802 (Supp. 98-1).

Exhibit 1. Recodified**Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 1 recodified to A.A.C. R9-25-802, Exhibit 1 (Supp. 98-1).

Exhibit 2. Recodified**Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 2 recodified to A.A.C. R9-25-802, Exhibit 2 (Supp. 98-1).

Exhibit 3. Recodified**Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). For-

mer R9-13-1502, Exhibit 3 recodified to A.A.C. R9-25-802, Exhibit 3 (Supp. 98-1).

Exhibit 4. Recodified**Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 4 recodified to A.A.C. R9-25-802, Exhibit 4 (Supp. 98-1).

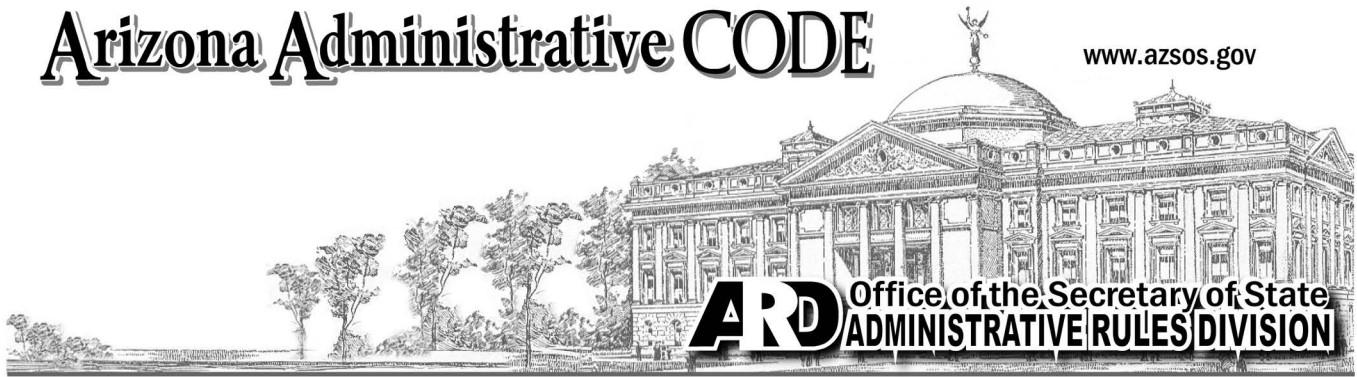
R9-13-1503. Recodified**Historical Note**

Adopted effective November 27, 1995, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 95-4). Former Section R9-13-1503 recodified to A.A.C. R9-25-803 (Supp. 98-1).

Exhibit 1. Recodified**Historical Note**

Adopted effective November 27, 1995, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 95-4). Former R9-13-1503, Exhibit 1 recodified to A.A.C. R9-25-803, Exhibit 1 (Supp. 98-1).

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9 A.A.C. 22

Supp. 24-2

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

The table of contents on page one contains links to the referenced page numbers in this Chapter.

Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

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The release of this Chapter in Supp. 24-2 replaces Supp. 23-4, 1-155 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided under A.R.S. § 41-1001. “Rule” means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

Authority: A.R.S. § 36-2901 et seq.

Supp. 24-2

Editor's Note: Historical notes for Sections made, repealed or amended in Supp. 14-1 were updated to reflect the effective date as immediate per the original notice filed by the agency. A number of other publication errors have been corrected in Supplement 20-4 that should have been made in Supp. 14-1. These include: adding new Sections R9-22-301 and R9-22-302; correcting a punctuation error in R9-22-1401; repealing Sections R9-22-1407 and R9-22-1443; and the amending of R9-22-1501 (Supp. 20-4).

Editor's Note: The Office of the Secretary of State prints all Code Chapters on white paper (Supp 01-3).

Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), under Laws 1992, Ch. 301, § 61 and Ch. 302, § 13, and Laws 1993, Ch. 6, § 34. Exemption from A.R.S. Title 41, Chapter 6 means that AHCCCS did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; AHCCCS was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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ARTICLE 8. REPEALED

Article 8, consisting of Sections R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

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ARTICLE 9. REPEALED

Article 22, consisting of Sections R9-22-901 through R9-22-909, repealed by final rulemaking at 12 A.A.R. 4484, January 6, 2007 (Supp. 06-4).

Article 22, consisting of Sections R9-22-901 through R9-22-908, adopted effective August 29, 1985.

Former Article 22, consisting of Section R9-22-901, repealed effective October 1, 1983.

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Article 10, consisting of Section R9-22-1001 through R9-22-1002, adopted effective November 7, 1997 (Supp. 97-4).

Article 10, consisting of Section R9-22-1001 through R9-22-1002, repealed effective November 7, 1997 (Supp. 97-4).

Article 10 consisting of Sections R9-22-1001 and R9-22-1002 adopted effective October 1, 1985.

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ARTICLE 12. BEHAVIORAL HEALTH SERVICES

Article 12, consisting of Sections R9-22-1201 through R9-22-1208, repealed; new Article 12, consisting of Sections R9-22-1201 through R9-22-1208 adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4).

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ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34

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(Supp. 04-1).

Article 13, consisting of Sections R9-22-1301 through R9-22-1309, adopted effective September 9, 1998 (Supp. 98-3).

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Article 14, consisting of Sections R9-22-1401 through R9-22-1436, repealed; new Article 14, consisting of Sections R9-22-1401 through R9-22-1433 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 14, consisting of Sections R9-22-1401 through R9-22-1436, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED

Article 15, consisting of Sections R9-22-1501 through R9-22-1508, repealed; new Article 15, consisting of Sections R9-22-1501 through R9-22-1505 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 15, consisting of Sections R9-22-1501 through R9-22-1508, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

Section

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Article 16, consisting of Section R9-22-1601 made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).

Article 16, consisting of Sections R9-22-1601 through R9-22-1612, R9-22-1614 through R9-22-1616, and R9-22-1618 through R9-22-1619, expired at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

Article 16, consisting of Sections R9-22-1601 through R9-22-1636, repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 16, consisting of Sections R9-22-1601 through R9-22-1613, R9-22-1615 through R9-22-1620, R9-22-1622 through R9-22-1631, R9-22-1633, R9-22-1634, and R9-22-1636, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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ARTICLE 18. PROVIDER EXCLUSION RULES

New Article 18, consisting of Sections R9-22-1801 through R9-22-1806, made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024. AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Article (Supp. 24-2).

Article 18, consisting of Sections R9-22-1801 through R9-22-1806, emergency renewed at 30 A.A.R. 69 (January 12, 2024) with an immediate effective date of December 21, 2023 (Supp. 23-4).

Article 18, consisting of Sections R9-22-1801 through R9-22-1806, made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023 (Supp. 23-3).

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ARTICLE 21. TRAUMA AND EMERGENCY SERVICES FUND

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ARTICLE 1. DEFINITIONS

R9-22-101. Location of Definitions

- A. Location of definitions. Definitions applicable to this Chapter are found in the following:

Definition	Section or Citation
"Accommodation"	R9-22-701
"Active treatment"	R9-22-1301
"ADHS"	R9-22-101
"Administration"	A.R.S. § 36-2901
"Adult behavioral health therapeutic home"	9 A.A.C. 10, Article 1
"Adverse action"	R9-22-101
"Affiliated corporate organization"	R9-22-101
"Aged"	42 U.S.C. 1382c(a)(1)(A) and R9-22-1501
"Agency"	R9-22-1201
"Aggregate"	R9-22-701
"AHCCCS"	R9-22-101
"AHCCCS inpatient hospital day or days of care"	R9-22-701
"AHCCCS registered provider"	R9-22-101
"Ambulance"	A.R.S. § 36-2201
"Ancillary service"	R9-22-101
"Anticipatory guidance"	R9-22-201
"Annual enrollment choice"	R9-22-1701
"APC"	R9-22-701
"Applicant"	R9-22-101 or R9-22-301
"Application"	R9-22-101
"Assessment"	R9-22-1101 or R9-22-1201
"Assignment"	R9-22-101
"Attending physician"	R9-22-101 or R9-22-202
"Authorized representative"	R9-22-101
"Authorization"	R9-22-202
"Auto-assignment algorithm"	R9-22-1701
"AZ-NBCCEDP"	R9-22-2001
"Behavior management services"	R9-22-1201
"Behavioral health therapeutic home care services"	R9-22-1201
"Behavioral health paraprofessional"	R9-22-101
"Behavioral health professional"	R9-22-101
"Behavioral health recipient"	R9-22-201
"Behavioral health services"	R9-22-1201
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"Billed charges"	R9-22-701
"Blind"	R9-22-1501
"Burial plot"	R9-22-1401
"Business agent"	R9-22-701
"Calculated inpatient costs"	R9-22-712.07
"Capital costs"	R9-22-701
"Capped fee-for-service"	R9-22-101
"Caretaker relative"	R9-22-1401
"Case management"	R9-22-1201
"Case record"	R9-22-101
"Cash assistance"	R9-22-1401
"Certified psychiatric nurse practitioner"	R9-22-1201
"Charge master"	R9-22-712
"Child"	R9-22-1503
"Children's Rehabilitative Services" or "CRS"	R9-22-101 or R9-22-301
"Chronic"	R9-22-1301
"Claim"	R9-22-1101
"Claims paid amount"	R9-22-712.07
"Clean claim"	A.R.S. § 36-2904
"Clinical oversight"	9 A.A.C. 10
"CMDP"	R9-22-1701
"CMS"	R9-22-101
"Continuous stay"	R9-22-101
"Contract"	R9-22-101
"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901 or R9-22-210.01

"Copayment"	R9-22-701
"Cost avoid"	R9-22-1201
"Cost-To-Charge Ratio" or "CCR"	R9-22-701 or R9-22-712
"Court-ordered evaluation"	R9-22-1201
"Court-ordered pre-petition screening"	R9-22-1201
"Court-ordered treatment"	R9-22-1201
"Covered charges"	R9-22-701
"Covered services"	R9-22-101
"CPT"	R9-22-701
"Creditable coverage"	R9-22-2003 and 42 U.S.C. 300gg(c)
"Crisis services"	R9-22-1201
"Critical Access Hospital"	R9-22-701
"CRS application"	R9-22-1301
"CRS condition"	R9-22-1301
"CRS provider"	R9-22-1301
"Cryotherapy"	R9-22-2001
"Customized DME"	R9-22-212
"Day"	R9-22-101 and R9-22-1101
"Date of the Notice of Adverse Action"	R9-22-1441
"DBHS"	R9-22-101
"DCSS"	R9-22-301
"Department"	A.R.S. § 36-2901
"Dependent child"	A.R.S. § 46-101 or R9-22-1401
"DES"	R9-22-101
"Diagnostic services"	R9-22-101
"Direct graduate medical education costs" or "direct program costs"	R9-22-701
"Direct supervision"	R9-22-1201
"Director"	R9-22-101
"Disabled"	R9-22-1501
"Discussion"	R9-22-101
"Disenrollment"	R9-22-1701
"DME"	R9-22-101
"DRI inflation factor"	R9-22-701
"E.P.S.D.T. services"	42 CFR 440.40(b)
"Eligibility posting"	R9-22-701
"Eligible person"	A.R.S. § 36-2901
"Emergency behavioral health condition for a non-FES member"	R9-22-201
"Emergency behavioral health services for a non-FES member"	R9-22-201
"Emergency medical condition for a non-FES member"	R9-22-201
"Emergency medical services for a non-FES member"	R9-22-201
"Emergency medical services provider"	R9-22-1201
"Emergency medical or behavioral health condition for a FES member"	R9-22-217
"Emergency services costs"	A.R.S. § 36-2903.07
"Emergency services for a FES member"	R9-22-217
"Encounter"	R9-22-701
"Enrollment"	R9-22-1701
"Equity"	R9-22-101
"Experimental services"	R9-22-203
"Existing outpatient service"	R9-22-701
"Expansion funds"	R9-22-701
"FAA"	R9-22-301
"Facility"	R9-22-101
"Factor"	R9-22-701 and 42 CFR 447.10
"FBR"	R9-22-101
"Federal financial participation" or "FFP"	42 CFR 400.203
"Federal poverty level" or "FPL"	A.R.S. § 36-2981
"Fee-For-Service" or "FFS"	R9-22-101
"FES member"	R9-22-101
"FESP"	R9-22-101
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B. General definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"ADHS" means the Arizona Department of Health Services.

"Adverse action" means an action taken by the Department or Administration to deny, discontinue, or reduce medical assistance.

"Affiliated corporate organization" means any organization that has ownership or control interests as defined in 42 CFR 455.101, and includes a parent and subsidiary corporation.

"AHCCCS" means the Arizona Health Care Cost Containment System, which is composed of the Administration, contractors, and other arrangements through which health care services are provided to a member.

"AHCCCS registered provider" means a provider or non-contracting provider who:

Enters into a provider agreement with the Administration under R9-22-703(A), and

Meets license or certification requirements to provide covered services.

"Ancillary service" means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

"Applicant" means a person who submits or whose authorized representative submits a written, signed, and dated application for AHCCCS benefits.

"Application" means an official request for AHCCCS medical coverage made under this Chapter.

"Assignment" means enrollment of a member with a contractor by the Administration.

"Attending physician" means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a Fee-For-Service member.

"Authorized representative" means a person who is authorized to apply for medical assistance or act on behalf of another person.

"Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution,

If the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33,

If the behavioral health services were provided in a setting other than a licensed health care institution; and

Are provided under supervision by a behavioral health professional R9-10-101.

"Behavioral Health Professional" has the same meaning as defined A.A.C. R9-10-101 excluding subsection (g).

"Capped fee-for-service" means the payment mechanism by which a provider of care is reimbursed upon submission of a valid claim for a specific covered service or equipment provided to a member. A payment is made in accordance with an upper or capped limit established by the Director. This capped limit can either be a specific dollar amount or a percentage of billed charges.

"Case record" means an individual or family file retained by the Department that contains all pertinent eligibility information, including electronically stored data.

"Children's Rehabilitative Services" or "CRS" means the program that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

"CMS" means the Centers for Medicare and Medicaid Services.

"Continuous stay" means a period during which a member receives inpatient hospital services without interruption beginning with the date of admission and ending with the date of discharge or date of death.

"Contract" means a written agreement entered into between a person, an organization, or other entity and the Administration to provide health care services to a member under A.R.S. Title 36, Chapter 29, and this Chapter.

"Contract year" means the period beginning on October 1 of a year and continuing until September 30 of the following year.

"Covered services" means the health and medical services described in Articles 2 and 12 of this Chapter as being eligible for reimbursement by AHCCCS.

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“Day” means a calendar day unless otherwise specified.

“DBHS” means the Division of Behavioral Health Services within the Arizona Department of Health Services.

“DES” means the Department of Economic Security.

“Diagnostic services” means services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

“Director” means the Director of the Administration or the Director’s designee.

“Discussion” means an oral or written exchange of information or any form of negotiation.

“DME” means durable medical equipment, which is an item or appliance that can withstand repeated use, is designed to serve a medical purpose, and is not generally useful to a person in the absence of a medical condition, illness, or injury.

“Equity” means the county assessor full cash value or market value of a resource minus valid liens, encumbrances, or both.

“Facility” means a building or portion of a building licensed or certified by the Arizona Department of Health Services as a health care institution under A.R.S. Title 36, Chapter 4, to provide a medical service, a nursing service, or other health care or health-related service.

“FBR” means Federal Benefit Rate, the maximum monthly Supplemental Security Income payment rate for a member or a married couple.

“Fee-For-Service” or “FFS” means a method of payment by the AHCCCS Administration to a registered provider on an amount-per-service basis for a member not enrolled with a contractor.

“FES member” means a person who is eligible to receive emergency medical and behavioral health services through the FESP under R9-22-217.

“FESP” means the federal emergency services program under R9-22-217 which covers services to treat an emergency medical or behavioral health condition for a member who is determined eligible under A.R.S. § 36-2903.03(D).

“FQHC” means federally qualified health center.

“GSA” means a geographical service area designated by the Administration within which a contractor provides, directly or through a subcontract, a covered health care service to a member enrolled with the contractor.

“Hospital” means a health care institution that is licensed as a hospital by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4, Article 2, and certified as a provider under Title XVIII of the Social Security Act, as amended, or is currently determined, by the Arizona Department of Health Services as the CMS designee, to meet the requirements of certification.

“IHS” means Indian Health Service.

“IMD” or “Institution for Mental Diseases” means an Institution for Mental Diseases as described in 42 CFR 435.1010 that is licensed by ADHS.

“Legal representative” means a custodial parent of a child under 18, a guardian, or a conservator.

“License” or “licensure” means a nontransferable authorization that is granted based on established standards in law by a state or a county regulatory agency or board and allows a health care provider to lawfully render a health care service.

“Mailing date” when used in reference to a document sent first class, postage prepaid, through the United States mail, means the date:

Shown on the postmark;

Shown on the postage meter mark of the envelope, if no postmark; or

Entered as the date on the document, if there is no legible postmark or postage meter mark.

“Medical record” means a document that relates to medical or behavioral health services provided to a member by a physician or other licensed practitioner of the healing arts and that is kept at the site of the provider.

“Medical supplies” means consumable items that are designed specifically to meet a medical purpose.

“Medically necessary” means a covered service is provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or to prolong life.

“Medicare claim” means a claim for Medicare-covered services for a member with Medicare coverage.

“Non-FES member” means an eligible person who is entitled to full AHCCCS services.

“Offeror” means an individual or entity that submits a proposal to the Administration in response to an RFP.

“Physician” means a person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

“Practitioner” means a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a registered nurse practitioner certified under A.R.S. Title 32, Chapter 15.

“Prescription” means an order to provide covered services that is signed or transmitted by a provider authorized to prescribe the services.

“Primary care provider” or “PCP” means an individual who meets the requirements of A.R.S. § 36-2901 (14), and who is responsible for the management of a member’s health care.

“Prior authorization” means the process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable contract provisions. Prior authorization is not a guarantee of payment.

“Prior period coverage” means the period prior to the member’s enrollment during which a member is eligible for covered services. PPC begins on the first day of the month of application or the first eligible month, which-

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ever is later, and continues until the day the member is enrolled with a contractor.

“Proposal” means all documents, including best and final offers, submitted by an offeror in response to an RFP by the Administration.

“Radiology” means professional and technical services rendered to provide medical imaging, radiation oncology, and radioisotope services.

“Referral” means the process by which a member is directed by a primary care provider or an attending physician to another appropriate provider or resource for diagnosis or treatment.

“Rehabilitation services” means physical, occupational, and speech therapies, and items to assist in improving or restoring a person’s functional level.

“Responsible offeror” means an individual or entity that has the capability to perform the requirements of a contract and that ensures good faith performance.

“Responsive offeror” means an individual or entity that submits a proposal that conforms in all material respects to an RFP.

“Review” means a review of all factors affecting a member’s eligibility.

“Review month” means the month in which the individual’s or family’s circumstances and case record are reviewed.

“RFP” means Request for Proposals, including all documents, whether attached or incorporated by reference, that are used by the Administration for soliciting a proposal under 9 A.A.C. 22, Article 6.

“Service location” means a location at which a member obtains a covered service provided by a physician or other licensed practitioner of the healing arts under the terms of a contract.

“Service site” means a location designated by a contractor as the location at which a member is to receive covered services.

“S.O.B.R.A.” means Section 9401 of the Sixth Omnibus Budget Reconciliation Act, 1986, amended by the Medicare Catastrophic Coverage Act of 1988, 42 U.S.C. 1396a(a)(10)(A)(i)(IV), 42 U.S.C. 1396a(a)(10)(A)(i)(VI), and 42 U.S.C. 1396a(a)(10)(A)(i)(VII).

“Specialist” means a Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

“Spouse” means a person who has entered into a contract of marriage recognized as valid by this state.

“SSN” means Social Security number.

“Standard of care” means a medical procedure or process that is accepted as treatment for a specific illness, injury, or medical condition through custom, peer review, or consensus by the professional medical community.

“Subcontract” means an agreement entered into by a contractor with any of the following:

A provider of health care services who agrees to furnish covered services to a member,

A marketing organization, or

Any other organization or person that agrees to perform any administrative function or service for the contractor specifically related to securing or fulfilling the contractor’s obligation to the Administration under the terms of a contract.

“Taxi” is as defined in A.R.S. § 28-101(53).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-101 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-101 repealed, former Sections R9-22-102 and R9-22-301 renumbered as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency by adding new paragraphs (24), (46), (84) and (91) and renumbering accordingly effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency by adding new paragraphs (2) and (15) and renumbering accordingly effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment added paragraphs (2) and (15) and renumbered accordingly effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended paragraphs (10) and (15) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended by deleting paragraphs (39) and (62) and renumbering accordingly effective July 1, 1988 (Supp. 88-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 8, 1997 (Supp. 97-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking

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at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4).

Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-102. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-102 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1092 (Supp. 82-4). Former Section R9-22-102 renumbered together with former Section R9-22-301 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section adopted effective December 8, 1997 (Supp. 97-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3).

R9-22-103. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-104. Reserved**R9-22-105. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final

rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-106. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-107. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-108. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-109. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. effective 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-110. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-111. Reserved**R9-22-112. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Repealed by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1).

R9-22-113. Reserved**R9-22-114. Repealed****Historical Note**

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New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-115. Repealed**Historical Note**

Final Section adopted at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-116. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-117. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-118. Reserved**R9-22-119. Reserved****R9-22-120. Repealed****Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

ARTICLE 2. SCOPE OF SERVICES**R9-22-201. Scope of Services-related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Anticipatory guidance” means a person responsible for a child receives information and guidance of what the person should expect of the child’s development and how to help the child stay healthy.

“Behavioral health recipient” means a Title XIX or Title XXI acute care member who is eligible for, and is receiving, behavioral health services through ADHS/DBHS.

“Benefit year” means a one-year time period of October 1st through September 30th.

“Emergency behavioral health condition for a non-FES member” means a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health

and medicine could reasonably expect the absence of immediate medical attention to result in:

Placing the health of the person, including mental health, in serious jeopardy;

Serious impairment to bodily functions;

Serious dysfunction of any bodily organ or part; or

Serious physical harm to another person.

“Emergency behavioral health services for a non-FES member” means those behavioral health services provided for the treatment of an emergency behavioral health condition.

“Emergency medical condition for a non-FES member” means treatment for a medical condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

Placing the member’s health in serious jeopardy,

Serious impairment to bodily functions, or

Serious dysfunction of any bodily organ or part.

“Emergency medical services for a non-FES member” means services provided for the treatment of an emergency medical condition.

“Hearing aid” means an instrument or device designed for, or represented by the supplier as aiding or compensating for impaired or defective human hearing, and includes any parts, attachments, or accessories of the instrument or device.

“Home health services” means services and supplies that are provided by a home health agency that coordinates in-home intermittent services for curative, rehabilitative care, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances.

“Occupational therapy” means medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual’s ability to perform tasks required for independent functioning.

“Pharmaceutical service” means medically necessary medications that are prescribed by a physician, practitioner, or dentist under R9-22-209.

“Physical therapy” means treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.

“Post-stabilization services” means covered services related to an emergency medical or behavioral health condition provided after the condition is stabilized.

“Primary care provider services” means healthcare services provided by and within the scope of practice, as defined by law, of a licensed physician, certified nurse practitioner, or licensed physician assistant.

“Psychosocial rehabilitation services” means services that provide education, coaching, and training to address or prevent residual functional deficits and may include services that may assist a member to secure and maintain employment. Psychosocial rehabilitation services may include:

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Living skills training,

Cognitive rehabilitation,

Health promotion,

Supported employment, and

Other services that increase social and communication skills to maximize a member's ability to participate in the community and function independently.

"RBHA" or "Regional Behavioral Health Authority" means the same as in A.R.S. § 36-3401.

"Residual functional deficit" means a member's inability to return to a previous level of functioning, usually after experiencing a severe psychotic break or state of decompensation.

"Respiratory therapy" means treatment services to restore, maintain, or improve respiratory functions that are provided by, or under the supervision of, a respiratory therapist licensed according to A.R.S. Title 32, Chapter 35.

"Scope of services" means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

"Speech therapy" means medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.

"Sterilization" means a medically necessary procedure, not for the purpose of family planning, to render an eligible person or member barren in order to:

Prevent the progression of disease, disability, or adverse health conditions; or

Prolong life and promote physical health.

"Substance abuse" means the chronic, habitual, or compulsive use of any chemical matter that, when introduced into the body, is capable of altering human behavior or mental functioning and, with extended use, may cause psychological dependence and impaired mental, social or educational functioning. Nicotine addiction is not considered substance abuse for adults who are 21 years of age or older

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-201 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-202. General Requirements

A. For the purposes of this Article, the following definitions apply:

1. "Authorization" means written, verbal, or electronic authorization by:
 - a. The Administration for services rendered to a fee-for-service member, or
 - b. The contractor for services rendered to a prepaid capitated member.
2. Use of the phrase "attending physician" applies only to the fee-for-service population.

B. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply:

1. Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services.
2. Covered services for the federal emergency services program (FESP) are under R9-22-217.
3. The Administration or a contractor may waive the covered services referral requirements of this Article.
4. Except as authorized by the Administration or a contractor, a primary care provider, attending physician, practitioner, or a dentist shall provide or direct the member's covered services. Delegation of the provision of care to a practitioner does not diminish the role or responsibility of the primary care provider.
5. A contractor shall offer a female member direct access to preventive and routine services from gynecology providers within the contractor's network without a referral from a primary care provider.
6. A member may receive physical and behavioral health services as specified in Articles 2 and 12.
7. The Administration or a contractor shall provide services under the Section 1115 Waiver as defined in A.R.S. § 36-2901.
8. An AHCCCS registered provider shall provide covered services within the provider's scope of practice.
9. In addition to the specific exclusions and limitations otherwise specified under this Article, the following are not covered:
 - a. A service that is determined by the AHCCCS Chief Medical Officer to be experimental or provided primarily for the purpose of research;
 - b. Services or items furnished gratuitously, and
 - c. Personal care items except as specified under R9-22-212.
10. Medical or behavioral health services are not covered services if provided to:
 - a. An inmate of a public institution; or
 - b. A person who is in residence at an institution for the treatment of tuberculosis.

C. The Administration or a contractor may deny payment of non-emergency services if prior authorization is not obtained as specified in this Article and Article 7 of this Chapter. The Administration or a contractor shall not provide prior authorization for services unless the provider submits documentation of the medical necessity of the treatment along with the prior authorization request.

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- D. Services under A.R.S. § 36-2908 provided during the prior period coverage do not require prior authorization.
- E. Prior authorization is not required for services necessary to evaluate and stabilize an emergency medical condition. The Administration or a contractor shall not reimburse services that require prior authorization unless the provider documents the diagnosis and treatment.
- F. A service is not a covered service if provided outside the GSA unless one of the following applies:
 1. A member is referred by a primary care provider for medical specialty care outside the GSA. If a member is referred outside the GSA to receive an authorized medically necessary service, the contractor shall also provide all other medically necessary covered services for the member;
 2. There is a net savings in service delivery costs as a result of going outside the GSA that does not require undue travel time or hardship for a member or the member's family;
 3. The contractor authorizes placement in a nursing facility located out of the GSA; or
 4. Services are provided during prior period coverage or during the prior quarter coverage.
- G. If a member is traveling or temporarily residing outside of the GSA, covered services are restricted to emergency care services, unless otherwise authorized by the contractor.
- H. A contractor shall provide at a minimum, directly or through subcontracts, the covered services specified in this Chapter and in contract.
- I. The Administration shall determine the circumstances under which a FFS member may receive services, other than emergency services, from service providers outside the member's county of residence or outside the state. Criteria considered by the Administration in making this determination shall include availability and accessibility of appropriate care and cost effectiveness.
- J. The restrictions, limitations, and exclusions in this Article do not apply to a contractor electing to provide noncovered services.
 1. The Administration shall not consider the costs of providing a noncovered service to a member in the development or negotiation of a capitation rate.
 2. A contractor shall pay for noncovered services from administrative revenue or other contractor funds that are unrelated to the provision of services under this Chapter.
 3. If a member requests a service that is not covered or is not authorized by a contractor, or the Administration, an AHCCCS-registered service provider may provide the service according to R9-22-702.
- K. Subject to CMS approval, the restrictions, limitations, and exclusions specified in the following subsections do not apply to American Indians receiving services through IHS or a tribal health program operating under P.L. 93-638 when those services are eligible for 100 percent federal financial participation:
 1. R9-22-205(A)(8),
 2. R9-22-206,
 3. R9-22-207,
 4. R9-22-212(C),
 5. R9-22-212(D),
 6. R9-22-212(E)(8),
 7. R9-22-215(C)(5), (C)(6), and
 8. R9-22-215(C)(4).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-202 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective July 1, 1995, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 322, § 21; filed with the Office of the Secretary of State June 22, 1995 (Supp. 95-3). Amended effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

R9-22-203. Experimental Services

- A. Experimental services are not covered. A service is not experimental if:
 1. It is generally and widely accepted as a standard of care in the practice of medicine in the United States and is a safe and effective treatment for the condition for which it is intended or used.
 2. The service does not meet the standard in subsection (A)(1), but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of the evidence in peer-reviewed articles in medical journals published in the United States.
 3. The service does not meet the standard in subsection (A)(2) because the condition for which the service is intended or used is rare, but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of opinions from specialists who provide the service or related services.
- B. The following factors shall be considered when evaluating the weight of peer-reviewed articles or the opinions of specialists:
 1. The mortality rate and survival rate of the service as compared to the rates for alternative non-experimental services.
 2. The types, severity, and frequency of complications associated with the services as compared with the complications associated with alternative non-experimental services.
 3. The frequency with which the service has been performed in the past.
 4. Whether there is sufficient historical information regarding the service to provide reliable data regarding risks and benefits.

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5. The reputation and experience of the authors and/or specialists and their record in related areas.
6. The extent to which medical science in the area develops rapidly and the probability that more definite data will be available in the foreseeable future.
7. Whether the peer reviewed article describes a random controlled trial or an anecdotal clinical case study.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-203 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3).

Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Section amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3).

R9-22-204. Inpatient General Hospital Services

- A. The following limitations apply to inpatient general hospital services that are provided by FFS providers.
 1. Providers shall obtain prior authorization from the Administration for the following inpatient hospital services:
 - a. Nonemergency and elective admission, including psychiatric hospitalization;
 - b. Elective surgery; and
 - c. Services or items provided to cosmetically reconstruct or improve personal appearance after an illness or injury.
 2. The Administration or a contractor may deny a claim if a provider fails to obtain prior authorization.
 3. Providers are not required to obtain prior authorization from the Administration for the following inpatient hospital services:
 - a. Voluntary sterilization,
 - b. Dialysis shunt placement,
 - c. Arteriovenous graft placement for dialysis,
 - d. Angioplasties or thrombectomies of dialysis shunts,
 - e. Angioplasties or thrombectomies of arteriovenous graft for dialysis,
 - f. Hospitalization for vaginal delivery that does not exceed 48 hours,
 - g. Hospitalization for cesarean section delivery that does not exceed 96 hours, and
 - h. Other services identified by the Administration through the Provider Participation Agreement.
 4. The Administration may perform concurrent review for hospitalizations of non-FES members to determine whether there is medical necessity for the hospitalization. A provider shall notify the Administration no later than 72 hours after an emergency admission.
- B. Coverage of in-state and out-of-state inpatient hospital services is limited to 25 days per benefit year for members age 21

and older for claims with discharge dates on or before September 30, 2014. The limit applies for all inpatient hospital services with dates of service during the benefit year regardless of whether the member is enrolled in Fee for Service, is enrolled with one or more contractors, or both, during the benefit year.

1. For purposes of calculating the limit:
 - a. Inpatient days are counted towards the limit if paid by the Administration or a contractor;
 - b. Inpatient days will be counted toward the limit in the order of the adjudication date of a paid claim;
 - c. Paid inpatient days are allocated to the benefit year in which the date of service occurs;
 - d. Each 24 hours of paid observation services is counted as one inpatient day if the patient is not admitted to the same hospital directly following the observation services,
 - e. Observation services, which are directly followed by an inpatient admission to the same hospital are not counted towards the inpatient limit; and
 - f. After 25 days of inpatient hospital services have been paid as provided for in this rule Section:
 - i. Outpatient services that are directly followed by an inpatient admission to the same hospital, including observation services, are not covered.
 - ii. Continuous periods of observation services of less than 24 hours that are not directly followed by an inpatient admission to the same hospital are covered.
 - iii. For continuous periods of observation services of 24 hours or more that are not directly followed by an inpatient admission to the same hospital, 23 hours of observations services are covered.
2. The following inpatient days are not included in the inpatient hospital limitation described in this Section:
 - a. Days reimbursed under specialty contracts between AHCCCS and a transplant facility that are included within the component pricing referred to in the contract;
 - b. Days related to Behavioral Health:
 - i. Inpatient days that qualify for the psychiatric tier under R9-22-712.09 and reimbursed by the Administration or its contractors, or
 - ii. Inpatient days with a primary psychiatric diagnosis code reimbursed by the Administration or its contractors, or
 - iii. Inpatient days paid by the Arizona Department of Health Services Division of Behavioral Health Services or a RBHA or TRBHA.
 - c. Days related to treatment for burns and burn late effects at an American College of Surgeons verified burn center;
 - d. Same Day Admit Discharge services are excluded from the 25 day limit; and
 - e. Subject to approval by CMS, days for which the state claims 100% FFP, such as payments for days provided by IHS or 638 facilities.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-204 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective

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tive December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1745, effective October 1, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3). The incorrect label C was changed to B (Supp. 22-3).

R9-22-205. Attending Physician, Practitioner, and Primary Care Provider Services

- A.** A primary care provider, attending physician, or practitioner shall provide primary care provider services within the provider's scope of practice under A.R.S. Title 32. A member may receive primary care provider services in an inpatient or outpatient setting including at a minimum:
 1. Periodic health examination and assessment;
 2. Evaluation and diagnostic workup;
 3. Medically necessary treatment;
 4. Prescriptions for medication and medically necessary supplies and equipment;
 5. Referral to a specialist or other health care professional if medically necessary;
 6. Patient education;
 7. Home visits if medically necessary; and
 8. Preventive health services, such as, well visits, immunizations, colonoscopies, mammograms and PAP smears.
- B.** The following limitations and exclusions apply to attending physician and practitioner services and primary care provider services:
 1. Specialty care and other services provided to a member upon referral from a primary care provider, or to a member upon referral from the attending physician or practitioner are limited to the service or condition for which the referral is made, or for which authorization is given by the Administration or a contractor.
 2. A member's physical examination is not covered if the sole purpose is to obtain documentation for one or more of the following:
 - a. Qualification for insurance,
 - b. Pre-employment physical evaluation,
 - c. Qualification for sports or physical exercise activities,
 - d. Pilot's examination for the Federal Aviation Administration,
 - e. Disability certification to establish any kind of periodic payments,
 - f. Evaluation to establish third-party liabilities, or
 - g. Physical ability to perform functions that have no relationship to primary objectives of the services listed in subsection (A).
 3. Orthognathic surgery is covered only for a member who is less than 21 years of age;

4. The following services are excluded from AHCCCS coverage:
 - a. Infertility services, reversal of surgically induced infertility (sterilization), and gender reassignment surgeries;
 - b. Pregnancy termination counseling services;
 - c. Pregnancy terminations, unless required by state or federal law.
 - d. Services or items furnished solely for cosmetic purposes; and
 - e. Hysterectomies unless determined medically necessary.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-205 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A), paragraph (15) and added paragraph (20) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(2) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

Editor's Note: The following Section was renumbered and a new Section adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not published as a proposed rule in the Arizona Administrative Register; the rule was not reviewed or approved by the Governor's Regulatory Review Council; and the agency was not required to hold public hearings on the rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-206. Organ and Tissue Transplant Services

- A.** Organ and tissue transplant services are covered for a member if prior authorized and coordinated with the member's contractor, or the Administration. Only the following transplants are covered for individuals 21 years of age or older:
 1. Heart, including transplants for the treatment of non-ischemic cardiomyopathy;
 2. Liver, including transplants for patients with hepatitis C;
 3. Kidney (cadaveric and live donor);
 4. Simultaneous Pancreas/Kidney (SPK);
 5. Autologous and Allogeneic related and unrelated Hematopoietic Cell transplants;
 6. Cornea;
 7. Bone;
 8. Lung; and
 9. Pancreas after a kidney transplant (PAK).
- B.** The following transplants are not covered for members 21 years of age or older:

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1. Pancreas only transplants if it is not performed simultaneously with or following a kidney transplant. Partial pancreas transplants and autologous and allogeneic pancreas islet cell transplants are not covered even if performed simultaneously with or following a kidney transplant.
 2. Intestine transplants, and
 3. Any other type of transplant not specifically listed in subsection (A).
- C. When there is a transplant of multiple organs, reimbursement will only be made for those covered.
- D. Organ and tissue transplant services are not covered for non-qualified aliens or noncitizens members of FESP under A.R.S. § 36-2903.03(D).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-206 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-206 renumbered to R9-22-218, new Section R9-22-206 adopted effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1386, effective July 15, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by exempt rulemaking at 17 A.A.R. 1122, April 1, 2011 (Supp. 11-2).

R9-22-207. Dental Services

- A. The Administration or a contractor shall cover dental services for a member less than 21 years of age under R9-22-213.
- B. For individuals age 21 years of age or older, the Administration or a contractor shall cover medical and surgical services furnished by a dentist only to the extent such services may be performed under state law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.
1. Except as specified in subsection (C), such services must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examination of the oral cavity, radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate level of anesthesia and the prescription of pain medication and antibiotics.
 2. Such services do not include services that physicians are not generally competent to perform such as dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.

- C. For the purposes of this subsection, simple restorations means silver amalgam or composite resin fillings, stainless steel crowns or preformed crowns. In addition, dental services for an individual 21 years of age or older include:
1. The elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to covered transplantation; and
 2. Prophylactic extraction of teeth in preparation for covered radiation treatment of cancer of the jaw, neck or head.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-207 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-207 repealed, new Section R9-22-207 adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

R9-22-208. Laboratory, Radiology, and Medical Imaging Services

Laboratory, radiology, and medical imaging services are covered services if:

1. Prescribed by the member's attending physician, practitioner, primary care provider or a dentist, or prescribed by a physician or practitioner upon referral from the primary care provider or dentist.
2. Provided by licensed health care providers in a:
 - a. Hospital,
 - b. Clinic,
 - c. Physician's office, or
 - d. Other health care facility.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-208 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-208 repealed, new Section R9-22-208 adopted effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2).

R9-22-209. Pharmaceutical Services

- A. An inpatient or outpatient provider, including a hospital, clinic, other appropriately licensed health care facility, and pharmacy may provide covered pharmaceutical services.
- B. The Administration or a contractor shall require a provider to make pharmaceutical services:
1. Available during customary business hours, and
 2. Located within reasonable travel distance of a member's residence.
- C. Pharmaceutical services are covered if:

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1. Prescribed for a member by the member's primary care provider, attending physician, practitioner, or dentist;
 2. Prescribed by a specialist upon referral from the primary care provider or attending physician; or
 3. The contractor or its designee authorizes the service.
- D.** The following limitations apply to pharmaceutical services:
1. A medication personally dispensed by a physician, dentist, or a practitioner within the individual's scope of practice is not covered, except in geographically remote areas where there is no participating pharmacy or if accessible pharmacies are closed.
 2. A new prescription or refill in excess of a 30 day supply is not covered unless:
 - a. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed a 90 day supply; or
 - b. The Contractor authorizes the prescription for an extended time period not to exceed a 90-day supply.
 3. An over-the-counter medication, in place of a covered prescription medication, is covered only if the over-the-counter medication is appropriate, equally effective, safe, and less costly than the covered prescription medication.
- E.** A contractor shall monitor and ensure sufficient services to prevent any gap in the pharmaceutical regimen of a member who requires a continuing or complex regimen of pharmaceutical treatment to restore, improve, or maintain physical well being.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-209 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 24, 1986 (Supp. 86-5). Amended subsections (A) and (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(3), effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-210. Emergency Medical Services for Non-FES Members**A. General provisions.**

1. Applicability. This Section applies to emergency medical services for non-FES members. Provisions regarding emergency behavioral health services for non-FES members are in R9-22-210.01. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definitions.
 - a. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS or a subcontractor of ADHS/DBHS.

- b. For the purposes of this Section and R9-22-210.01, "fiscal agent" means a person who bills and accepts payment for a hospital or emergency room provider.
 3. Verification. A provider of emergency medical services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor.
 4. Prior authorization.
 - a. Emergency medical services. A provider is not required to obtain prior authorization for emergency medical services.
 - b. Non-emergency medical services. If a non-FES member's medical condition does not require emergency medical services, the provider shall obtain prior authorization as required by the terms of the provider agreement under R9-22-714(A) or the provider's subcontract with the contractor, whichever is applicable.
 5. Prohibition against denial of payment. Neither the Administration nor a contractor shall:
 - a. Limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms,
 - b. Deny or limit payment because the provider failed to obtain prior authorization for emergency services,
 - c. Deny or limit payment because the provider does not have a subcontract.
 6. Grounds for denial. The Administration and a contractor may deny payment for emergency medical services for reasons including but not limited to:
 - a. The claim was not a clean claim;
 - b. The claim was not submitted timely; and
 - c. The provider failed to provide timely notification under subsection (B)(4) to the contractor or the Administration, as appropriate, and the contractor does not have actual notice from any other source that the member has presented for services.
- B.** Additional requirements for emergency medical services for non-FES members enrolled with a contractor.
1. Responsible entity. A contractor is responsible for the provision of all emergency medical services to non-FES members enrolled with the contractor.
 2. Prohibition against denial of payment. A contractor shall not limit or deny payment for emergency medical services when an employee of the contractor instructs the member to obtain emergency medical services.
 3. Contractor notification. A contractor shall not deny payment to a hospital, emergency room provider, or fiscal agent for an emergency medical service rendered to a non-FES member based on the failure of the hospital, emergency room provider, or fiscal agent to notify the member's contractor within 10 days from the day that the member presented for the emergency medical service.
 4. Contractor notification. A hospital, emergency room provider, or fiscal agent shall notify the contractor no later than the 11th day after presentation of the non-FES member for emergency inpatient medical services. A contractor may deny payment for a hospital's, emergency room provider's, or fiscal agent's failure to provide timely notice, under this subsection.
- C.** Post-stabilization services for non-FES members enrolled with a contractor.
1. After the emergency medical condition of a member enrolled with a contractor is stabilized, a provider shall

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request prior authorization from the contractor for post-stabilization services.

2. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that have been prior authorized by the contractor.
3. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor for prior authorization of further post-stabilization services;
4. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain, improve, or resolve the member's stabilized condition if:
 - a. The contractor does not respond to a request for prior authorization within one hour;
 - b. The contractor authorized to give the prior authorization cannot be contacted; or
 - c. The contractor representative and the treating physician cannot reach an agreement concerning the member's care and the contractor physician is not available for consultation. In this situation, the contractor shall give the treating physician the opportunity to consult with a contractor physician. The treating physician may continue with care of the member until the contractor physician is reached or:
 - i. A contractor physician with privileges at the treating hospital assumes responsibility for the member's care,
 - ii. A contractor physician assumes responsibility for the member's care through transfer,
 - iii. The contractor's representative and the treating physician reach agreement concerning the member's care, or
 - iv. The member is discharged.
5. Transfer or discharge. The attending physician or practitioner actually treating the member for the emergency medical condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor.

D. Additional requirements for FFS members.

1. Responsible entity. The Administration is responsible for the provision of all emergency medical services to non-FES FFS members.
2. Grounds for denial. The Administration may deny payment for emergency medical services if a provider fails to provide timely notice to the Administration.
3. Notification. A provider shall notify the Administration no later than 72 hours after a FFS member receiving emergency medical services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-210 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-210 repealed, new Section R9-22-210 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), para-

graph (1) effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-210.01. Emergency Behavioral Health Services for Non-FES Members

A. General provisions.

1. Applicability. This Section applies to emergency behavioral health services for non-FES members. Provisions regarding emergency medical services for non-FES members are in R9-22-210. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definition. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS, a subcontractor of ADHS/DBHS, or Children's Rehabilitative Services.
3. Responsible entity for inpatient emergency behavioral health services.
 - a. Members enrolled with a contractor. ADHS/DBHS. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services to non-FES members with psychiatric or substance abuse diagnoses who are enrolled with the contractor.
 - b. FFS members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services for non-FES FFS members with psychiatric or substance abuse diagnoses unless services are provided in an IHS or tribally operated 638 facility.
4. Responsible entity for non-inpatient emergency behavioral health services for non-FES members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all non-inpatient emergency behavioral health services for non-FES members.
5. Verification. A provider of emergency behavioral health services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is a member enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor, and determine whether the member is a behavioral health recipient as defined in R9-22-201.
6. Prior authorization.
 - a. Emergency behavioral health services. A provider is not required to obtain prior authorization for emergency behavioral health services.
 - b. Non-emergency behavioral health services. When a non-FES member's behavioral health condition is determined by the provider not to require emergency behavioral health services, the provider shall follow the prior authorization requirements of a contractor

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and ADHS/DBHS or a subcontractor of ADHS/DBHS.

7. Prohibition against limitation or denial of payment. A contractor, TRBHA, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS shall not limit or deny payment to an emergency behavioral health provider for emergency behavioral health services to a non-FES member for the following reasons:
 - a. On the basis of lists of diagnoses or symptoms;
 - b. Prior authorization was not obtained;
 - c. The provider does not have a contract;
 - d. An employee of the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS instructs the member to obtain emergency behavioral health services; or
 - e. The failure of a hospital, emergency room provider, or fiscal agent to notify the member's contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS within 10 days from the day the member presented for the emergency service.
8. Grounds for denial. A contractor, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS may deny payment for emergency behavioral health services for reasons including but not limited to the following:
 - a. The claim was not a clean claim;
 - b. The claim was not submitted timely; or
 - c. The provider failed to provide timely notification under subsection (A)(9) to the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS or the Administration.
9. Notification.
 - a. A hospital, emergency room provider, or fiscal agent shall notify a contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, whichever is appropriate, no later than the 11th day from presentation of the non-FES member for emergency inpatient behavioral health services.
 - b. A hospital, emergency room provider, or fiscal agent shall notify the Administration no later than 72 hours after a FFS member receiving emergency behavioral health services presents to a hospital for inpatient services.
10. Transfer or discharge. The attending physician or the provider actually treating the non-FES member for the emergency behavioral health condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor and ADHS/DBHS or a subcontractor of ADHS/DBHS.

B. Post-stabilization requirements for non-FES members.

1. A contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that have been prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS.
2. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor, ADHS/DBHS, or a subcontractor for prior authorization of further post-stabilization services;

3. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain, improve, or resolve the member's stabilized condition if:
 - a. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, does not respond to a request for prior authorization within one hour;
 - b. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS authorized to give the prior authorization cannot be contacted; or
 - c. The representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician cannot reach an agreement concerning the member's care and the contractor's, ADHS/DBHS' or the subcontractor's physician, is not available for consultation. The treating physician may continue with care of the member until ADHS/DBHS', the contractor's, or the subcontractor's physician is reached, or:
 - i. A contracted physician with privileges at the treating hospital assumes responsibility for the member's care;
 - ii. ADHS/DBHS', a contractor's, or a subcontractor's physician assumes responsibility for the member's care through transfer;
 - iii. A representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician reach agreement concerning the member's care; or
 - iv. The member is discharged.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-211. Transportation Services

- A. Emergency ambulance services.**
1. A member shall receive medically necessary emergency transportation in a ground or air ambulance:
 - a. To the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
 - b. If no other appropriate means of transportation is available.
 2. The Administration or a member's contractor shall reimburse a ground or air ambulance transport that originates in response to a 911 call or other emergency response system:
 - a. If the member's medical condition justifies the medical necessity of the type of ambulance transportation received,
 - b. The transport is to the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
 - c. No prior authorization is required for reimbursement of these transports.
 3. The member's medical condition at the time of transport determines whether the transport is medically necessary.

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4. A ground or air ambulance provider furnishing transport in response to a 911 call or other emergency response system shall notify the member's contractor within 10 working days from the date of transport. Failure of the provider to provide notification is cause for denial.
 5. Notification to the Administration of emergency transportation provided to a FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.
- B.** The Administration or a contractor covers air ambulance services only if at least one criterion in subsection (B)(1) is met and at least one criterion in subsection (B)(2), or the criterion in subsection (B)(3) is met. The criteria are:
1. The air ambulance transport is initiated at the request of:
 - a. An emergency response unit,
 - b. A law enforcement official,
 - c. A clinic or hospital medical staff member, or
 - d. A physician or practitioner, and
 2. The point of pickup:
 - a. Is inaccessible by ground ambulance, or
 - b. Is a great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ambulance service will not suffice, or
 3. The medical condition of the member requires immediate intervention from emergency ambulance personnel or providers with the appropriate facilities to treat the member's condition.
- C.** Coverage of medically necessary nonemergency transportation is limited to the cost of transporting the member to an appropriate provider capable of meeting the member's medical needs.
1. As specified in contract, a contractor shall arrange or provide medically necessary nonemergency transportation services for a member who is unable to arrange transportation to a service site or location.
 2. For a fee-for-service member, the Administration shall authorize medically necessary nonemergency transportation for a member who is unable to arrange transportation to a service site or location.
- D.** For the purposes of this subsection, an individual means a person who is not in the business of providing transportation services such as a family or household member, friend, or neighbor. The Administration or a contractor shall cover expenses for transportation in traveling to and returning from an approved and prior authorized health care service site provided by an individual if:
1. The transportation services are authorized by the Administration or the member's contractor or designee,
 2. The individual is an AHCCCS registered provider, and
 3. No other means of appropriate transportation is available.
- E.** The Administration or a contractor shall cover expenses for meals, lodging, and transportation for a member traveling to and returning from an approved health care service site outside of the member's service area or county of residence.
- F.** The Administration or a contractor shall cover the expense of meals, lodging, and transportation for:
1. A family member accompanying a member if:
 - a. The member is traveling to or returning from an approved health care service site outside of the member's service area or county of residence; and
 - b. The meals, lodging, and transportation services are authorized by the Administration or the member's contractor or designee.
 2. An escort who is not a family member as follows:
 - a. If the member is traveling to or returning from an approved and prior authorized health care service site, including an inpatient facility, outside of the member's service area or county of residence;
 - b. If the escort services are authorized by the Administration or the member's contractor or designee; and
 - c. Wage paid to an escort as reimbursement shall not exceed the federal minimum wage.
- G.** A provider shall obtain prior authorization from the Administration for transportation services provided for a member for the following:
1. Medically necessary nonemergency transportation services not originated through a 911 call or other emergency response system when the distance traveled exceeds 100 miles (whether one way or round trip); and
 2. All meals, lodging, and services of an escort accompanying the member under this Section.
- H.** A charitable organization routinely providing transportation service at no cost to an ambulatory or chairbound person shall not charge or seek reimbursement from the Administration or a contractor for the provision of the service to a member but may enter into a subcontract with a contractor for medically necessary transportation services provided to a member.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-211 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3).

R9-22-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies

- A.** Durable medical equipment, orthotic and prosthetic devices, and medical supplies, including incontinence briefs as specified in subsection (E), are covered services to the extent permitted in this Section if provided in compliance with requirements of this Chapter; and
1. Prescribed by the primary care provider, attending physician, or practitioner; or
 2. Prescribed by a specialist upon referral from the primary care provider, attending physician, or practitioner; and
 3. Authorized as required by the Administration, contractor, or contractor's designee.
- B.** Covered medical supplies are consumable items that are designed specifically to meet a medical purpose, are disposable, and are essential for the member's health.
- C.** Covered DME is any item, appliance, or piece of equipment that is not a prosthetic or orthotic; and
1. Is designed for a medical purpose, and is generally not useful to a person in the absence of an illness or injury, and
 2. Can withstand repeated use, and
 3. Is generally reusable by others.
- D.** Prosthetics are devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portion of the body. Only those prosthetics

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that are medically necessary for rehabilitation are covered, except as otherwise provided in R9-22-215.

E. The following limitations on coverage apply:

1. The DME is furnished on a rental or purchase basis, whichever is less expensive. The total expense of renting the DME does not exceed the cost of the DME if purchased.
2. Reasonable repair or adjustment of purchased DME is covered if necessary to make the DME serviceable and if the cost of repair or adjustment is less than the cost of renting or purchasing another unit.
3. A change in, or addition to, an original order for DME is covered if approved by the prescriber in subsection (A), or prior authorized by the Administration or contractor, and the change or addition is indicated clearly on the order and initialed by the vendor. No change or addition to the original order for DME may be made after a claim for services is submitted to the member's contractor, or the Administration, without prior written notification of the change or addition to the Administration or the contractor.
4. Reimbursement for rental fees shall terminate:
 - a. No later than the end of the month in which the prescriber in subsection (A) certifies that the member no longer needs the DME;
 - b. If the member is no longer eligible for AHCCCS services; or
 - c. If the member is no longer enrolled with a contractor, with the exception of transitions of care as specified in R9-22-509.
5. Except for incontinence briefs for persons over 3 years old and under 21 years old as provided in subsection (E)(6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes.
6. Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances:
 - a. The member is over 3 years old and under 21 years old;
 - b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both;
 - c. The PCP or attending physician has issued a prescription ordering the incontinence briefs;
 - d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder;
 - e. The member obtains incontinence briefs from providers in the contractor's network;
 - f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. Prior authorization will be permitted to ascertain that:

- i. The member is over age 3 and under age 21;
- ii. The member has a disability that causes incontinence of bladder or bowel, or both;
- iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and
- iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.

7. First aid supplies are not covered unless they are provided in accordance with a prescription.
8. The following services are not covered for individuals 21 years of age or older:
 - a. Hearing aids;
 - b. Prescriptive lenses unless they are the sole visual prosthetic device used by the member after a cataract extraction;
 - c. Bone Anchor Hearing Aid (BAHA);
 - d. Cochlear implant;
 - e. Percussive vest;
 - f. Insulin pump;
 - g. Microprocessor-controlled lower limbs or microprocessor-controlled joints for lower limbs; and
 - h. Orthotics, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body.

F. Liability and ownership.

1. Purchased DME that is provided to a member and no longer needed by the member may be disposed of in accordance with each contractor's policy.
2. The Administration shall retain title to purchased DME provided to a member who becomes ineligible or no longer requires use of the DME.
3. If customized DME is purchased by the Administration or contractor for a member, the equipment shall remain with the person during times of transition to a different contractor, or upon loss of eligibility. For purposes of this subsection, customized DME refers to equipment that is altered or built to specifications unique to a member's medical needs and that, most likely, cannot be used or reused to meet the needs of another individual.
4. A member shall return DME obtained fraudulently to the Administration or the contractor.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-212 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-212 repealed, new Section R9-22-212 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (2), and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

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R9-22-213. Early and Periodic Screening, Diagnosis, and Treatment Services (E.P.S.D.T.)

A. The following E.P.S.D.T. services are covered for a member less than 21 years of age:

1. Screening services including:
 - a. Comprehensive health and developmental history;
 - b. Comprehensive unclothed physical examination;
 - c. Appropriate immunizations according to age and health history;
 - d. Laboratory tests; and
 - e. Health education, including anticipatory guidance;
2. Vision services including:
 - a. Diagnosis and treatment for defects in vision;
 - b. Eye examinations for the provision of prescriptive lenses;
 - c. Prescriptive lenses; and
 - d. Frames.
3. Hearing services including:
 - a. Diagnosis and treatment for defects in hearing;
 - b. Testing to determine hearing impairment; and
 - c. Hearing aids;
4. Dental services including:
 - a. Emergency dental services as specified in R9-22-207;
 - b. Preventive services including screening, diagnosis, and treatment of dental disease; and
 - c. Therapeutic dental services including fillings, crowns, dentures, and other prosthetic devices;
5. Orthognathic surgery;
6. Medically necessary, nutritional assessment and nutritional therapy as specified in contract to provide complete daily dietary requirements or supplement a member's daily nutritional and caloric intake;
7. Behavioral health services under 9 A.A.C. 22, Article 12;
8. Hospice services do not include home-delivered meals or services provided and covered through Medicare. The following hospice services are covered:
 - a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
 - b. Services available to a member receiving hospice care are limited to those allowable under 42 CFR 418.202, October 1, 2006, incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments;
9. Incontinence briefs as specified under R9-22-212; and
10. Other necessary health care, diagnostic services, treatment, and measures required by 42 U.S.C. 1396d(r)(5).

B. Providers of E.P.S.D.T. services shall meet the following standards:

1. Ensure that services are provided by or under the direction of the member's primary care provider, attending physician, practitioner, or dentist.
2. Perform tests and examinations under 42 CFR 441 Subpart B, October 1, 2006, which is incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments.
3. Refer a member as necessary for dental diagnosis and treatment and necessary specialty care.
4. Refer a member as necessary for behavioral health evaluation and treatment services.

C. Contractors shall meet other E.P.S.D.T. requirements as specified in contract.

D. A primary care provider, attending physician, or practitioner shall refer a member with special health care needs under R9-7-301 to CRS.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-213 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-213 repealed, new Section R9-22-213 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-214. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-214 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-214 repealed, new Section R9-22-214 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (4) and added subsection (C), paragraph (2) effective October 1, 1986 (Supp. 86-5). Correction to subsection (C), paragraph (2) (Supp. 87-4). Section repealed effective September 22, 1997 (Supp. 97-3).

R9-22-215. Other Medical Professional Services

A. The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office:

1. Dialysis;
2. The following family planning services if provided to delay or prevent pregnancy:
 - a. Medications,
 - b. Supplies,
 - c. Devices, and
 - d. Surgical procedures;
3. Family planning services are limited to:
 - a. Contraceptive counseling, medications, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package of sexually transmitted disease tests provided with a family planning service;
 - b. Sterilization; and
 - c. Natural family planning education or referral;
4. Midwifery services provided by a certified nurse practitioner in midwifery;
5. Midwifery services for low-risk pregnancies and home deliveries provided by a licensed midwife;
6. Respiratory therapy;
7. Ambulatory and outpatient surgery facilities services;
8. Home health services under A.R.S. § 36-2907(D);

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9. Private or special duty nursing services;
 10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology within limitations in subsection (C);
 11. Total parenteral nutrition services, which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract; and
 12. Chemotherapy.
- B.** Prior authorization from the Administration for a member is required for services listed in subsections (A)(3)(b), and (A)(4) through (11); except for:
1. Voluntary sterilization;
 2. Dialysis shunt placement;
 3. Arteriovenous graft placement for dialysis;
 4. Angioplasties or thrombectomies of dialysis shunts;
 5. Angioplasties or thrombectomies of arteriovenous grafts for dialysis;
 6. Eye surgery for the treatment of diabetic retinopathy;
 7. Eye surgery for the treatment of glaucoma;
 8. Eye surgery for the treatment of macular degeneration;
 9. Home health visits following an acute hospitalization (limited up to five visits);
 10. Hysteroscopies (up to two, one before and one after) when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization;
 11. Physical therapy subject to the limitation in subsection (C);
 12. Facility services related to wound debridement,
 13. Apnea management and training for premature babies up to the age of 1; and
 14. Other services identified by the Administration through the Provider Participation Agreement.
- C.** The following are not covered services:
1. Occupational and speech therapies provided on an outpatient basis for a member age 21 or older;
 2. Abortion counseling;
 3. Services or items furnished solely for cosmetic purposes;
 4. Services provided by a podiatrist; or
 5. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
 6. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-215 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-216. NF, Alternative HCBS Setting, or HCBS

- A.** Services provided in a NF, including room and board, an alternative HCBS setting as defined in R9-28-101, or a HCBS as defined in A.R.S. § 36-2939 are covered for a maximum of 90 days per contract year if the member's medical condition would otherwise require hospitalization.
- B.** Except as otherwise provided in 9 A.A.C. 28, the following services are not itemized for separate billing if provided in a NF, alternative HCBS setting, or HCBS:
1. Nursing services, including:
 - a. Administering medication;
 - b. Tube feedings;
 - c. Personal care services, including but not limited to assistance with bathing and grooming;
 - d. Routine testing of vital signs; and
 - e. Maintenance of a catheter;
 2. Basic patient care equipment and sickroom supplies, including:
 - a. First aid supplies such as bandages, tape, ointments, peroxide, alcohol, and over-the-counter remedies;
 - b. Bathing and grooming supplies;
 - c. Identification device;
 - d. Skin lotion;
 - e. Medication cup;
 - f. Alcohol wipes, cotton balls, and cotton rolls;
 - g. Rubber gloves (non-sterile);
 - h. Laxatives;
 - i. Bed and accessories;
 - j. Thermometer;
 - k. Ice bags;
 - l. Rubber sheeting;
 - m. Passive restraints;
 - n. Glycerin swabs;
 - o. Facial tissue;
 - p. Enemas;
 - q. Heating pad; and
 - r. Incontinence briefs.
 3. Dietary services including preparation and administration of special diets, and adaptive tools for eating;
 4. Any service that is included in a NF's room and board charge or a service that is required of the NF to meet a federal or state licensure standard or county certification requirement;
 5. Physician visits made solely for the purpose of meeting state licensure standards or county certification requirements;
 6. Physical therapy prescribed only as a maintenance regimen; and
 7. Assistive devices and non-customized durable medical equipment.
- C.** A provider shall obtain prior authorization from the Administration for a NF admission for a FFS member.

Historical Note

Adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Subsection (C) amended to correct a typographical error (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 13 A.A.R. 4122, effective November 6, 2007 (Supp. 07-4).

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R9-22-217. Services Included in the Federal Emergency Services Program

- A.** Definition. Notwithstanding the definition in R9-22-201, for the purposes of this Section, an emergency medical or behavioral health condition for a FES member means a medical condition or a behavioral health condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:
1. Placing the member's health in serious jeopardy,
 2. Serious impairment to bodily functions,
 3. Serious dysfunction of any bodily organ or part, or
 4. Serious physical harm to another person.
- B.** Services. "Emergency services for a FES member" mean those medical or behavioral health services provided for the treatment of an emergency condition. Emergency services include outpatient dialysis services for a FES member with End Stage Renal Disease (ESRD) where a treating physician has certified for the month in which services are received that in the physician's opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in:
1. Placing the member's health in serious jeopardy, or
 2. Serious impairment of bodily function, or
 3. Serious dysfunction of a bodily organ or part.
- C.** Covered services. Services are considered emergency services if all of the criteria specified in subsection (A) are satisfied at the time the services are rendered. The Administration shall determine whether an emergency condition exists on a case-by-case basis.
- D.** Prior authorization. A provider is not required to obtain prior authorization for emergency services for FES members. Prior authorization for outpatient dialysis services is met when the treating physician has completed and signed a monthly certification as described in subsection (B).
- E.** Services rendered through the Federal Emergency Services Program are subject to all exclusions and limitation on services in this Article including but not limited to the limitations on inpatient hospital services in R9-22-204.

Historical Note

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1868, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-218. Repealed**Historical Note**

Section R9-22-218 renumbered from R9-22-206 effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3).

ARTICLE 3. GENERAL ELIGIBILITY REQUIREMENTS**R9-22-301. General Eligibility Definitions**

Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 14 and Article 15 have the following meanings unless the context explicitly requires another meaning:

"Applicant," notwithstanding R9-22-101, means a person listed on an application for whom AHCCCS coverage is being sought.

"BHS" means the division of Behavioral Health Services within the Arizona Department of Health Services.

"CRS" means the program administered by the Administration or its designee that provides covered medical services and covered support services in accordance with A.R.S. 36-261.

"DCSS" means the Division of Child Support Services, which is the division within the Department that administers the Title IV-D program and includes a contract agent operating a child support enforcement program on behalf of the Department.

"FAA" means the Family Assistance Administration, the administration within the Department's Division of Benefits and Medical Eligibility with responsibility for providing cash and food stamp assistance to a member and for determining eligibility for AHCCCS medical coverage.

"Income" means combined earned and unearned income.

"Medical support" means to provide health care coverage in the form of health insurance or court-ordered payment for medical care.

"Member" means an applicant who has been determined to qualify for AHCCCS coverage by the Administration or its designee.

"Pre-enrollment process" means the process that provides an applicant the opportunity to choose an AHCCCS health plan before the determination of eligibility is completed.

"Resources" means real and personal property, including liquid assets.

"Sponsor" means an individual who signs the USCIS I-864 Affidavit of Support agreeing to support a non-citizen as a condition of the non-citizen's admission for permanent residence in the United States.

"Sponsor deemed income" means the unearned income deemed available to the applicant named on the USCIS I-864 Affidavit of Support.

"SVES" means the State Verification and Exchange System, a system through which the Department exchanges income and benefit information with the Internal Revenue Service, Social Security Administration, and State Wage and Unemployment Insurance Benefit data files.

"USCIS" means the United States Citizen and Immigration Services.

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Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-301 renumbered together with former Section R9-22-102 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section R9-22-301 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraph (8), subsection (E), paragraph (3), and subsection (J), paragraph (5) effective October 1, 1986 (Supp. 86-5). Amended subsections (C) and (E) effective January 1, 1987, filed December 31,

1986 (Supp. 86-6). Amended subsections (B) and (C) effective October 1, 1987; amended subsection (D) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

R9-22-302. AHCCCS Eligibility Application**Application Process**

1. Right to apply. A person may apply for AHCCCS medical coverage by submitting an Administration-approved application to the Administration or its designee, an FAA office, or one of the following outstation locations:
 - a. A BHS site;
 - b. A Federally Qualified Health Center or disproportionate share hospital under 42 U.S.C. 1396r-4; or
 - c. Any other site, including a hospital, approved by the Administration or its designee.
2. Application. To initiate the application process, the Administration or its designee will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
 - a. A phone or written application must contain at least the following to be submitted to the Administration or its designee:
 - i. Applicant's legible name,
 - ii. Address or location where the applicant can be reached,
 - iii. Signature of the person submitting the application,
 - iv. Date the application was signed.
 - v. The Administration or its designee shall require that a third party witness the signing and attest by signing the application if the individual signing the application signs with a mark.
 - b. An online application must be completed in full in order to be submitted to the Administration or its designee.

3. Incomplete application. If the application is incomplete, the Administration or its designee shall do at least one of the following:
 - a. Contact an applicant or an applicant's representative by telephone or electronic medium to obtain the missing information required for an eligibility determination;
 - b. Mail a request for additional information to an applicant or an applicant's representative, allowing 10 days from the date of the request to provide the required additional information; or
 - c. Meet with the applicant, representative, or household member.
4. Date of application. The date of application is the date application is received by the Administration or its designee either on-line or at a location listed in subsection (1).
5. Complete application form. The Administration or its designee shall consider an application complete when all questions are answered. The same person as listed under subsection (2) is the person that must sign the completed application. The application shall be witnessed and signed by a third party if the individual signing the application signs with a mark.
6. Assistance with application. The Administration or its designee shall allow a person of the applicant's choice to accompany, assist, and represent the applicant in the application process.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-302 repealed, new Section R9-22-302 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

R9-22-303. Prior Quarter Eligibility

- A. Subject to CMS approval, prior quarter coverage eligibility shall be limited to applicants who meet the requirements in subsection (B) and who also:
 1. Are eligible during any of the three months prior to application; and
 2. Received one or more covered services described in 9 A.A.C. 22, Article 2 and Article 12, and 9 A.A.C. 28, Article 2 during the month; and
 3. Would have qualified for Medicaid at the time services were received if the person had applied regardless of whether the person is alive when the application is made.
- B. Prior quarter coverage eligibility is limited to applicants who are:
 1. Under the age of 19, or
 2. Pregnant, or

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3. In the 60 day post-partum period beginning with the last day of the pregnancy.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-303 repealed, new Section R9-22-303 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1849, with an immediate effective date of July 1, 2019 (Supp. 19-3).

R9-22-304. Verification of Eligibility Information

- A. Except as provided in subsection (E), if information provided by or on behalf of an applicant or member on an application, renewal form or otherwise does not conflict with information obtained by the agency through an electronic data match, the Administration or its designee shall determine or renew eligibility based on such information.
- B. The Administration or its designee shall not require an applicant, member, or representative to provide additional verification unless the verification cannot be obtained electronically or the verification obtained electronically conflicts with information provided by or on behalf of the applicant or member.
- C. If information provided by or on behalf of an applicant or member does conflict with information obtained through an electronic data match, the applicant or member shall provide the Administration or its designee with information or documentation necessary to verify eligibility, including evidence originating from an agency, organization, or an individual with actual knowledge of the information.
- D. Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual if both meet or both exceed the applicable income limit.
- E. The Administration or its designee shall not accept the applicant's or member's statement by itself as verification of:
1. SSN;
 2. Qualified alien status, except as described under 42 USC 1320b-7(d)(4)(A); or
 3. Citizenship, except as described under 42 USC 1396a(ee)(1).
- F. The Administration or its designee shall give an applicant or member at least 10 days from the date of a written or electronic request for information to provide required verification. The Administration or its designee may deny the application or discontinue eligibility if an applicant or a member does not provide the required information timely.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-304 repealed, new Section R9-22-304 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-304 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-305. Eligibility Requirements

As a condition of eligibility, the Administration or its designee must require applicants, and members to do the following:

1. Take all necessary steps to obtain any annuities, pensions, retirement, disability benefits to which they are entitled, unless they can show good cause for not doing so.
2. Furnish a SSN under 42 CFR 435.910 and 435.920, or in the absence of an SSN, provide proof of a submitted application of SSN. The Administration or its designee will assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910 if an applicant cannot recall the applicant's SSN or has not been issued a SSN. An applicant is not required to furnish an SSN if the applicant is not able to legally obtain a SSN. The Administration or its designee shall determine eligibility notwithstanding the applicant's lack of a SSN, if the applicant is cooperating with the Administration or its designee to obtain a SSN and obtain a SSN prior to the next scheduled review of eligibility.
3. Provide proof of residency of Arizona. An applicant or a member is not eligible unless the applicant or member is a resident of Arizona under 42 CFR 435.403 effective October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
4. A written declaration, signed under penalty of perjury, must be provided for each person for whom benefits are being sought stating whether the individual is a citizen or national of the United States, and, if that individual is not a citizen or national of the United States, that the individual is a qualified alien. The declaration must be provided by the individual for whom eligibility is being sought or an adult member of the individual's family or household.
5. Each applicant who claims qualified alien status must provide either:
 - a. Alien registration documentation or other proof of immigration registration from the Immigration and Naturalization Service that contains the individual's alien admission number or alien file number (or numbers if the individual has more than one number), or
 - b. Other documents that the Administration or its designee accepts as evidence of immigration status, such as:
 - i. A Form I-94 Departure Record issued by the USCIS,
 - ii. A Foreign Passport,
 - iii. A USCIS Parole Notice,
 - iv. A Victim of Trafficking Certification or Eligibility Letter issued by the US DHHS Office of Refugee Resettlement,
 - v. Other documentation consistent with 42 CFR 435.406 or 435.407.
 - c. Sufficient information for the Administration or its designee to obtain electronic verification of immigration status from the USCIS.
6. If a person for whom eligibility is being sought, states that they are an alien, that person is not required to comply with subsections (4) and (5); however, if they do not comply with those sections, and if they meet all other eligibility criteria, benefits will be limited to those necessary to treat an emergency medical condition.

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Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-305 repealed, new Section R9-22-305 adopted effective November 20, 1984 (Supp. 84-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-305 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-306. Administration, Administration's designee or Member Responsibilities

A. The Administration or its designee is responsible for the following:

1. The Administration or its designee shall determine eligibility within 90 days for an applicant applying on the basis of disability and 45 days for all other applicants, unless:
 - a. The agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
 - b. When there is an administrative or other emergency beyond the agency's control.
2. If an applicant dies while an application is pending, the Administration or its designee shall complete an eligibility determination for the deceased applicant.
3. The Administration or its designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant.
4. During the application process the Administration or its designee shall provide information to the applicant or member explaining the requirements to:
 - a. Cooperate with DCSS in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating;
 - b. Establish good cause for not cooperating with DCSS in establishing paternity and enforcing medical support, when applicable;
 - c. Report a change listed under subsection (B)(3)(c) no later than 10 days from the date the applicant or member knows of the change;
 - d. Send to the Administration or its designee any medical support payments resulting from a court order;
 - e. Cooperate with the Administration or its designee's assignment of rights and securing payments received from any liable party for a member's medical care.
5. Offer to help the applicant or member to complete the application form and to obtain the required verification;
6. Provide the applicant or member with information explaining:
 - a. The eligibility and verification requirements for AHCCCS medical coverage;
 - b. The requirement that the applicant or member obtain and provide a SSN to the Administration or its designee;
 - c. How the Administration or its designee uses the SSN;
7. Explain to the applicant or member the practice of exchange of eligibility and income information through the electronic service established by the Secretary;
8. Explain to the applicant and member the right to appeal an adverse action under R9-22-315;

9. Use any information provided by the member to complete data matches with potentially liable parties;
10. Explain the eligibility review process;
11. Explain the AHCCCS pre-enrollment process;
12. Use the Systematic Alien Verification for Entitlements (SAVE) process to verify qualified alien status;
13. Provide information regarding the penalties for perjury and fraud on the application;
14. Review any verification items provided by the applicant or member and inform the member of any additional verification items and time-frames within which the applicant or member shall provide information to the Administration or its designee;
15. Explain to the applicant or member the applicant's and member's responsibilities under subsection (B);
16. Transfer the applicant's information to other insurance affordability programs as described under 42 CFR 435.1200(e) when the applicant does not qualify for Medicaid;
17. Attain a written record of a collateral contact: such as a verbal statement from a representative of an agency or organization, or an individual with actual knowledge of the information;
18. Complete a review of eligibility:
 - a. Any time there is a change in a member's circumstance that may affect eligibility,
 - b. For a member approved for the MED program under R9-22-1435 through R9-22-1440 before the end of the six-month eligibility period,
 - c. Of each member's continued eligibility for AHCCCS medical coverage once every 12 months;
19. The Administration or its designee shall discontinue eligibility and notify the member of the discontinuance under R9-22-307 if the member:
 - a. Fails to comply with the review of eligibility,
 - b. Fails to comply under 42 CFR 433.148 with the requirements and conditions of eligibility under this Article regarding assignment of rights and cooperation of establishing paternity and obtaining medical support, or
 - c. Does not meet the eligibility requirements; and
20. Redetermine eligibility for a person terminated from the SSI cash program.
 - a. Continuation of AHCCCS medical coverage. The Administration shall continue AHCCCS medical coverage for a person terminated from the SSI cash program until a redetermination of eligibility is completed.
 - b. Coverage group screening. Before terminating a person from the SSI cash program, the Administration shall determine if the person is eligible for coverage as a person described in A.R.S. §§ 36-2901(6)(a)(i) through (vi) or 36-2934.
 - c. Eligibility decision.
 - i. If a person is eligible under this Article or 9 A.A.C. 28, Article 4, the Administration shall send a notice informing the applicant that AHCCCS medical coverage is approved.
 - ii. If a person is ineligible, the Administration shall send a notice to deny AHCCCS medical coverage.

B. Applicant and Member Responsibilities.

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1. An applicant or a member shall authorize the Administration or its designee to obtain verification for initial eligibility or continuation of eligibility.
 2. As a condition of eligibility, an applicant or a member shall:
 - a. Provide the Administration or its designee with complete and truthful information. The Administration or its designee may deny an application or discontinue eligibility if:
 - i. The applicant or member fails to provide information necessary for initial or continuing eligibility;
 - ii. The applicant or member fails to provide the Administration or its designee with written authorization or electronic authorization to permit the Administration or its designee to obtain necessary initial or continuing eligibility verification;
 - iii. The applicant or member fails to provide verification under R9-22-304 after the Administration or its designee made an effort to obtain the necessary verification but has not obtained the necessary information; or
 - iv. The applicant or member does not assist the Administration or its designee in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility;
 - b. Cooperate with the Division of Child Support Services (DCSS) in establishing paternity and enforcing medical support obligations when requested unless good cause exists for not cooperating under 42 CFR 433.147 as of October 1, 2012, which is incorporated by reference, on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol St., NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The Administration or its designee shall not deny AHCCCS eligibility to an applicant who would otherwise be eligible, is a minor child, and whose parent or legal representative does not cooperate with the medical support requirements or first- and third-party liability requirements under Article 10 of this Chapter; and
 - c. Provide the information needed to pursue third party coverage for medical care, such as:
 - i. Name of policyholder,
 - ii. Policyholder's relationship to the applicant or member,
 - iii. Name and address of the insurance company, and
 - iv. Policy number.
 3. A member or an applicant shall:
 - a. Send to the Administration or its designee any medical support payments received while the member is eligible that result from a medical support order;
 - b. Cooperate with the Administration or its designee regarding any issues arising as a result of Eligibility Quality Control described under A.R.S. § 36-2903.01; and
 - c. Inform the Administration or its designee of the following changes within 10 days from the date the applicant or member knows of a change:
 - i. In address;
 - ii. In the household's composition;
 - iii. In income;
 - iv. In resources, when required under the Medical Expense Deduction (MED) program;
 - v. In Arizona state residency;
 - vi. In citizenship or immigrant status;
 - vii. In first- or third-party liability that may contribute to the payment of all or a portion of the person's medical costs;
 - viii. That may affect the member's or applicant's eligibility, including a change in a woman's pregnancy status;
 - ix. Death;
 - x. Change in marital status; or
 - xi. Change in school attendance.
 4. As a condition of eligibility, an applicant or a member shall cooperate with the assignment of rights as required by R9-22-311. If the applicant or member receives medical care and services for which a first or third party is or may be liable, the applicant or member shall cooperate with the Administration or its designee in assisting, identifying and providing information to assist the Administration or its designee in pursuing any first or third party who is or may be liable to pay for medical care and services.
 5. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Administration or its designee with information regarding paternity or medical support from a father of a child born out of wedlock.
- C. Administration or its designee responsibilities at Eligibility Renewal.
1. The Administration or its designee shall renew eligibility without requiring information from the individual if able to do so based on reliable information available to the agency, including through an electronic data match. If able to renew eligibility based on such information, the Administration or its designee shall send the member notice of:
 - a. The eligibility determination; and
 - b. The member's requirement to notify the Administration or its designee if any of the information contained in the renewal notice is inaccurate.
 2. If unable to renew eligibility, the Administration or its designee shall:
 - a. Send a pre-populated renewal form listing the information needed to renew eligibility,
 - b. Give the member 30 days from the date of the renewal form to submit the signed renewal form and the information needed,
 - c. Send the member notice of the renewal decision under R9-22-312 or R9-22-1413(B) as applicable.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-306 repealed, new Section R9-22-306 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraphs (1) and (6) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) and added a new subsection (N) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective October 1, 1987; amended subsection (N) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp.

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90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-306 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-307. Approval or Denial of Eligibility

- A.** Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Administration or its designee shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:
1. The name of each approved applicant,
 2. The effective date of eligibility for each approved applicant,
 3. The reason and the legal citations if a member is approved for only emergency medical services, and
 4. The applicant's right to appeal the decision.
- B.** Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Administration or its designee shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:
1. The name of each ineligible applicant,
 2. The specific reason why the applicant is ineligible,
 3. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
 4. The legal citations supporting the reason for the ineligibility,
 5. The location where the applicant can review the legal citations,
 6. The date of the application being denied; and
 7. The applicant's right to appeal the decision and request a hearing.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (C), added subsection (G) and (H) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-307 repealed, new Section R9-22-307 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) as an emergency effective December 4, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-6). Permanent amendment to subsection (A) effective February 5, 1986 (Supp. 86-1). Amended subsections (E) and (F) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8,

1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-307 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-308. Reinstating Eligibility

The Administration or its designee shall reopen an application or reinstate eligibility of a member when any of the following conditions are met:

1. The denial or discontinuance of eligibility was due to an administrative error,
2. The discontinuance of eligibility was due to noncompliance with a condition of eligibility and the applicant or member complies prior to the effective date of the discontinuance,
3. The member informs the Administration or its designee of a change of circumstances prior to the effective date of the discontinuance, that would allow for continued eligibility, or
4. Following a discontinuance, the member qualifies for continuation of medical coverage pending an appeal.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended by adding subsection (C) effective March 2, 1984 (Supp. 84-2). Former Section R9-22-308 repealed, new Section R9-22-308 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-308 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-309. Confidentiality and Safeguarding of Information

The Administration or its designee shall maintain the confidentiality of an applicant or member's records and limit the release of safeguarded information under R9-22-512 and 6 A.A.C. 12, Article 1. In the event of a conflict between R9-22-512 and 6 A.A.C. 12, Article 1, R9-22-512 prevails.

Historical Note

Adopted effective August 30, 1984 (Supp. 82-4). Amended (D)(1)(d) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-309 repealed, new Section R9-22-309 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (F) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A), (B) and (C) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective May 30, 1989 (Supp. 89-2). Amended effective

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April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-309 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-310. Ineligible Person

A person is not eligible for AHCCCS medical coverage if the person is:

1. An inmate of a public institution, or
2. Over age 64 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except as allowed in 42 USC 1396d(h) or as allowed under the Administration's Section 1115 waiver.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended (B)(7) and added subsections (C) and (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-310 repealed, new Section R9-22-310 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (7) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-310 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-311. Assignment of Rights Under Operation of Law

By operation of law and under A.R.S. § 36-2903, a person determined eligible assigns rights to the system medical benefits to which the person is entitled.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-311 repealed, new Section R9-22-311 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-311 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-312. Member Notices

- A.** Contents of notice. The Administration or its designee shall issue a notice by mail, personal delivery, or electronic means when an action is taken regarding a person's eligibility or premiums. The notice shall contain the following information:
1. The date of the notice issued;
 2. A statement of the action being taken;
 3. The effective date of the action;
 4. The specific reason for the intended action;
 5. If eligibility is being discontinued due to income in excess of the income standards, the actual figures used in

the eligibility determination and the amount by which the person exceeds income standards;

6. If a premium is imposed or increased, the actual figures used in determining the premium amount;
 7. The specific law or regulation that supports the action, or a change in federal or state law that requires an action;
 8. An explanation of the member's rights to an appeal and continued benefits.
- B.** Advance notice of changes in eligibility or premiums. "Advance notice" means a notice that is issued to a person at least 10 days before the effective date of the change. Except as specified in subsection (C), advance notice shall be issued whenever the following adverse action is taken:
1. To discontinue or suspend or reduce eligibility or covered services; or
 2. To impose a premium or increase a person's premium.
- C.** The Administration or its designee shall issue a Notice of Adverse Action to a member no later than the effective date of action if:
1. The Administration or its designee receives a request to withdraw;
 2. A person provides information that requires termination of eligibility or an increase or imposition of the premium and the person signs a clear written statement waiving advance notice;
 3. A person cannot be located and mail sent to that person has been returned as undeliverable;
 4. A person has been admitted to a public institution where the person is ineligible under R9-22-310;
 5. A person has been approved for Medicaid or CHIP in another state; or
 6. The Administration or its designee has information that confirms the death of the person.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (B), added subsection (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-312 repealed, new Section R9-22-312 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-312 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-313. Withdrawal of Application

- A.** An applicant may withdraw an application at any time before the Administration or its designee completes an eligibility determination by making an oral or written request for withdrawal to the Administration or its designee and stating the reason for withdrawal.
- B.** If an applicant orally requests withdrawal of the application, the Administration or its designee shall document the:
1. Date of the request,
 2. Name of the applicant for whom the withdrawal applies, and

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3. Reason for the withdrawal.
- C. An applicant may withdraw an application in writing by:
 1. Completing an Administration-approved voluntary withdrawal form; or
 2. Submitting a written, signed, and dated request to withdraw the application.
- D. The effective date of the withdrawal is the date of the application.
- E. If an applicant requests to withdraw an application, the Administration or its designee shall:
 1. Deny the application, and
 2. Notify the applicant of the denial following the notice requirements under R9-22-307.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4).
 Amended effective October 1, 1983 (Supp. 83-5).
 Amended subsections (C) and (D) as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended subsections (D) and (E) as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-313 repealed, new Section R9-22-313 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E) and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-313 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-314. Withdrawal from AHCCCS Medical Coverage

- A. A member may withdraw from AHCCCS medical coverage at any time by giving oral or written notice of withdrawal to the Administration or its designee. The member or the member's legal or authorized representative shall provide the Administration or its designee with:
 1. The reason for the withdrawal,
 2. The date the notice is effective, and
 3. The name of the member for whom AHCCCS medical coverage is being withdrawn.
- B. If a notice of withdrawal does not identify specific members the Administration or its designee shall discontinue eligibility for any members that the person submitting the withdrawal has legal authority to act on behalf of.
- C. The Administration or its designee shall notify the member of the discontinuance as required by R9-22-312.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4).
 Amended subsection (A) and added subsection (F) as an emergency effective February 28, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1).
 Amended subsection (A) and added subsection (F) as a permanent rule effective May 16, 1983; text of the amended rule identical to the emergency (Supp. 83-3).
 Former Section R9-22-314 repealed, new Section R9-22-314 adopted effective November 20, 1984 (Supp. 84-6).
 Amended effective October 1, 1985 (Supp. 85-5).
 Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-314 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-315. Notice of Adverse Action

- A. Adverse actions. An applicant or member may appeal, as described under Chapter 34, by requesting a hearing from the Administration or its designee concerning any of the following adverse actions:
 1. Complete or partial denial of eligibility under R9-22-307 and R9-22-313(E);
 2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-307, R9-22-312 and R9-22-314;
 3. Delay in the eligibility determination beyond the timeframes under this Article;
 4. The imposition of or increase in a premium or copayment; or
 5. The effective date of eligibility.
- B. Notice of Adverse Action. The Administration or its designee shall personally deliver or send, by mail, or electronic means a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.
- C. Automatic change and hearing rights.
 1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
 2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-315 repealed, new Section R9-22-315 adopted effective November 20, 1984 (Supp. 84-6). Repealed effective October 1, 1985 (Supp. 85-5). New Section R9-22-315 adopted effective February 5, 1986 (Supp. 86-1). Amended effective February 26, 1988 (Supp. 88-1). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-315 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-316. Exemptions from Sponsor Deemed Income

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- A. An applicant shall provide proof to the Administration or its designee when claiming an exemption from sponsor deemed income.
- B. The Administration or its designee shall grant an exemption from deeming a sponsor's income for a Lawful Permanent Resident applicant if the applicant:
 - 1. Adjusted immigration status to Lawful Permanent Resident from status as a refugee or asylee;
 - 2. Is the spouse or dependent child of the sponsor and lives with the sponsor;
 - 3. Is indigent as specified in subsection (C);
 - 4. Is a victim of domestic violence or extreme cruelty as specified in subsection (D); or
 - 5. Has acquired 40 qualified quarters of work credit based on earnings as specified in subsection (E).
- C. Exemption from sponsor deeming based on indigence.
 - 1. The Administration or its designee shall consider the applicant indigent and grant an exemption from sponsor deemed income for an applicant, for a period of 12 months beginning with the first month of eligibility if all the following are met:
 - a. An applicant is indigent if all of the following are met:
 - i. The applicant does not reside with the applicant's sponsor;
 - ii. The applicant does not receive free room and board; and
 - iii. The applicant's total gross income including monies received from the sponsor and the value of any vendor payments received for food, utilities, or shelter does not exceed 100% of the FPL for the size of the income group.
 - 2. The Administration or its designee shall send a notice under 8 U.S.C. 1631(e)(2) to the Attorney General's Office when approving an applicant who is exempt from sponsor deemed income due to indigence.
- D. The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who is a victim of domestic violence or extreme cruelty under 8 CFR 204.2 for a period of 12 months beginning with the first month of eligibility. The Administration or its designee shall redetermine the exemption status at each renewal.
 - 1. The Administration or its designee considers an applicant to be a victim of domestic violence or extreme cruelty when all of the following are met:
 - a. The applicant is the victim, the parent of a child victim, or the child of a parent victim;
 - b. The perpetrator of the domestic violence or extreme cruelty was the spouse or parent of the victim or other family member related by blood, marriage or adoption to the victim;
 - c. The perpetrator was residing in the same household as the victim when the abuse occurred;
 - d. The abuse occurred in the United States;
 - e. The applicant did not participate in the domestic violence or cruelty; and
 - f. The victim does not currently live with the perpetrator.
 - 2. The applicant shall provide proof that the applicant or the applicant's child is a victim of domestic violence or extreme cruelty by presenting one of the following:
 - a. USCIS form I-360 Petition for Amerasian, Widow, or Special Immigrant;
 - b. USCIS form I-797 USCIS approval of the I-360 petition;
 - c. Reports or affidavits concerning the domestic violence or cruelty documented by police, judges, or other court officials, medical personnel, school officials, clergy, social workers, counseling or mental health personnel, or other social service agency personnel;
 - d. Legal documentation, such as an order of protection against the perpetrator or an order convicting the perpetrator of committing an act of domestic violence or extreme cruelty that chronicles the existence of domestic violence or extreme cruelty;
 - e. Evidence that indicates that the applicant sought safe haven in a battered women's shelter or similar refuge because of the domestic violence or extreme cruelty against the applicant or the applicant's child; or
 - f. Photographs of the applicant or applicant's child showing visible injury.
- E. The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who has reached 40 qualifying quarters of work credit.
 - 1. The Administration or its designee shall not count quarters credited after January 1, 1997 that were earned while the applicant was receiving any federal means-tested benefits.
 - 2. The Administration or its designee shall not count the 40 qualifying quarters of work credit unless the credited quarters are:
 - a. Quarters that the applicant worked;
 - b. Quarters worked by the applicant's spouse or deceased spouse during their marriage; or
 - c. Quarters worked by the applicant's parents when the applicant was under age 18.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as an emergency effective February 9, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of permanent rule identical to the emergency (Supp. 83-3). Amended effective October 1, 1983 (Supp. 83-5). Correction subsection (A), paragraph (1) amended effective October 1, 1983, (Supp. 83-6). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-316 repealed, new Section R9-22-316 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-316 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-317. Sponsor Deemed Income

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- A. The Administration or its designee shall use income of a USCIS sponsor to determine eligibility for a non-citizen applicant, whether or not the income is available, to the non-citizen applicant unless exempt under R9-22-316.
- B. Counting the income from a sponsor.
1. This Section applies to non-citizen applicants who:
 - a. Are Lawful Permanent Residents under 8 CFR 101.3;
 - b. Applied for Lawful Permanent Resident Status on or after December 19, 1997;
 - c. Are sponsored by an individual who signed a USCIS I-864 Affidavit of Support; and
 - d. Are eligible for full AHCCCS medical coverage.
 2. Sponsor deemed income shall be considered the income of the non-citizen applicant only.
 3. The Administration or its designee shall not use the provisions of this Section when:
 - a. The applicant becomes a naturalized U.S. citizen;
 - b. The applicant qualifies for an exemption listed in R9-22-316; or
 - c. The sponsor dies.
- C. Determining income from a sponsor.
1. For an applicant who is exempt from sponsor deeming under R9-22-316, only cash contributions actually received from the sponsor are countable income to the applicant.
 2. For an applicant to whom the sponsor's income is deemed, the Administration or its designee shall exclude any cash contributions received from the sponsor.
- D. Calculation of income from a sponsor.
1. The Administration or its designee shall include the total gross income of the sponsor and the sponsor's spouse, when living with the sponsor;
 2. The Administration or its designee shall subtract an amount equal to 100% of the FPL for the sponsor's household size from the total gross income under (D)(1); and
 3. The amount calculated under subsection (D)(2) is deemed as income to the applicant for purposes of determining eligibility.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-317 repealed, new Section R9-22-317 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-317 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-318. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-318 repealed, new Section R9-22-318 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) and added subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective

January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective October 1, 1987; amended subsection (A) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-319. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-319 repealed, new Section R9-22-319 adopted effective November 20, 1984 (Supp. 84-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-320. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-320 repealed, new Section R9-22-320 adopted effective November 20, 1984 (Supp. 84-6). Amended effective April 13, 1990 (Supp. 90-2). Repealed effective December 13, 1993 (Supp. 93-4).

R9-22-321. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-321 repealed, new Section R9-22-321 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (E) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-322. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 27, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-3). Former Section R9-22-322 repealed, new Section R9-

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22-322 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-323. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (B) and (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B), (D) and (E) effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-324. Repealed**Historical Note**

Adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R9-22-324 adopted as an emergency renumbered as Section R9-22-327. New Section R9-22-324 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-324 repealed, former Section R9-22-323 renumbered as Section R9-22-324 and adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Former Section R9-22-324 repealed, new Section R9-22-324 adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-324 repealed, new Section R9-22-324 adopted effective November 20, 1984 (Supp. 84-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-325. Repealed**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-325 repealed, new Section R9-22-325 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-326. Repealed**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-326 repealed, new Section R9-22-326 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-327. Repealed**Historical Note**

Former Section R9-22-324 adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days renumbered as Section R9-22-327 and adopted as a permanent rule effective October 1, 1983 (Supp. 83-5). Former Section R9-22-327 repealed, new Section R9-22-327 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A), (D), (E), (G), (H), and (I) effective October 1, 1986 (Supp. 86-5). Amended subsection (D) and added a new subsection (J) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A) and (E) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-328. Repealed**Historical Note**

Adopted as an emergency effective October 6, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Emergency Expired. New Section R9-22-328 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (D) effective October 1, 1987 (Supp. 87-4). Amended subsection (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-329. Repealed**Historical Note**

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Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-329 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-330. Repealed**Historical Note**

Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-330 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-331. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-332. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-333. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-334. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31,

1986 (Supp. 86-6). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-335. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-336. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective September 16, 1987 (Supp. 87-3). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-337. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Correction to subsection (B), paragraph (1) (Supp. 87-3). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-338. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Heading changed effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-339. Repealed**Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-340. Reserved**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-341. Repealed

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Historical Note

Adopted effective March 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-342. Repealed**Historical Note**

Adopted effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-343. Repealed**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-344. Repealed**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

ARTICLE 4. PENALTY FOR OBTAINING ELIGIBILITY BY FRAUD**R9-22-401. Definitions**

Definitions. The following definitions apply specifically to terms used within this Article:

“Amounts incurred by the system” include capitation payments, costs incurred by any contractor in excess of capitation, reinsurance, and other administrative, legal or investigative costs associated with a person who obtained eligibility contrary to A.R.S. §§ 36-2905.04 and/or A.R.S. § 36-2991.

“Application for eligibility” means any request for benefits administered by AHCCCS under the authority of A.R.S. Title 36, Chapter 29, including applications for presumptive eligibility submitted to hospitals as described under Article 16 of this Chapter.

“Penalty” means an amount not to exceed the amounts incurred by the system during any time period that the person would have been ineligible for benefits but for the false or fraudulent information provided on the application for eligibility. A penalty does not include, and does not need to be reduced by, the amount of any overpayments that AHCCCS may be entitled to recoup from a person who violated A.R.S. § 36-2905.04 and/or A.R.S. § 36-2991.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-401 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 31, 1997 (Supp. 97-1). Amended by final rulemaking at 5 A.A.R. 867,

effective March 4, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-402. Determining the Amount of the Penalty

- A. AHCCCS shall determine the amount of a penalty according to A.R.S. § 36-2905.04(B) or A.R.S. § 36-2991(B), whichever is applicable, and this Article.
- B. In addition to any penalty imposed pursuant to ARS §§ 36-2905.04 or 36-2991, and this Article, the Administration may also recoup from the person the amounts incurred by the system as a part of the notice and appeal process described in this Article.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-402 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-403. Mitigating and Aggravating Circumstances

- A. AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.
 1. Degree of culpability. The degree of culpability of a person is a mitigating circumstance if the person did not intend to provide or cause to be provided false information on the application for eligibility but was negligent as to the truthfulness of the information provided.
 2. Prior Offenses. At the time of the submittal of the application the person:
 - a. Did not have any prior criminal convictions; and
 - b. Had not been held civilly liable for defrauding a public assistance program.
 3. Financial condition. The financial condition of a person who violates A.R.S. §§ 36-2905.04 or 36-2991 is a mitigating circumstance if the imposition of a penalty without reduction will render the person incapable of obtaining necessities of life such as food, clothing, and shelter. AHCCCS may consider the resources available to the person when determining the amount of the penalty.
 4. Other matters as justice may require. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice; the circumstances require a reduction of the penalty.
- B. AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.
 1. Degree of culpability. The degree of culpability of a person who provides or causes to be provided false information on the application for eligibility is an aggravating circumstance if the person knows or had reason to know that the information provided on the application for eligibility was false, or the person failed to correct the false information prior to AHCCCS incurring a financial loss as a result of the application for eligibility.

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2. Prior offenses. At any time before the submittal of the application for eligibility, the person was held criminally or civilly liable for committing any fraud, waste, or abuse against any public assistance program.
3. Financial Loss. The person's violation of A.R.S. §§ 36-2905.04 or 36-2991 caused a loss to the system equal to or exceeding \$5,000.00.
4. Other matters as justice may require. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice; the circumstances require an increase of the penalty.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-403 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-404. Notice of Intent

- A. If AHCCCS imposes a penalty pursuant to this Article, AHCCCS shall hand deliver or send by certified mail, return receipt requested, or Federal Express to the person, a written Notice of Intent to impose a penalty.
- B. The Notice of Intent shall include:
 1. The legal and factual basis for AHCCCS' determination that there has been a violation of A.R.S. §§ 36-2905.04 and/or 36-2991;
 2. The penalty;
 3. The amounts incurred by the system as a result of the violation of A.R.S. §§ 36-2905.04 and/or 36-2991, if AHCCCS intends to recoup those amounts through this process; and
 4. The procedure for requesting a State Fair Hearing.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-404 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-405. Failure to Respond to the Notice of Intent

If a person fails to respond to the Notice of Intent within the time-frame described in A.A.C. § R9-22-406(A), AHCCCS shall uphold the penalty and recoupment amounts described in the Notice of Intent.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-405 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a

permanent rule effective May 16, 1983; text of the amended rule similar to the emergency (Supp. 83-3).

Amended effective January 31, 1986 (Supp. 86-1).

Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-406. Request for State Fair Hearing

- A. To dispute the agency action described in the Notice of Intent, the person shall file a written Request for State Fair Hearing with AHCCCS within sixty (60) days from the date of receipt of the Notice of Intent.
- B. If AHCCCS receives a timely request for a State Fair Hearing from the person, AHCCCS shall mail a Notice of Hearing pursuant to the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.
- C. AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-406 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-406 repealed, new Section R9-22-406 adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of the Section identical to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-407. Burden of Proof

- A. In any State Fair Hearing conducted under this Article, AHCCCS shall prove a violation of A.R.S. §§ 36-2905.04 and/or 36-2991, and any aggravating circumstances by a preponderance of the evidence.
- B. AHCCCS does not have to prove any specific intent to defraud.
- C. A person shall bear the burden of producing and proving by a preponderance of the evidence any affirmative defense or any circumstance that would justify reducing the amount of the penalty.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-408. Rescission of the Notice of Intent

AHCCCS may rescind the Notice of Intent at any time prior to the State Fair Hearing without prejudice.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

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ARTICLE 5. GENERAL PROVISIONS AND STANDARDS**R9-22-501. General Provisions and Standards - Related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Quality management” means a process used by professional health personnel through a formal program involving multiple organizational components and committees to:

- Assess the degree to which services provided conform to desired medical standards and practices; and
- Quality improvement or maintenance of care and services.

“Quality Improvement” means a process designed to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time, in the areas of clinical care and non-clinical care and is expected to have a favorable effect on health outcomes and member satisfaction. Quality Improvement includes focusing organizational efforts on improving performance and utilizing data to develop intervention strategies to improve performance and outcomes.

“Utilization management/review” means a methodology used by professional health personnel to assess the medical indications, appropriateness, and efficiency of care provided. Utilization management applies to a contractor’s process to evaluate and approve or deny the medical necessity, appropriateness, efficacy and efficiency of health care services, procedures, or settings. Utilization review includes processes for prior authorization, concurrent review, retrospective review, and case management.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-501 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-501 repealed, former Section R9-22-502 renumbered and adopted without change as Section R9-22-501 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-501 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-502. Pre-existing Conditions

- A. A contractor shall not impose a pre-existing condition exclusion with respect to covered services.
- B. A contractor or subcontractor shall not adopt or use any procedure to identify a person who has an existing or anticipated medical or psychiatric condition in order to discourage or exclude the person from enrolling in the contractor’s health plan or encourage the person to enroll in another health plan.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-502 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-502 renumbered without change as Section R9-22-501, former Sec-

tion R9-22-503 renumbered and amended as Section R9-22-502 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-502 repealed, new Section R9-22-502 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-503. Provider Requirements Regarding Records

The provider shall maintain records that meet uniform accounting standards and generally accepted practices for maintenance of medical records, including detailed specification of all patient services delivered, the rationale for delivery, and the service date. A provider shall maintain and upon request, make available to a contractor and to the Administration, financial and medical records relating to payment for not less than five years from the date of final payment, or for records relating to costs and expenses to which the Administration has taken exception, five years after the date of final disposition or resolution of the exception. Providers shall provide one copy of a medical record at no cost if requested by the member.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-503 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-503 renumbered and amended as Section R9-22-502, new Section R9-22-503 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective May 30, 1986 (Supp. 86-3). Amended subsection (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (F) and (G) effective December 22, 1987 (Supp. 87-4). Amended subsection (I) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). New Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-504. Marketing; Prohibition Against Inducements; Misrepresentations; Discrimination; Sanctions

- A. A contractor or the contractor’s marketing representative shall not offer or give any form of compensation or reward, or engage in any behavior or activity that may be reasonably construed as coercive, to induce or procure AHCCCS enrollment with the contractor. Any marketing solicitation offering a benefit, good, or service in excess of the covered services in Article 2 is deemed an inducement.
- B. A marketing representative shall not misrepresent itself, the contracting health plan represented, or the AHCCCS program, through false advertising, false statements, or in any other manner to induce a member of another contractor to enroll in the represented health plan. Violations of this subsection include, but are not limited to, false or misleading claims, inferences, or representations such as:
 1. A member will lose benefits under the AHCCCS program or lose any other health or welfare benefits to which a

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member is legally entitled, if the member does not enroll in the represented contracting health plan;

2. Marketing representatives are employees of the state or representatives of the Administration, a county, or any health plan other than the health plan by which they are employed, or by which they are reimbursed; and
 3. The represented health plan is recommended or endorsed as superior to its competition by any state or county agency, or any organization, unless the organization has certified its endorsement in writing to the health plan and the Administration.
- C. A marketing representative shall not engage in any marketing or pre-enrollment practice that discriminates against a member because of race, creed, age, color, sex, religion, national origin, ancestry, marital status, sexual preference, physical or mental disability, or health status.
- D. The Administration shall hold a contractor responsible for a violation of this Section resulting from the performance of any marketing representative, subcontractor, agent, program, or process under the contractor's employ or direction and shall impose contract sanctions on the contractor as specified in contract.
- E. A contractor shall produce and distribute informational materials that are approved by the Administration to each enrolled member or designated representative after the contractor receives notification of enrollment from the Administration. The contractor shall ensure that the informational materials include, at a minimum:
1. A description of all covered services as specified in contract;
 2. An explanation of service limitations and exclusions;
 3. An explanation of the procedure for obtaining services;
 4. An explanation of the procedure for obtaining emergency services;
 5. An explanation of the procedure for filing a grievance and appeal; and
 6. An explanation of when plan changes may occur as specified in contract.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-504 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-504 repealed, former Section R9-22-505 renumbered and adopted without change as Section R9-22-504 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-504 repealed, former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-505. Standards, Licensure, and Certification for Providers of Hospital and Medical Services

A provider shall not provide hospital or medical services to a member unless the provider is licensed by the Arizona Department of Health Services and meets the requirements in 42 CFR 441 and 482, as of October 1, 2007, and 42 CFR 456 Subpart C, as of October 1, 2007, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation

contains no future editions or amendments. An Indian Health Service (IHS) hospital and a Veterans Administration hospital shall not provide services to a member unless accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-505 adopted as an emergency expired, former Section R9-22-506 adopted as an emergency now adopted, amended and renumbered as Section R9-22-505 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-505 renumbered without change as Section R9-22-504, new Section R9-22-505 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-505 renumbered and amended as Section R9-22-509, former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5). Editorial correction, spelling of "paraphernalia" in subsection (A) (Supp. 87-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). New Section made by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-506. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-506 adopted as an emergency adopted, amended and renumbered as Section R9-22-505, former Section R9-22-507 adopted as an emergency now adopted, amended and renumbered as Section R9-22-506 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (D) effective December 22, 1987 (Supp. 87-4). Repealed effective April 13, 1990 (Supp. 90-2). New Section adopted effective December 13, 1993 (Supp. 93-4). Repealed effective December 8, 1997 (Supp. 97-4).

R9-22-507. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-507 adopted as an emergency adopted, amended and renumbered as Section R9-22-506, former Section R9-22-508 adopted as an emergency now adopted, amended and renumbered as Section R9-22-507 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-507 repealed, new Section R9-22-507 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-508. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-

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3). Former Section R9-22-508 adopted as an emergency adopted, amended and renumbered as Section R9-22-507, former Section R9-22-509 adopted as an emergency now adopted, amended and renumbered as Section R9-22-508 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-509. Transition and Coordination of Member Care

A. A contractor shall assist in the transition of members to and from other AHCCCS contractors.

1. Both the receiving and relinquishing contractor shall:
 - a. Coordinate with the other contractor to facilitate and schedule appointments for medically necessary services for the transitioned member within the Administration's timelines specified in the contract. If requested by the Administration, a contractor shall submit the policies and procedures regarding transition of members to the Administration for review and approval;
 - b. Assist in the referral of transitioned members to other community health agencies or county medical assistance programs for medically necessary services not covered by the Administration, as appropriate; and
 - c. Develop policies and procedures to be followed when transitioning members who have significant medical conditions; are receiving ongoing services; or have, at the time of the transition, received prior authorization or approval for undelivered, specific services.
2. The relinquishing contractor shall notify the receiving contractor of relevant information about the member's medical condition and current treatment regimens within the timelines defined in contract;
3. The relinquishing contractor shall forward medical records and other relevant materials to the receiving contractor. The relinquishing contractor shall bear the cost of reproducing and forwarding medical records and other relevant materials;
4. Within the timelines specified in contract, the receiving contractor shall ensure that the member selects or is assigned to a primary care provider, and provide the member with:
 - a. Information regarding the contractor's providers,
 - b. Emergency numbers, and
 - c. Instructions about how to obtain services.

B. A contractor shall not use a county or noncontracting provider health resource alternative to diminish the contractor's contractual responsibility or accountability for providing the full scope of covered services. The Administration may impose sanctions as described in contract if a contractor makes referrals to other agencies or programs to reduce expenses incurred by the contractor on behalf of its members.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-509 adopted as an emergency adopted, amended and renumbered as Section R9-22-508, former Section R9-22-510 adopted as an emergency now adopted and renumbered as Section R9-22-509 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-509 repealed, former Section R9-22-

505 renumbered and amended as Section R9-22-509 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-510. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-510 adopted as an emergency adopted and renumbered as Section R9-22-509, former Section R9-22-511 adopted as an emergency now adopted, amended and renumbered as Section R9-22-510 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-510 repealed, new Section R9-22-510 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-511. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-511 adopted as an emergency adopted, amended and renumbered as Section R9-22-510, former Section R9-22-512 adopted as an emergency now adopted, amended and renumbered as Section R9-22-511 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-511 repealed, new Section R9-22-511 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-512. Release of Safeguarded Information

- A. The Administration, contractors, providers, and noncontracting providers shall limit the release of safeguarded information to persons or agencies for the following purposes in accordance with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments:
1. Official purposes directly related to the administration of the AHCCCS program including:
 - a. Establishing eligibility and post-eligibility treatment of income, as applicable;
 - b. Determining the amount of medical assistance;
 - c. Providing services for members;
 - d. Performing evaluations and analysis of AHCCCS operations;
 - e. Filing liens on property as applicable;
 - f. Filing claims on estates, as applicable; and
 - g. Filing, negotiating, and settling medical liens and claims.
 2. Law enforcement. The Administration may release safeguarded information without the applicant's or member's written or verbal consent, for the purpose of conducting or assisting an investigation, prosecution, or criminal or civil proceeding related to the administration of the AHCCCS program.

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3. The Administration may release safeguarded member information to a review committee in accordance with the provisions of A.R.S. § 36-2917, without the consent of the applicant or member.
- B.** Except as provided in subsection (A), the Administration, contractors, providers, and noncontracting providers shall disclose safeguarded information only to:
 1. An applicant;
 2. A member;
 3. An unemancipated minor, with written permission of a parent, custodial relative, or designated representative, if:
 - a. An Administration employee, authorized representative, or responsible caseworker is present during the examination of the safeguarded information; or
 - b. After written notification to the provider, and at a reasonable time and place.
 4. Persons authorized by the applicant or member; or
 5. A court order or subpoena compliant with 45 CFR 164.512(e), October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C.** The Administration, contractors, providers, and noncontracting providers shall safeguard identifiable information, protected health information as specified in 45 CFR 160, and information obtained in the course of application for or redetermination of eligibility concerning an applicant or member, that includes, but is not limited to the following:
 1. Name and address;
 2. Social Security number;
 3. Social and economic conditions or circumstances;
 4. Agency evaluation of personal information;
 5. Medical data and information concerning medical services received, including diagnosis and history of disease or disability;
 6. State Data Exchange (SDX) tapes, and other types of information received from outside sources for the purpose of verifying income eligibility and amount of medical assistance payments; and
 7. Any information received in connection with the identification of legally liable third-party resources.
- D.** The restriction upon disclosure of information in this Section does not apply to:
 1. De-identified information as described by 45 CFR 164.514, October 1, 2004, incorporated by reference in subsection (A); or
 2. A disclosure, in response to a request for information, that complies with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference in subsection (A).
- E.** A provider shall furnish records requested by the Administration or a contractor to the Administration or the contractor at no charge.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-512 adopted as an emergency adopted, amended and renumbered as Section R9-22-511, former Section R9-22-513 adopted as an emergency now adopted and renumbered as Section R9-22-512 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-512 repealed, new Section R9-22-512 adopted effective October 1, 1985 (Supp. 85-5).

Amended effective December 13, 1993 (Supp. 93-4).

Amended effective December 8, 1997 (Supp. 97-4).

Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-513. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-513 adopted as an emergency adopted and renumbered as Section R9-22-512, former Section R9-22-514 adopted as an emergency now adopted, amended and renumbered as Section R9-22-513 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-513 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-513 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-514. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-514 adopted as an emergency adopted, amended and renumbered as Section R9-22-513, former Section R9-22-515 adopted as an emergency now adopted, amended and renumbered as Section R9-22-514 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-514 repealed, former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-515. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-515 adopted as an emergency adopted, amended and renumbered as Section R9-22-514, former Section R9-22-517 adopted as an emergency now adopted, amended and renumbered as Section R9-22-515 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-515 repealed, former Section R9-22-522 renumbered and amended as Section R9-22-515 effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

R9-22-516. Renumbered**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-516 adopted as an emergency expired, former Section R9-22-518 adopted as an emergency now adopted, amended and renumbered as Section R9-22-516 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-516 renumbered as Section R9-22-513 effective October 1, 1985 (Supp. 85-5).

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R9-22-517. Renumbered**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-517 adopted as an emergency adopted, amended and renumbered as Section R9-22-515, former Section R9-22-519 adopted as an emergency now adopted and renumbered and amended as Section R9-22-517 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5).

R9-22-518. Information to Enrolled Members

- A. Each contractor shall produce and distribute printed informational materials to each member or family unit no later than 10 days of receipt of notification of enrollment from the Administration. The contractor shall ensure that the informational materials meet the requirements specified in the contractor's current contract.
- B. A contractor shall provide a member with the name, address, and telephone number of the member's primary care provider no later than 10 days from the date of enrollment. The contractor shall include information on how the member may change primary care providers.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-518 adopted as an emergency adopted, amended and renumbered as Section R9-22-516, former Section R9-22-520 adopted as an emergency now adopted, amended and renumbered as Section R9-22-518 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-518 repealed, new Section R9-22-518 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-519. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-519 adopted as an emergency adopted, amended and renumbered as Section R9-22-517, former Section R9-22-521 adopted as an emergency now adopted, amended and renumbered as Section R9-22-519 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-519 repealed, new Section R9-22-519 adopted effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

R9-22-520. Expired**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-520 adopted as an emergency adopted, amended and renumbered as Section R9-22-518, former Section R9-22-522 adopted as an emergency now adopted, amended and renumbered as Section R9-22-520 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-520 repealed, new Section R9-

22-520 adopted effective October 1, 1985 (Supp. 85-5).

Amended effective December 13, 1993 (Supp. 93-4).

Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

R9-22-521. Program Compliance Audits

- A. The Administration shall conduct an onsite program compliance audit of a contractor at least once every three years during the term of the Administration's contract with the contractor. The Administration may conduct, without prior notice, inspections of contractor facilities or perform other elements of a program compliance audit.
- B. An audit team may perform any or all of the following procedures:
 1. Conduct private interviews and group conferences with members, physicians, other health professionals, and members of the contractor's administrative staff including, but not limited to, the contractor's principal management persons;
 2. Examine records, books, reports, and papers of the contractor and any management company, and all providers or subcontractors providing health care and other services. The examination may include, but need not be limited to: minutes of medical staff meetings, peer review and quality of care review records, duty rosters of medical personnel, appointment records, written procedures for the internal operation of the health plan, contracts and correspondence with members and with providers of health care services and other services to the plan, and additional documentation deemed necessary by the Administration to review the quality of medical care.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-521 adopted as an emergency adopted, amended and renumbered as Section R9-22-519, former Section R9-22-523 adopted as an emergency now adopted, amended and renumbered as Section R9-22-521 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-521 repealed, new Section R9-22-521 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General has not certified this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-522. Quality Management/Utilization Management (QM/UM) Requirements

- A. A contractor shall comply with Quality Management/Utilization Management (QM/UM) requirements specified in this Section and in contract. The contractor shall ensure compliance with QM/UM requirements that are accomplished through delegation or subcontract with another party.

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- B.** In addition to any requirements specified in contract, a contractor shall:
1. Submit to the Administration a written QM/UM plan that includes a description of the systems, methodologies, protocols, and procedures to be used in:
 - a. Monitoring and evaluating the types of services provided,
 - b. Identifying the numbers and costs of services provided,
 - c. Assessing and improving the quality and appropriateness of care and services,
 - d. Evaluating the outcome of care provided to members, and
 - e. Determining the actions necessary to improve service delivery;
 2. Submit the QM/UM plan to the Administration on an annual basis within timelines specified in contract. If the QM/UM plan is changed during the year, the contractor shall submit the revised plan to the Administration before implementation;
 3. Receive approval from the Administration before implementing the initial or revised QM/UM plan;
 4. Ensure that a QM/UM committee operates under the control of the contractor's medical director and includes representation from medical and executive management personnel. The committee shall:
 - a. Oversee the development, revision, and implementation of the QM/UM plan; and
 - b. Ensure that there are qualified QM/UM personnel and sufficient resources to implement the contractor's QM/UM activities; and
 5. Ensure that the QM/UM activities include at least:
 - a. Prior authorization for non-emergency or scheduled hospital admissions;
 - b. Concurrent review of inpatient hospitalization;
 - c. Retrospective review of hospital claims;
 - d. Program and provider audits designed to detect over- or under-utilization, service delivery effectiveness, and outcome;
 - e. Medical records audits;
 - f. Surveys to determine satisfaction of members;
 - g. Assessment of the adequacy and qualifications of the contractor's provider network;
 - h. Review and analysis of QM/UM data;
 - i. Measurement of performance using objective quality indicators;
 - j. Ensuring individual and systemic quality of care;
 - k. Integrating quality throughout the organization;
 - l. Process improvement;
 - m. Credentialing a provider network;
 - n. Resolving quality of care grievances; and
 - o. Quality improvement activities focused on improving the quality of care and the efficient, cost-effective delivery and utilization of services.
- C.** A member's primary care provider shall maintain medical records that:
1. Conform to professional medical standards and practices for documentation of medical diagnostic and treatment data;
 2. Facilitate follow-up treatment; and
 3. Permit professional medical review and medical audit processes.
- D.** Within 30 days following termination of the contract between a subcontractor and a contractor, the subcontractor or the sub-

contractor's designee shall forward to the primary care provider medical records or copies of medical records of all members assigned to the subcontractor or for whom the subcontractor has provided services.

- E.** The Administration shall monitor each contractor and the contractor's providers to ensure compliance with Administration QM/UM requirements and adherence to the contractor's QM/UM plan.
1. A contractor and the contractor's providers shall cooperate with the Administration in the performance of the Administration's QM/UM monitoring activities; and
 2. A contractor and the contractor's providers shall develop and implement mechanisms for correcting deficiencies identified through the Administration's QM/UM monitoring.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-522 adopted as an emergency adopted, amended and renumbered as Section R9-22-520, former Section R9-22-524 adopted as an emergency now adopted and renumbered as Section R9-22-522 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-522 renumbered and amended as Section R9-22-515, new Section R9-22-522 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-523. Expired**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-523 adopted as an emergency adopted, amended and renumbered as Section R9-22-521, former Section R9-22-525 adopted as an emergency now adopted, amended and renumbered as Section R9-22-523 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

R9-22-524. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-524 adopted as an emergency adopted and renumbered as Section R9-22-522, former Section R9-22-526 adopted as an emergency now adopted, amended and renumbered as Section R9-22-524 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-524 repealed, new Section R9-22-524 adopted effective October 1, 1985 (Supp. 85-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

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R9-22-525. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-525 adopted as an emergency adopted, amended and renumbered as Section R9-22-523, former Section R9-22-527 adopted as an emergency now adopted, amended and renumbered as Section R9-22-525 as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1985 (Supp. 85-5).

R9-22-526. Renumbered**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of the permanent rule identical to the emergency (Supp. 83-3). Former Section R9-22-526 repealed, new Section R9-22-526 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-1).

R9-22-527. Renumbered**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5).

R9-22-528. Renumbered**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5).

R9-22-529. Renumbered**Historical Note**

Adopted as Section R9-22-529 effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5).

ARTICLE 6. RFP AND CONTRACT PROCESS**R9-22-601. General Provisions**

- A. The Director has full operational authority to adopt rules for the RFP process and the award of contracts under A.R.S. § 36-2906.
- B. This Article applies to the award of contracts under A.R.S. §§ 36-2904 and 36-2906 to provide services under A.R.S. § 36-2907 and the expenditure of public monies by the Administration pertaining to covered services when the procurement so states. The Administration shall establish conflict-of-interest safeguards for officers and employees of this state with responsibilities relating to contracts that comply with 42 U.S.C. 1396u-2(d)(3).
- C. The Administration is exempt from the procurement code under A.R.S. § 41-2501.
- D. The Administration and contractors shall retain all contract records for five years under A.R.S. § 36-2903 and dispose of the records under A.R.S. § 41-2550.
- E. The following terms are defined as related to this Article: "Procurement file" means the official records file of the Director whether located in the Office of the Director or at the public procurement unit. The procurement file shall include in

electronic or paper form a list of notified vendors, final solicitation, solicitation amendments, bids/offers, final proposal revisions, clarifications, and final evaluation report.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-601 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

R9-22-602. RFP

- A. RFP content. The Administration shall include the following items in any RFP under this Article:
 1. Instructions and information to an offeror concerning the proposal submission including:
 - a. The deadline for submitting a proposal,
 - b. The address of the office at which a proposal is to be received,
 - c. The period during which the RFP remains open, and
 - d. Any special instructions and information;
 2. The scope of covered services under Article 2 of this Chapter and A.R.S. §§ 36-2906 and 36-2907, covered populations, geographic coverage, service and performance requirements, and a delivery or performance schedule;
 3. The contract terms and conditions, including bonding or other security requirements, if applicable;
 4. The factors used to evaluate a proposal;
 5. The location and method of obtaining documents that are incorporated by reference in the RFP;
 6. A requirement that the offeror acknowledge receipt of all RFP amendments issued by the Administration;
 7. The type of contract to be used and a copy of a proposed contract form or provisions;
 8. The length of the contract service;
 9. A requirement for cost or pricing data;
 10. The minimum RFP requirements; and
 11. A provision requiring an offeror to certify that a submitted proposal does not involve collusion or other anti-competitive practices.
- B. Proposal process.
 1. After the deadline for submitting proposals, the Administration may open a proposal publicly and announce and record the name of the offeror. The Administration shall keep all other information contained in a proposal confidential. The Administration shall open a proposal for public inspection after contract award unless the Administration determines that disclosure is not in the best interest of the state.
 2. The Administration shall evaluate a proposal based on the GSA and the evaluation factors listed in the RFP.
 3. The Administration may initiate discussions with a responsive and responsible offeror to clarify and assure full understanding of an offeror's proposal. The Administration shall provide an offeror fair treatment with respect to discussion and revision of a proposal. The Administra-

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tion shall not disclose information derived from a proposal submitted by a competing offeror.

4. The Administration shall allow for the adjustment of covered services by expansion, deletion, segregation, or combination in order to secure the most financially advantageous proposals for the state.
 5. The Administration may conduct an investigation of a person or organization who has ownership or management interests in corporate offerors or affiliated corporate organizations of an offeror.
 6. The Administration may issue a written request for best and final offers. The Administration shall state in the request the date, time, and place for the submission of best and final offers.
 7. The Administration shall not request best and final offers more than once unless the Administration determines that it is advantageous to the state to request additional best and final offers. The Administration shall state in the written request for best and final offers that if the offeror does not submit a notice of withdrawal or a best and final offer, the Administration shall take the most recent offer as the offeror's best and final offer.
- C. Proposal rejection.
1. The Administration may reject an offeror's proposal if the offeror fails to supply the information requested by the Administration.
 2. The offeror shall not disclose information pertaining to its proposal to any other offeror prior to contract award. The offeror may disclose proposal information to a person other than another offeror if the recipient agrees to keep the information confidential until contract award. Disclosure in violation of this subsection may be grounds for rejecting a proposal.
 3. The Administration shall provide written notification to an offeror whose proposal is rejected. The rejection notice shall be part of the contract file and a public record.
 4. If the Administration determines that it is in the best interest of the state, the Administration may reject any and all proposals, in whole or in part, under the RFP. The reasons for rejection shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a proposal is rejected in whole or in part.
- D. Proposal cancellation. If the Administration determines that it is in the best interest of the state, the Administration may cancel a RFP. The reasons for cancellation shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a RFP is cancelled.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-602 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-603. Contract Award

The Administration shall award a contract to the responsible and responsive offeror whose proposal is determined most advantageous to the state under A.R.S. § 36-2906. If the Administration determines that multiple contracts are in the best interest of the state, the Administration may award multiple contracts. The contract file shall contain the basis on which the award is made.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-603 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-604. Contract or Proposal Protests; Appeals

- A. Disputes related to contract performance. This Section does not apply to a dispute related to contract performance. A contract performance dispute is governed by 9 A.A.C. 34.
- B. Resolution of a proposal protest. The procurement officer issuing a RFP shall have the authority to resolve proposal protests. An appeal from the decision of the procurement officer shall be made to the Director.
- C. Filing of a protest.
 1. A person may file a protest with the procurement officer regarding:
 - a. A RFP issued by the Administration,
 - b. A proposed award, or
 - c. An award of a contract.
 2. A protester shall submit a written protest and include the following information:
 - a. The name, address, and telephone number of the protester;
 - b. The signature of the protester or protester's representative;
 - c. Identification of a RFP or contract number;
 - d. A detailed statement of the legal and factual grounds of the protest including copies of any relevant documents; and
 - e. The relief requested.
- D. Time for filing a protest.
 1. A protester filing a protest alleging improprieties in an RFP or an amendment to an RFP shall file the protest at least 14 days before the due date of receipt of proposals.
 2. Any protest alleging improprieties in an amendment issued 14 or fewer days before the due date of the proposal shall be filed before the due date for receipt of proposals.
 3. In cases other than those covered in subsections (D)(1) and (2), a protester shall file a protest no later than 10 days after the procurement officer makes the procurement file available for public inspection.
- E. Stay of procurement during the protest. If a protester files a protest before the contract award, the procurement officer may issue a written stay of the contract award. In considering whether to issue a written stay of contract, the procurement officer shall consider but is not limited to considering whether:
 1. A reasonable probability exists that the protest will be sustained, and

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2. The stay of the contract award is in the best interest of the state.
- F. Stay of contract award during an appeal to the Director. The Director shall automatically continue the stay of a contract award if:
 1. An appeal is filed before a contract award, and
 2. The procurement officer issues a stay of the contract award under subsection (E), unless
 3. The Director issues a written determination that the contract award is necessary to protect the best interest of the state.
- G. Decision by the procurement officer.
 1. The procurement officer shall issue a written decision no later than 14 days after a protest has been filed. The decision shall contain an explanation of the basis of the decision.
 2. The procurement officer shall furnish a copy of the decision to the protester by:
 - a. Certified mail, return receipt requested; or
 - b. Any other method that provides evidence of receipt.
 3. The Administration may extend, for good cause, the time-limit for decisions in subsection (G)(1) for a time not to exceed 30 days. The procurement officer shall notify the protester in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
 4. If the procurement officer fails to issue a decision within the time-limits in subsection (G)(1) or (G)(3), the protester may proceed as if the procurement officer issued an adverse decision.
- H. Remedies.
 1. If the procurement officer sustains the protest in whole or in part and determines that the RFP, proposed contract award, or contract award does not comply with applicable statutes and rules, the procurement officer shall order an appropriate remedy.
 2. In determining an appropriate remedy, the procurement officer shall consider all the circumstances of the procurement or proposed procurement, including:
 - a. Seriousness of the procurement deficiency,
 - b. Degree of prejudice to other interested parties or to the integrity of the RFP process,
 - c. Good faith of the parties,
 - d. Extent of performance,
 - e. Costs to the state, and
 - f. Urgency of the procurement.
 - g. Best interest of the state.
 3. An appropriate remedy may include one or more of the following:
 - a. Terminating the contract;
 - b. Reissuing the RFP;
 - c. Issuing a new RFP;
 - d. Awarding a contract consistent with statutes, rules, and the terms of the RFP; or
 - e. Any relief determined necessary to ensure compliance with applicable statutes and rules.
- I. Appeals to the Director.
 1. A person may file an appeal of a procurement officer's decision with both the Director and the procurement officer no later than five days from the date the decision is received. The date the decision is received shall be determined under subsection (G)(2).
 2. The appeal shall contain:
 - a. The information required in subsection (C)(2),
 - b. A copy of the procurement officer's decision,
 - c. The alleged factual or legal error in the decision of the procurement officer on which the appeal to the Director is based, and
 - d. A request for hearing unless the person requests that the Director's decision be based solely upon the procurement file.
- J. Dismissal. The Director shall not schedule a hearing and shall dismiss an appeal with a written determination if:
 1. The appeal does not state a basis for protest,
 2. The appeal is untimely under subsection (I)(1), or
 3. The appeal is moot.
- K. Hearing. Hearings under this Section shall be conducted using the Arizona Administrative Procedure Act under A.R.S. Title 41, Ch. 6.

Historical Note

Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

R9-22-605. Waiver of Contractor's Subcontract with Hospitals

If a contractor is unable to obtain a subcontract with a hospital as contractually required, the contractor may request in writing a waiver from the Administration as allowed by A.R.S. § 36-2906. The contractor shall state in the request the reasons a waiver is believed to be necessary and all efforts the contractor has made to secure a subcontract.

Historical Note

Adopted effective January 31, 1986 (Supp. 86-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

R9-22-606. Contract Compliance Sanction

- A. The Director may impose sanctions upon a contractor for violation of any provision of this Chapter or of a contract. Sanctions include but are not limited to:
 1. Suspension of any or all further member enrollment, by choice and/or assignment for a period of time.
 2. Imposition of a monetary sanction.
- B. The Director shall consider the nature, severity, and length of the violation when determining a sanction.
- C. The Director shall provide a contractor with written notice specifying grounds and terms for the sanction.
- D. Nothing contained in this Section shall be construed to prevent the Administration from imposing sanctions as provided in contract under A.R.S. § 36-2903.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

ARTICLE 7. STANDARDS FOR PAYMENTS

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R9-22-701. Standards for Payments Related Definitions

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:

“Accommodation” means room and board services provided to a patient during an inpatient hospital stay and includes all staffing, supplies, and equipment. The accommodation is semi-private except when the member must be isolated for medical reasons. Types of accommodation include hospital routine medical/surgical units, intensive care units, and any other specialty care unit in which room and board are provided.

“Aggregate” means the combined amount of hospital payments for covered services provided within and outside the GSA.

“AHCCCS inpatient hospital day or days of care” means each day of an inpatient stay for a member beginning with the day of admission and including the day of death, if applicable, but excluding the day of discharge, provided that all eligibility, medical necessity, and medical review requirements are met.

“Ancillary service” means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

“APC” means the Ambulatory Payment Classification system under 42 CFR 419.31 used by Medicare for grouping clinically and resource-similar procedures and services.

“Billed charges” means charges for services provided to a member that a hospital includes on a claim consistent with the rates and charges filed by the hospital with Arizona Department of Health Services (ADHS).

“Business agent” means a company such as a billing service or accounting firm that renders billing statements and receives payment in the name of a provider.

“Capital costs” means costs as reported by the hospital to CMS as required by 42 CFR 413.20.

“Copayment” means a monetary amount, specified by the Director, that a member pays directly to a contractor or provider at the time covered services are rendered.

“Cost-to-charge ratio” (CCR) means a hospital’s costs for providing covered services divided by the hospital’s charges for the same services. The CCR is the percentage derived from the cost and charge data for each revenue code provided to AHCCCS by each hospital.

“Covered charges” means billed charges that represent medically necessary, reasonable, and customary items of expense for covered services that meet medical review criteria of AHCCCS or a contractor.

“CHC” means a Community Health Center, which includes both Federally Qualified Health Centers and Rural Health Clinics.

“CPT” means Current Procedural Terminology, published, and updated by the American Medical Association. CPT is a nationally-accepted listing of descriptive terms and identifying codes for reporting medical services and procedures per-

formed by physicians that provide a uniform language to accurately designate medical, surgical, and diagnostic services.

“Critical Access Hospital” is a hospital certified by Medicare under 42 CFR 485 Subpart F and 42 CFR 440.170(g).

“Direct graduate medical education costs” or “direct program costs” means the costs that are incurred for the education activities of an approved graduate medical education program that are the proximate result of training medical residents in the hospital, including resident salaries and fringe benefits, the portion of teaching physician salaries and fringe benefits that are related to the time spent in teaching and supervision of residents, and other related GME overhead costs.

“DRI inflation factor” means Global Insights Prospective Hospital Market Basket.

“Eligibility posting” means the date a member’s eligibility information is entered into the AHCCCS Pre-paid Medical Management Information System (PMMIS).

“Encounter” means a record of a medically-related service rendered by an AHCCCS-registered provider to a member enrolled with a contractor on the date of service.

“Existing outpatient service” means a service provided by a hospital before the hospital files an increase in its charge master as defined in R9-22-712(G), regardless of whether the service was explicitly described in the hospital charge master before filing the increase or how the service was described in the charge master before filing the increase.

“Expansion funds” means funds appropriated to support GME program expansions as described under A.R.S. § 36-2903.01(G)(9)(b) and (c)(i).

“Factor” means a person or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold, or transferred to the organization for an added fee or a deduction of a portion of the accounts receivable. Factor does not include a business agent.

“Fiscal intermediary” means an organization authorized by CMS to make determinations and payments for Part A and Part B provider services for a given region.

“Freestanding Children’s Hospital” means a separately standing hospital with at least 120 pediatric beds that is dedicated to providing the majority of the hospital’s services to children.

“GME program approved by the Administration” or “approved GME program” means a graduate medical education program that has been approved by a national organization as described in 42 CFR 415.152.

“Graduate medical education (GME) program” means an approved residency or fellowship program that prepares a physician for independent practice of medicine by providing didactic and clinical education in a medical environment to a medical student who has completed a recognized undergraduate medical education program.

“HCAC” means a health care acquired condition described under 42 CFR 447.26 but does not include Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients.

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“HCPCS” means the Health Care Procedure Coding System, published, and updated by Center for Medicare and Medicaid Services (CMS). HCPCS is a listing of codes and descriptive terminology used for reporting the provision of physician services, other health care services, and substances, equipment, supplies, or other items used in health care services.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as specified under 45 CFR 162, that establishes standards and requirements for the electronic transmission of certain health information by defining code sets used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.

“ICU” means the intensive care unit of a hospital.

“Indirect program costs” means the marginal increase in operating costs that a provider experiences as a result of having an approved graduate medical education program and that is not accounted for by the direct program costs.

“Intern and Resident Information System” means a software program used by teaching providers and the provider community for collecting and reporting information on resident training in hospital and non-hospital settings.

“Medical education costs” means direct costs for intern and resident salaries, fringe benefits, program costs, nursing school education, and paramedical education, as described in the Medicare Provider Reimbursement Manual.

“Medical review” means a clinical evaluation of documentation conducted by AHCCCS or a contractor for purposes of prior authorization, concurrent review, post-payment review, or determining medical necessity. The criteria for medical review are established by AHCCCS or a contractor based on medical practice standards that are updated periodically to reflect changes in medical care.

“Medicare Urban or Rural Cost-to-Charge Ratio (CCR)” means statewide average capital cost-to-charge ratio published annually by CMS added to the urban or rural statewide average operating cost-to-charge ratio published annually by CMS.

“National Standard code sets” means codes that are accepted nationally in accordance with federal requirements under 45 CFR 160 and 45 CFR 164.

“New hospital” means a hospital for which Medicare Cost Report claim and encounter data are not available for the fiscal year used for initial rate setting or rebasing.

“NICU” means the neonatal intensive care unit of a hospital that is classified as a Level II or Level III perinatal center by the Arizona Perinatal Trust.

“Non-IHS Acute Hospital” means a hospital that is not run by Indian Health Services, is not a free-standing psychiatric hospital, such as an IMD, and is paid under ADHS rates.

“Observation day” means a physician-ordered evaluation period of less than 24 hours to determine whether a person needs treatment or needs to be admitted as an inpatient. Each observation day consists of a period of 24 hours or less.

“Operating costs” means AHCCCS-allowable accommodation costs and ancillary department hospital costs excluding capital and medical education costs.

“OPPC” means an Other Provider Preventable Condition that is: (1) a wrong surgical or other invasive procedure performed on a patient, (2) a surgical or other invasive procedure performed on the wrong body part, or (3) a surgical or other invasive procedure performed on the wrong patient.

“Organized health care delivery system” means a public or private organization that delivers health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization.

“Outlier” means a hospital claim or encounter in which the operating costs per day for an AHCCCS inpatient hospital stay meet the criteria described under this Article and A.R.S. § 36-2903.01(G).

“Outpatient hospital service” means a service provided in an outpatient hospital setting that does not result in an admission.

“Ownership change” means a change in a hospital’s owner, lessor, or operator under 42 CFR 489.18(a).

“Participating institution” means an institution at which portions of a graduate medical education program are regularly conducted and to which residents rotate for an educational experience for at least one month.

“Peer group” means hospitals that share a common, stable, and independently definable characteristic or feature that significantly influences the cost of providing hospital services, including specialty hospitals that limit the provision of services to specific patient populations, such as rehabilitative patients or children.

“PPC” means prior period coverage. PPC is the period of time, prior to the member’s enrollment, during which a member is eligible for covered services. The time-frame is the first day of the month of application or the first eligible month, whichever is later, until the day a member is enrolled with a contractor.

“PPS bed” means Medicare-approved Prospective Payment beds for inpatient services as reported in the Medicare cost reports for the most recent fiscal year for which the Administration has a complete set of Medicare cost reports for every rural hospital as determined as of the first of February of each year.

“Primary care GME program” means a graduate medical education program that prepares a physician for the practice of internal medicine, family medicine, pediatrics, obstetrics, geriatrics, or psychiatry.

“Procedure code” means the numeric or alphanumeric code listed in the CPT or HCPCS manual by which a procedure or service is identified.

“Prospective rates” means inpatient or outpatient hospital rates set by AHCCCS in advance of a payment period and representing full payment for covered services excluding any quick-pay discounts, slow-pay penalties, and first-and third-party payments regardless of billed charges or individual hospital costs.

“Public hospital” means a hospital that is owned and operated by county, state, or hospital health care district.

“Qualifying health information exchange organization” means a non-profit health information organization as defined in A.R.S. § 36-3801 that provides the statewide exchange of patient health information among disparate health care organizations and providers not owned, operated, or controlled by

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the health information exchange. A qualifying health information exchange organization must include representation by the administration on its board of directors, and have a significant number of health care participants, including hospitals, laboratories, payers, community physicians and Federally Qualified Health Centers.

“Rebase” means the process by which the most currently available and complete Medicare Cost Report data for a year and AHCCCS claim and encounter data for the same year are collected and analyzed to reset the Inpatient Hospital Tiered per diem rates, or the Outpatient Hospital Capped Fee-For-Service Schedule.

“Reinsurance” means a risk-sharing program provided by AHCCCS to contractors for the reimbursement of specified contract service costs incurred by a member beyond a certain monetary threshold.

“Remittance advice” means an electronic or paper document submitted to an AHCCCS-registered provider by AHCCCS to explain the disposition of a claim.

“Resident” means a physician engaged in postdoctoral training in an accredited graduate medical education program, including an intern and a physician who has completed the requirements for the physician’s eligibility for board certification.

“Revenue code” means a numeric code, that identifies a specific accommodation, ancillary service, or billing calculation, as defined by the National Uniform Billing committee for UB04 forms.

“Sub-acute services” means inpatient care for a patient with an acute illness, injury, or exacerbation of a disease process when the patient does not require acute inpatient hospitalization. Sub-acute care is rendered immediately after, or instead of, acute inpatient hospitalization.

“Specialty facility” means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.

“Sponsoring institution” means the institution or entity that is recognized by the GME accrediting organization and designated as having ultimate responsibility for the assurance of academic quality and compliance with the terms of accreditation.

“Tier” means a grouping of inpatient hospital services into levels of care based on diagnosis, procedure, or revenue codes, peer group, NICU classification level, or any combination of these items.

“Tiered per diem” means an AHCCCS capped fee schedule in which payment is made on a per-day basis depending upon the tier (or tiers) into which an AHCCCS inpatient hospital day of care is assigned.

“Trip” means a one-way transport each time a taxi is called. If the taxi waits for the member, then the transport continues to be part of the one-way trip. If the taxi leaves and is called to pick up the member, that is considered a new one-way trip.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-701 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-701 repealed,

new Section R9-22-701 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014; amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 837 (April 29, 2022), with an immediate effective date of April 5, 2022 (Supp. 22-2).

R9-22-701.01. Reserved

R9-22-701.02. Reserved

R9-22-701.03. Reserved

R9-22-701.04. Reserved

R9-22-701.05. Reserved

R9-22-701.06. Reserved

R9-22-701.07. Reserved

R9-22-701.08. Reserved

R9-22-701.09. Reserved

R9-22-701.10 Scope of the Administration’s and Contractor’s Liability

The Administration shall bear no liability for providing covered services for any member beyond the date of termination of the member’s eligibility or during the member’s enrollment with a contractor. A contractor has no financial responsibility for services provided to a member beyond the last date of enrollment except as provided in Articles 2 and 5 of this Chapter and as specified in contract.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

R9-22-702. Charges to Members

- A.** For purposes of this subsection, the term “member” includes the member’s financially responsible representative as described under A.R.S. § 36-2903.01.
- B.** Registered providers must accept payment from the Administration or a contractor as payment in full.
- C.** Except as provided in subsection (D) a registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person.
- D.** An AHCCCS registered provider may charge, submit a claim to, or demand or collect payment from a member:
 1. To collect the copayment described in R9-22-711;

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2. To recover from a member that portion of a payment made by a third party to the member for an AHCCCS covered service if the member has not transferred the payment to the Administration or the contractor as required by the statutory assignment of rights to AHCCCS;
 3. To obtain payment from a member for medical expenses incurred during a period when the member intentionally withheld information or intentionally provided inaccurate information pertaining to the member's AHCCCS eligibility or enrollment that caused payment to the provider to be reduced or denied;
 4. For a service that is excluded by statute or rule, or provided in an amount that exceeds a limitation in statute or rule, if the member signs a document in advance of receiving the service stating that the member understands the service is excluded or is subject to a limit and that the member will be financially responsible for payment for the excluded service or for the services in excess of the limit;
 5. When the contractor or the Administration has denied authorization for a service if the member signs a document in advance of receiving the service stating that the member understands that authorization has been denied and that the member will be financially responsible for payment for the service;
 6. For services requested for a member enrolled with a contractor, and rendered by a noncontracting provider under circumstances where the member's contractor is not responsible for payment of "out of network" services under R9-22-705(A), if the member signs a document in advance of receiving the service stating that the member understands the provider is out of network, that the member's contractor is not responsible for payment, and that the member will be financially responsible for payment for the excluded service;
 7. For services rendered to a person eligible for the FESP if the provider submits a claim to the Administration in the reasonable belief that the service is for treatment of an emergency medical condition and the Administration denies the claim because the service does not meet the criteria of R9-22-217; or
 8. If the provider has received verification from the Administration that the person was not an eligible person on the date of service.
- E.** The signature requirement of subsections (D)(4), (D)(5), and (D)(6) do not apply if:
1. The member is unable or incompetent to sign such a document, or
 2. When services are rendered for the purpose of treating an emergency medical condition as defined in R9-22-217 and a delay in providing treatment to obtain a signature would have a significant adverse affect on the member's health.
- F.** Except as provided for in this Section, registered providers shall not bill a member when the provider could have received reimbursement from the Administration or a contractor but for the provider's failure to file a claim in accordance with the requirements of AHCCCS statutes, rules, the provider agreement, or contract, such as, but not limited to, requirements to request and obtain prior authorization, timely filing, and clean claim requirements.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-702 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text identical to the emergency (Supp. 83-3). Former Section R9-22-702 repealed, new Section R9-22-702 adopted effective October 1, 1983 (Supp. 83-5). Amended by adding subsection (B) effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

R9-22-703. Payments by the Administration

- A.** General requirements. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- B.** Timely submission of claims.
1. Under A.R.S. § 36-2904, the Administration shall deem a paper claim to be submitted on the date that it is received by the Administration. An electronic claim is deemed received by the Administration when the claim enters the information processing system designated by the Administration for electronic claims in a form that is capable of being processed by the designated information processing system. The Administration shall do one or more of the following for each claim it receives:
 - a. Place a date stamp on the face of the claim,
 - b. Assign a system-generated claim reference number, or
 - c. Assign a system-generated date-specific number.
 2. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
 - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
 - b. Six months from the date of eligibility posting.
 3. Unless a shorter time period is specified in contract, the Administration shall not pay a clean claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
 - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
 - b. Twelve months from the date of eligibility posting.
 4. Unless a shorter time period is specified in contract, the Administration shall not pay a claim submitted by an HIS

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or tribal facility for a covered service unless the claim is initially submitted within 12 months from the date of service, date of discharge, or eligibility posting, whichever is later.

C. Claims processing.

1. The Administration shall notify the AHCCCS-registered provider with a remittance advice when a claim is processed for payment.
2. The Administration shall reimburse a hospital for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and in the manner and at the rate described in A.R.S. § 36-2903.01:
 - a. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
 - b. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
 - c. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a fee of one percent per month for each month or portion of a month following the 60th day of receipt of the bill until date of payment.
3. A claim is paid on the date indicated on the disbursement check.
4. A claim is denied as of the date of the remittance advice.
5. The Administration shall process a hospital claim under this Article.

D. Prior authorization.

1. An AHCCCS-registered provider shall:
 - a. Obtain prior authorization from the Administration for non-emergency hospital admissions, covered services as specified in Articles 2 and 12 of this Chapter, and for administrative days as described in R9-22-712.75,
 - b. Notify the Administration of hospital admissions under Article 2 of this Chapter, and
 - c. Make records available for review by the Administration upon request.
2. The Administration may deny a claim if the provider fails to comply with subsection (D)(1).
3. If the Administration issues prior authorization for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the Administration shall adjust the claim payment.

E. Review of claims and coverage for hospital supplies.

1. The Administration may conduct prepayment and post-payment review of any claims, including but not limited to hospital claims.
2. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
 - a. Patient care kit,
 - b. Toothbrush,
 - c. Toothpaste,
 - d. Petroleum jelly,
 - e. Deodorant,
 - f. Septi soap,
 - g. Razor or disposable razor,
 - h. Shaving cream,
 - i. Slippers,
 - j. Mouthwash,
 - k. Shampoo,

- l. Powder,
- m. Lotion,
- n. Comb, and
- o. Patient gown.

3. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
 - a. Arm board,
 - b. Diaper,
 - c. Underpad,
 - d. Special mattress and special bed,
 - e. Gloves,
 - f. Wrist restraint,
 - g. Limb holder,
 - h. Disposable item used instead of a durable item,
 - i. Universal precaution,
 - j. Stat charge, and
 - k. Portable charge.
4. The Administration shall determine in a hospital claims review whether services rendered were:
 - a. Covered services as defined in Article 2;
 - b. Medically necessary;
 - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
 - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2903.01.
5. If the Administration adjudicates a claim, a person may file a claim dispute challenging the adjudication under 9 A.A.C. 34.

F. Overpayment for AHCCCS services.

1. An AHCCCS-registered provider shall notify the Administration when the provider discovers the Administration made an overpayment.
2. The Administration shall recoup an overpayment from a future claim cycle if an AHCCCS-registered provider fails to return the overpaid amount to the Administration.
3. The Administration shall document any recoupment of an overpayment on a remittance advice.
4. An AHCCCS-registered provider may file a claim dispute under 9 A.A.C. 34 if the AHCCCS-registered provider disagrees with a recoupment action.

G. For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.**H. Prior quarter reimbursement. A provider shall:**

1. Bill the Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from a member of AHCCCS eligibility.
2. Reimburse a member when payment has been received from the Administration for covered services during a prior quarter eligibility period. All funds paid by the member shall be reimbursed.
3. Accept payment received by the Administration as payment in full.

I. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.

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- J. Payment for out-of-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an out-of-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- K. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. The Administration shall reimburse an in-state or out-of-state provider of inpatient hospital services rendered with a discharge date on or after October 1, 2014, the DRG rate established by the Administration.
- L. The Administration may enter into contracts for the provisions of transplant services.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R-22-703 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-703 repealed, new Section R9-22-703 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective September 16, 1987 (Supp. 87-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 27 A.A.R. 237, effective April 4, 2021 (Supp. 21-1).

R9-22-704. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-704 adopted as an emergency now adopted and amended as a permanent rule effective August 30 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended subsection A., Paragraph 2. effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

R9-22-705. Payments by Contractors

- A. General requirements. A contractor shall contract with providers to provide covered services to members enrolled with the

contractor. The contractor is responsible for reimbursing providers and coordinating care for services provided to a member. Except as provided in subsection (A)(2), a contractor is not required to reimburse a noncontracting provider for services rendered to a member enrolled with the contractor.

1. Providers. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of March 6, 1992, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
2. A contractor shall reimburse a noncontracting provider for services rendered to a member enrolled with the contractor as specified in this Article if:
 - a. The contractor referred the member to the provider or authorized the provider to render the services and the claim is otherwise payable under this Chapter, or
 - b. The service is emergent under Article 2 of this Chapter.

B. Timely submission of claims.

1. Under A.R.S. § 36-2904, a contractor shall deem a paper or electronic claim as submitted on the date that the claim is received by the contractor. The contractor shall do one or more of the following for each claim the contractor receives:
 - a. Place a date stamp on the face of the claim,
 - b. Assign a system-generated claim reference number, or
 - c. Assign a system-generated date-specific number.
2. Unless a shorter time period is specified in subcontract, a contractor shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
 - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
 - b. Six months from the date of eligibility posting.
3. Unless a shorter time period is specified in subcontract, a contractor shall not pay a claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
 - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
 - b. Twelve months from the date of eligibility posting.

C. Date of claim.

1. A contractor's date of receipt of an inpatient or an outpatient hospital claim is the date the claim is received by the contractor as indicated by the date stamp on the claim, the system-generated claim reference number, or the system-generated date-specific number assigned by the contractor.
2. A hospital claim is considered paid on the date indicated on the disbursement check.
3. A denied hospital claim is considered adjudicated on the date of the claim's denial.
4. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the contractor shall assign a new date of receipt upon receipt of the additional documentation.

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5. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the contractor shall not assign a new date of receipt.
6. A contractor and a hospital may, through a contract approved as specified in R9-22-715, adopt a method for identifying, tracking, and adjudicating a claim that is different from the method described in this subsection.
- D. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. A contractor shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at either a rate specified by subcontract or, in absence of the subcontract, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715. This subsection does not apply to an urban contractor as specified in R9-22-718 and A.R.S. § 36-2905.01.
- E. Payment for Inpatient out-of-state hospital payments for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- F. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- G. Payment for in-state outpatient hospital services.

A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other Sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- H. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the contractor shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
- I. Payment for observation days. A contractor shall reimburse a provider and a noncontracting provider for the provision of observation days at either a rate specified by subcontract or, in the absence of a subcontract, as prescribed under R9-22-712, R9-22-712.10, and R9-22-712.45.
- J. Review of claims and coverage for hospital supplies.
 1. A contractor may conduct a review of any claims submitted and recoup any payments made in error.
 2. A hospital shall obtain prior authorization from the appropriate contractor for nonemergency admissions. When issuing prior authorization, a contractor shall consider the medical necessity of the service, and the availability and cost effectiveness of an alternative treatment. Failure to obtain prior authorization when required is cause for nonpayment or denial of a claim. A contractor shall not require prior authorization for medically necessary services provided during any prior period for which the contractor is responsible. If a contractor and a hospital agree to a subcontract, the parties shall abide by the terms of the subcontract regarding utilization control activities. A hospital shall cooperate with a contractor's reasonable activities necessary to perform concurrent review and shall make the hospital's medical records pertaining to a member enrolled with a contractor available for review.
3. Regardless of prior authorization or concurrent review activities, a contractor may make prepayment or post-payment review of all claims, including but not limited to a hospital claim. A contractor may recoup an erroneously paid claim. If prior authorization was given for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the contractor shall adjust the claim payment.
4. A contractor and a hospital may enter into a subcontract that includes hospital claims review criteria and procedures if the subcontract meets the requirements of R9-22-715.
5. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
 - a. Patient care kit,
 - b. Toothbrush,
 - c. Toothpaste,
 - d. Petroleum jelly,
 - e. Deodorant,
 - f. Septi soap,
 - g. Razor,
 - h. Shaving cream,
 - i. Slippers,
 - j. Mouthwash,
 - k. Disposable razor,
 - l. Shampoo,
 - m. Powder,
 - n. Lotion,
 - o. Comb, and
 - p. Patient gown.
6. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
 - a. Arm board,
 - b. Diaper,
 - c. Underpad,
 - d. Special mattress and special bed,
 - e. Gloves,
 - f. Wrist restraint,
 - g. Limb holder,
 - h. Disposable item used instead of a durable item,
 - i. Universal precaution,
 - j. Stat charge, and
 - k. Portable charge.
7. The contractor shall determine in a hospital claims review whether services rendered were:
 - a. Covered services as defined in R9-22-201;
 - b. Medically necessary;

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- c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
 - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2904.
- 8. If a contractor adjudicates a claim or recoups payment for a claim, a person may file a claim dispute challenging the adjudication or recoupment as described under 9 A.A.C. 34.
- K. Non-hospital claims. A contractor shall pay claims for non-hospital services in accordance with contract, or in the absence of a contract, at a rate not less than the Administration's capped fee-for-service schedule or at a lower rate if negotiated between the two parties.
- L. Payments to hospitals. A contractor shall pay for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and as described in A.R.S. § 36-2904:
 - 1. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
 - 2. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
 - 3. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a 1 percent penalty of the rate for each month or portion of the month following the 60th day of receipt of the bill until date of payment.
- M. Interest payment. In addition to the requirements in subsection (L), a contractor shall pay interest for late claims as defined by contract.
- N. For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-705 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule identical to emergency (Supp. 83-3). Former Section R9-22-705 repealed, new Section R9-22-705 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (C) effective October 1, 1987; amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective

March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-706. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-706 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-706 repealed, new Section R9-22-706 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (D), (E), (F), and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (F) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (F) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4).

R9-22-707. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-707 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Repealed as a permanent action effective May 16, 1983 (Supp. 83-3). New Section R9-22-707 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1985 (Supp. 85-5). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective September 29, 1992 (Supp. 92-3). Amended

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effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-708. Payments for Services Provided to Eligible American Indians

- A. For purposes of this Article "IHS enrolled" or "enrolled with IHS" means an American Indian who has elected to receive covered services through IHS instead of a contractor.
- B. For an American Indian who is enrolled with IHS, AHCCCS shall pay IHS the most recent all-inclusive inpatient, outpatient or ambulatory surgery rates published by Health and Human Services (HHS) in the *Federal Register*, or a separately contracted rate with IHS, for AHCCCS-covered services provided in an IHS facility. AHCCCS shall reimburse providers for the Medicare coinsurance and deductible amounts required to be paid by the Administration or contractor in A.A.C. Chapter 29, Article 3 of this Title.
- C. When IHS refers an American Indian enrolled with IHS to a provider other than an IHS or tribal facility, the provider to whom the referral is made shall obtain prior authorization from AHCCCS for services as required under Articles 2, 7 or 12 of this Chapter.
- D. For an American Indian enrolled with a contractor, AHCCCS shall pay the contractor a monthly capitation payment.
- E. Once an American Indian enrolls with a contractor, AHCCCS shall not reimburse any provider other than IHS or a Tribal facility.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-708 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-708 repealed, new Section R9-22-708 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-708 renumbered and amended as Section R9-22-709, new Section R9-22-708 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-709. Contractor's Liability to Hospitals for the Provision of Emergency and Post-stabilization Care

A contractor is liable for emergency hospitalization and post-stabilization care as described in R9-22-210 and R9-22-210.01.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-709 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-709 repealed, new Section R9-22-709 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-709 renumbered and amended as Section R9-22-713, former Section R9-22-708 renumbered and amended as Section R9-22-709 effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R.

424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-710. Payments for Non-hospital Services

- A. Capped fee-for-service. The Administration shall provide notice of changes in methods and standards for setting payment rates for services in accordance with 42 CFR 447.205, December 19, 1983, incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 1. Non-contracted services. In the absence of a contract that specifies otherwise, a contractor shall reimburse a provider or noncontracting provider for non-hospital services according to the Administration's capped-fee-for-service schedule.
 2. Procedure codes. The Administration shall maintain a current copy of the National Standard Code Sets mandated under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004), incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 - a. A person shall submit an electronic claim consistent with 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
 - b. A person shall submit a paper claim using the National Standard Code Sets as described under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
 - c. The Administration may deny a claim for failure to comply with subsection (A) (2) (a) or (b).
 3. Fee schedule. The Administration shall pay providers, including noncontracting providers, at the lesser of billed charges or the capped fee-for-service rates specified in subsections (A)(3)(a) through (A)(3)(d) unless a different fee is specified in a contract between the Administration and the provider, or is otherwise required by law.
 - a. Physician services. Fee schedules for payment for physician services are on file at the central office of the Administration for reference use during customary business hours.
 - b. Dental services. Fee schedules for payment for dental services are on file at the central office of the Administration for reference use during customary business hours.
 - c. Transportation services. Fee schedules for payment for transportation services are on file at the central office of the Administration for reference use during customary business hours. For dates of service beginning:

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- i. October 1, 2012 through September 30, 2013, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2012.
 - ii. October 1, 2013 through September 30, 2014, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2013.
 - iii. October 1, 2014 through September 30, 2015, the Administration and its contractors shall reimburse ambulance services at 74.74 percent of the ADHS rates that are in effect as of August 2, 2014.
- d. Medical supplies and durable medical equipment (DME). Fee schedules for payment for medical supplies and DME are on file at the central office of the Administration for reference use during customary business hours. The Administration shall reimburse a provider once for purchase of DME during any two-year period, unless the Administration determines that DME replacement within that period is medically necessary for the member. Unless prior authorized by the Administration, no more than one repair and adjustment of DME shall be reimbursed during any two-year period.
- B. Pharmacy services.** The Administration shall not reimburse pharmacy services unless the services are provided by a pharmacy having a subcontract with a Pharmacy Benefit Manager (PBM) contracted with AHCCCS. Except as specified in subsection (C), the Administration shall reimburse pharmacy services according to the terms of the contract.
- C. FQHC Pharmacy reimbursement.**
 - 1. For purposes of this Section the following terms are defined:
 - a. "340B Drug Pricing Program" means the discount drug purchasing program described in 42 U.S.C. 256b.
 - b. "340B Ceiling Price" means the maximum price that drug manufacturers can charge covered entities participating in the 340B Drug Pricing Program as reported by the drug manufacturer to HRSA.
 - c. "340B entity" means a covered entity, eligible to participate in the 340B Drug Pricing Program, as defined by the Health Resources and Human Services Administration.
 - d. "Actual Acquisition Cost (AAC)" means the purchase price of a drug paid by a pharmacy net of discounts, rebates, chargebacks and other adjustments to the price of the drug. The AAC excludes dispensing fees.
 - e. "Contracted Pharmacy" means an arrangement through which a 340B entity may contract with an outside pharmacy to provide comprehensive pharmacy services utilizing medications subject to 340B pricing.
 - f. "Dispensing Fee" means the amount paid for the professional services provided by the pharmacist for dispensing a prescription. The Dispensing Fee does not include any payment for the drugs being dispensed.
 - g. "Federally Qualified Health Center" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the criteria under sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receives funds under section 330 of the Public Health Service Act.
 - h. "Federally Qualified Health Center Look-Alike" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the definition of "health center" under section 330 of the Public Health Service Act, but does not receive grant funding under section 330.
 - i. "FQHC or FQHC Look-Alike pharmacy" means a pharmacy that dispenses drugs to FQHC or FQHC-LA patients and that is owned and/or operated by an FQHC/FQHC-LA or by an entity that reports the costs of an FQHC/FQHC-LA on its Medicare Cost Report, whether or not collocated with an FQHC or an FQHC Look-Alike.
 - 2. Effective the later of February 1, 2012, or CMS approval of a State Plan Amendment, an FQHC or FQHC Look-Alike shall:
 - a. Notify the AHCCCS provider registration unit of its status as a 340B covered entity no later than:
 - i. 30 days after the effective date of this Section;
 - ii. 30 days after registration with the Health Resources and Services Administration (HRSA) for participation in the 340B program, or
 - iii. The time of application to become an AHCCCS provider.
 - b. Provide the 340B pricing file to the AHCCCS Administration upon request. The 340B pricing file shall be provided in the file format as defined by AHCCCS.
 - c. Identify 340B drug claims submitted to the AHCCCS FFS PBM or the Managed Care Contractors' PBMs for reimbursement. The 340B drug claim identification and claims processing for a drug claim submission shall be consistent with claim instructions issued and required by AHCCCS to identify such claims.
 - 3. The FQHC and the FQHC Look-Alike pharmacies shall submit claims for AHCCCS members for drugs that are identified in the 340B pricing file, whether or not purchased under the 340B pricing file, with the lesser of:
 - a. The actual acquisition cost, or
 - b. The 340B ceiling price.
 - 4. The AHCCCS Fee-for-Service and Managed Care Contractors' PBMs shall reimburse claims for drugs which are identified in the 340B pricing file dispensed by FQHC and FQHC Look -Alike pharmacies, whether or not purchased under the 340B pricing file, at the amount submitted under subsection (C)(3) plus a dispensing fee listed in the AHCCCS Capped Fee-For-Service Schedule unless a contract between the 340B entity and a Managed Care Contractor's PBM specifies a different dispensing fee.
 - 5. Contracted pharmacies shall not submit claims for drugs dispensed under an agreement with the 340B entity as part of the 340B drug pricing program, and the AHCCCS Administration and Managed Care Contractors shall not reimburse such claims.
 - 6. The AHCCCS Administration and Managed Care Contractors shall reimburse contracted pharmacies for drugs

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not dispensed under an agreement with the 340B entity as part of the 340B program at the price and dispensing fee set forth in the contract between the contracted pharmacy and the AHCCCS or its Managed Care Contractors' PBMs. Neither the Administration nor its Managed Care Contractors will reimburse a contracted pharmacy that does not have a contract with the Administration or MCO's PBM.

7. The AHCCCS Administration and its Managed Care Contractors shall reimburse FQHC and FCHC Look-Alike pharmacies for drugs that are not eligible under the 340B Drug Pricing Program at the price and dispensing fee set forth in their contract with the AHCCCS or its Managed Care Contractors' PBMs.
8. AHCCCS may periodically conduct audits to ensure compliance with this Section.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-710 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of amended rule identical to emergency (Supp. 83-3). Former Section R9-22-710 repealed, new Section R9-22-710 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985. The capped fee-for-service schedules, deleted from Section R9-22-710, are now on file at the central office of the Administration (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective July 1, 1988 (Supp. 88-3). Amended subsection (B) effective April 27, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by exempt rulemaking at 18 A.A.R. 212, effective February 1, 2012 (Supp. 12-1). Amended by exempt rulemaking at 18 A.A.R. 1971, effective August 1, 2012 (Supp. 12-3). Amended by exempt rulemaking at 18 A.A.R. 2630, effective October 1, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 1681, effective August 9, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3525, effective October 18, 2013 (Supp. 13-4)

R9-22-711. Copayments

A. For purposes of this Article:

1. A copayment is a monetary amount that a member pays directly to a provider at the time a covered service is rendered.
2. An eligible individual is assigned to a hierarchy established in subsections (B) through (E), for the purposes of establishing a copayment amount.
3. No refunds shall be made for a retroactive period if there is a change in an individual's status that alters the amount of a copayment.

B. The following services are exempt from AHCCCS copayments for all members:

1. Family planning services and supplies,

2. Services related to a pregnancy or any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for a pregnant woman,
3. Emergency services as described in 42 CFR 447.56(2)(i),
4. All services paid on a fee-for-service basis,
5. Preventive services, such as well visits, immunizations, pap smears, colonoscopies, and mammograms,
6. Provider preventable services.

C. The following individuals are exempt from AHCCCS copayments:

1. An individual under age 19, including individuals eligible for the KidsCare Program in A.R.S. § 36-2982;
2. An individual determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services;
3. An individual eligible for the Arizona Long-Term Care Program in A.R.S. § 36-2931;
4. An individual eligible for QMB under Chapter 29;
5. An individual eligible for the Children's Rehabilitative Services program under A.R.S. § 36-2906(E);
6. An individual receiving nursing facility or HCBS services under R9-22-216;
7. An individual receiving hospice care as defined in 42 U.S.C. 1396d(o);
8. An American Indian individual enrolled in a health plan and has received services through an IHS facility, tribal 638 facility or urban Indian health program;
9. An individual eligible in the Breast and Cervical Cancer program as described under Article 20;
10. An individual who is pregnant including the postpartum period which is the last day of the month in which the 60th day following the date the pregnancy ends;
11. An individual with respect to whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care, without regard to age;
12. An individual with respect to whom adoption or foster care assistance is made available under Part E of Title IV of the Social Security Act, without regard to age; and
13. An adult eligible under R9-22-1427(E), with income at or below 106% of the FPL.

D. Non-mandatory copayments. Unless otherwise listed in subsection (B) or (C), individuals under subsections (D)(1) through (6) are subject to the copayments listed in this subsection. A provider shall not deny a service when a member states to the provider an inability to pay a copayment.

1. A caretaker relative eligible under R9-22-1427(A);
2. An individual eligible for Young Adult Transitional Insurance (YATI) in A.R.S. § 36-2901(6)(a)(iii);
3. An individual eligible for State Adoption Assistance in R9-22-1433;
4. An individual eligible for Supplemental Security Income (SSI);
5. An individual eligible for SSI Medical Assistance Only (SSI/MAO) in Article 15; and
6. An individual eligible for the Freedom to Work program in A.R.S. § 36-2901(6)(g).
7. Copayment amount per service:
 - a. \$2.30 per prescription drug.
 - b. \$3.40 per outpatient visit, excluding an emergency room visit, if any of the services rendered during the visit are coded as evaluation and management services or non-emergent surgical procedures according to the National Standard Code Sets. An outpatient visit includes any setting where these services are

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performed such as a physician's office, an Ambulatory Surgical Center (ASC), or a clinic.

- c. \$2.30 per visit, if a copayment is not being imposed under subsection (D)(7)(b) and any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.

E. Mandatory copayments.

1. Copayments for individuals eligible for Transitional Medical Assistance (TMA) under R9-22-1427(B)(1)(c)(i). Unless otherwise listed in subsection (C), an individual is required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
 - a. \$2.30 per prescription drug.
 - b. \$4.00 per outpatient visit, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - c. If a copayment is not being imposed under subsection (E)(1)(b), \$3.00 per visit if any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
 - d. If a copayment is not being imposed under subsection (E)(1)(b) or (c), \$3.00 per visit, if any of the services rendered during the visit are coded as non-emergent surgical procedures according to the National Standard Code Sets.

2. Copayments for persons eligible under R9-22-1427(E) with income above 106% of the FPL and for persons eligible under A.R.S. §§ 36-2907.10 and 36-2907.11. Subject to CMS approval, unless otherwise listed in subsection (C), these individuals are required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
 - a. \$4.00 per prescription drug.
 - b. \$5.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate from \$50 to less than \$100, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - c. \$10.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate of \$100 or greater, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - d. If a copayment is not being imposed under subsection (E)(2)(b) or (E)(2)(c), for services coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
 - i. \$2.00 if the rate on the fee schedule is \$20 to \$39.99,

- ii. \$4.00 if the rate on the fee schedule is \$40 to \$49.99, or
- iii. \$5.00 if the rate on the fee schedule is \$50 and above per visit.

- e. If a copayment is not being imposed under subsection (E)(2)(b) –(E)(2)(d), for services coded as non-emergent surgical procedures according to the National Standard Code Sets,
 - i. \$30.00 if the rate on the fee schedule is \$300 to \$499.99, or
 - ii. \$50.00 if the rate on the fee schedule is \$500 and above per visit.

- f. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$2.00 per trip for non-emergency transportation in an urban area.

- g. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$8.00 for non-emergency use of the emergency room.

- h. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$75 for an Inpatient stay.

3. The provider may deny a service if the member does not pay the copayment required by subsection (E), however, a provider may choose to reduce or waive copayments under this subsection on a case-by-case basis.

- F.** A provider is responsible for collecting any copayment imposed under this Section.

- G.** The total aggregate amount of copayments under subsections (D) or (E) may not exceed 5% of the family's income as applied on a quarterly basis. The member may establish that the aggregate limit has been met on a quarterly basis by providing the Administration with records of copayments incurred during the quarter. In addition, the Administration shall also use claims and encounters information available to the Administration to establish when a member's copayment obligation has reached 5% of the family's income.

- H.** Reduction in payments to providers. The Administration and its contractors shall reduce the payment it makes to any provider by the amount of a member's copayment obligation under subsection (E), regardless of whether the provider successfully collects the copayments described in this Section.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Sections R9-22-711 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-711 repealed, new Section R9-22-711 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4557, effective October 1, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 2194, effective May 3, 2004

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(Supp. 04-2). Amended by exempt rulemaking at 10 A.A.R. 4266, effective October 1, 2004 (Supp. 04-3). Amended by final rulemaking at 16 A.A.R. 1449, effective October 1, 2010 (Supp. 10-3). Section amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Section amended by final rulemaking at 19 A.A.R. 2954, effective November 11, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 128, effective December 30, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 29 A.A.R. 1866 (August 25, 2023), with an immediate effective date of August 1, 2023 (Supp. 23-3).

Editor's Note: The following Section was adopted and amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-712. Reimbursement: General

- A. Inpatient and outpatient discounts and penalties. If a claim is pending for additional documentation required under A.R.S. § 36-2903.01(G)(4), the period during which the claim is pending is not used in the calculation of the quick-pay discounts and slow-pay penalties under A.R.S. § 36-2903.01(G)(5).
- B. Inpatient and outpatient in-state or out-of-state hospital payments.
 1. Payment for inpatient out-of-state hospital services for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(d).
 2. Payment for inpatient in-state hospital services for claims with discharge dates on or before September 30, 2014. AHCCCS shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
 3. Payment for inpatient in-state or out-of-state hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in the absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
 4. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse an out-of-state hospital for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the Administration shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
5. Outpatient in-state hospital payments. A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other Sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- C. Access to records. Subcontracting and noncontracting providers of outpatient or inpatient hospital services shall allow the Administration access to medical records regarding eligible persons and shall in all other ways fully cooperate with the Administration or the Administration's designated representative in performance of the Administration's utilization control activities. The Administration shall deny a claim for failure to cooperate.
- D. Prior authorization. The Administration or contractor may deny a claim if a provider fails to obtain prior authorization as required under R9-22-210.
- E. Review of claims. Regardless of prior authorization or concurrent review activities, the Administration may subject all hospital claims, including outliers, to prepayment medical review or post-payment review, or both. The Administration shall conduct post-payment reviews consistent with A.R.S. § 36-2903.01 and may recoup erroneously paid claims.
- F. Claim receipt.
 1. The Administration's date of receipt of inpatient or outpatient hospital claims is the date the claim is received by the Administration as indicated by the date stamp on the claim and the system-generated claim reference number or system-generated date-specific number.
 2. Hospital claims are considered paid on the date indicated on disbursement checks.
 3. A denied claim is considered adjudicated on the date the claim is denied.
 4. Claims that are denied and are resubmitted are assigned new receipt dates.
 5. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the Administration shall assign a new date of receipt upon receipt of the additional documentation.
 6. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the Administration shall not assign a new date of receipt.
- G. Outpatient hospital reimbursement. The Administration shall pay for covered outpatient hospital services provided to eligible persons with dates of service from March 1, 1993 through June 30, 2005, at the AHCCCS outpatient hospital cost-to-charge ratio, multiplied by the amount of the covered charges.
 1. Computation of outpatient hospital reimbursement. The Administration shall compute the cost-to-charge ratio on a hospital-specific basis by determining the covered charges and costs associated with treating eligible persons in an outpatient setting at each hospital. Outpatient operating and capital costs are included in the computation but outpatient medical education costs that are included in the inpatient medical education component are excluded. To calculate the outpatient hospital cost-to-charge ratio annually for each hospital, the Administration shall use each hospital's Medicare Cost Reports and a database consisting of outpatient hospital claims paid

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and encounters processed by the Administration for each hospital, subjecting both to the data requirements specified in R9-22-712.01. The Administration shall use the following methodology to establish the outpatient hospital cost-to-charge ratios:

- a. Cost-to-charge ratios. The Administration shall calculate the costs of the claims and encounters for outpatient hospital services by multiplying the ancillary line item cost-to-charge ratios by the covered charges for corresponding revenue codes on the claims and encounters. Each hospital shall provide the Administration with information on how the revenue codes used by the hospital to categorize charges on claims and encounters correspond to the ancillary line items on the hospital's Medicare Cost Report. The Administration shall then compute the overall outpatient hospital cost-to-charge ratio for each hospital by taking the average of the ancillary line items cost-to-charge ratios for each revenue code weighted by the covered charges.
 - b. Cost-to-charge limit. To comply with 42 CFR 447.325, the Administration may limit cost-to-charge ratios to 1.00 for each ancillary line item from the Medicare Cost Report. The Administration shall remove ancillary line items that are non-covered or not applicable to outpatient hospital services from the Medicare Cost Report data for purposes of computing the overall outpatient hospital cost-to-charge ratio.
2. New hospitals. The Administration shall reimburse new hospitals at the weighted statewide average outpatient hospital cost-to-charge ratio multiplied by covered charges. The Administration shall continue to use the statewide average outpatient hospital cost-to-charge ratio for a new hospital until the Administration rebases the outpatient hospital cost-to-charge ratios and the new hospital has a Medicare Cost Report for the fiscal year being used in the rebasing.
 3. Specialty outpatient services. The Administration may negotiate, at any time, reimbursement rates for outpatient hospital services in a specialty facility.
 4. Reimbursement requirements. To receive payment from the Administration, a hospital shall submit claims that are legible, accurate, error free, and have a covered charge greater than zero. The Administration shall not reimburse hospitals for emergency room treatment, observation hours or days, or other outpatient hospital services performed on an outpatient basis, if the eligible person is admitted as an inpatient to the same hospital directly from the emergency room, observation area, or other outpatient department. Services provided in the emergency room, observation area, and other outpatient hospital services provided before the hospital admission are included in the tiered per diem payment.
 5. Rebasing. The Administration shall rebase the outpatient hospital cost-to-charge ratios at least every four years but no more than once a year using updated Medicare Cost Reports and claim and encounter data.
 6. If a hospital files an increase in its charge master for an existing outpatient service provided on or after July 1, 2004, and on or before June 30, 2005, which represents an aggregate increase in charges of more than 4.7%, the Administration shall adjust the hospi-

tal-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) by applying the following formula:

$$CCR * [1.047 / (1 + \% \text{ increase})]$$

Where "CCR" means the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) and "% increase" means the aggregate percentage increase in charges for outpatient services shown on the hospital charge master.

"Charge master" means the schedule of rates and charges as described under A.R.S. § 36-436 and the rules that relate to those rates and charges that are filed with the Director of the Arizona Department of Health Services.

Historical Note

Adopted as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to emergency (Supp. 83-3). Former Section R9-22-712 repealed, new Section R9-22-712 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). New Section R9-22-712 adopted under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective January 14, 1997 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 3831, effective August 25, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.01. Inpatient Hospital Reimbursement for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014

Inpatient hospital reimbursement. The Administration shall pay for covered inpatient acute care hospital services provided to eligible persons for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014, on a prospective reimbursement basis. The prospective rates represent payment in full, excluding quick-pay discounts, slow-pay penalties, and third-party payments for both accommodation and ancillary department services. The rates include reimbursement for operating and capital costs. The Administration shall make reimbursement for direct graduate medical education as described in A.R.S. § 36-2903.01. For payment purposes, the Administration shall classify each AHC-CCS inpatient hospital day of care into one of several tiers appropriate to the services rendered. The rate for a tier is referred to as the tiered per diem rate of reimbursement. The number of tiers is seven and the maximum number of tiers payable per continuous stay is two. Payment of outlier claims, transplant claims, or payment to out-of-state hospitals, freestanding psychiatric hospitals, and other specialty facilities may differ from the inpatient hospital tiered per diem rates of reimbursement described in this Section.

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1. Tier rate data. The Administration shall base tiered per diem rates effective on and after October 1, 1998 on Medicare Cost Reports for Arizona hospitals for the fiscal year ending in 1996 and a database consisting of inpatient hospital claims and encounters for dates of service matching each hospital's 1996 fiscal year end.
 - a. Medicare Cost Report data. Because Medicare Cost Report years are not standard among hospitals and were not audited at the time of the rate calculation, the Administration shall inflate all the costs to a common point in time as described in subsection (2) for each component of the tiered per diem rates. The Administration shall not make any changes to the tiered per diem rates if the Medicare Cost Report data are subsequently updated or adjusted. If a single Medicare Cost Report is filed for more than one hospital, the Administration shall allocate the costs to each of the respective hospitals. A hospital shall submit information to assist the Administration in this allocation.
 - b. Claim and encounter data. For the database, the Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were accepted and processed by the Administration at the time the database was developed for rates effective on and after October 1, 1998. The Administration shall subject the claim and encounter data to a series of data quality, reasonableness, and integrity edits and shall exclude from the database or adjust claims and encounters that fail these edits. The Administration shall also exclude from the database the following claims and encounters:
 - i. Those missing information necessary for the rate calculation,
 - ii. Medicare crossovers,
 - iii. Those submitted by freestanding psychiatric hospitals, and
 - iv. Those for transplant services or any other hospital service that the Administration would pay on a basis other than the tiered per diem rate.
2. Tier rate components. The Administration shall establish inpatient hospital prospective tiered per diem rates based on the sum of the operating and capital components. The rate for the operating component is a statewide rate for each tier except for the NICU and Routine tiers, which are based on peer groups. The rate for the capital component is a blend of statewide and hospital-specific values, as described in A.R.S. § 36-2903.01. The Administration shall use the following methodologies to establish the rates for each of these components.
 - a. Operating component. Using the Medicare Cost Reports and the claim and encounter database, the Administration shall compute the rate for the operating component as follows:
 - i. Data preparation. The Administration shall identify and group into department categories, the Medicare Cost Report data that provide ancillary department cost-to-charge ratios and accommodation costs per day. To comply with 42 CFR 447.271, the Administration shall limit cost-to-charge ratios to 1.00 for each ancillary department.
 - ii. Operating cost calculation. To calculate the rate for the operating component, the Administration shall derive the operating costs from claims and encounters by combining the Medicare Cost Report data and the claim and encounter database for all hospitals. In performing this calculation, the Administration shall match the revenue codes on the claims and encounters to the departments in which the line items on the Medicare Cost Reports are grouped. The ancillary department cost-to-charge ratios for a particular hospital are multiplied by the covered ancillary department charges on each of the hospital's claims and encounters. The AHCCCS inpatient days of care on the particular hospital's claims and encounters are multiplied by the corresponding accommodation costs per day from the hospital's Medicare Cost Report. The ancillary cost-to-charge ratios and accommodation costs per day do not include medical education and capital costs. The Administration shall inflate the resulting operating costs for the claims and encounters of each hospital to a common point in time, December 31, 1996, using the DRI inflation factor and shall reduce the operating costs for the hospital by an audit adjustment factor based on available national data and Arizona historical experience in adjustments to Medicare reimbursable costs. The Administration shall further inflate operating costs to the midpoint of the rate year (March 31, 1999).
 - iii. Operating cost tier assignment. After calculating the operating costs, the Administration shall assign the claims and encounters used in the calculation to tiers based on diagnosis, procedure, or revenue codes, or NICU classification level, or a combination of these. For the NICU tier, the Administration shall further assign claims and encounters to NICU Level II or NICU Level III peer groups, based on the hospital's certification by the Arizona Perinatal Trust. For the Routine tier, the Administration shall further assign claims and encounters to the general acute care hospital or rehabilitation hospital peer groups, based on state licensure by the Department of Health Services. For claims and encounters assigned to more than one tier, the Administration shall allocate ancillary department costs to the tiers in the same proportion as the accommodation costs. Before calculating the rate for the operating component, the Administration shall identify and exclude any claims and encounters that are outliers as defined in subsection (6).
 - iv. Operating rate calculation. The Administration shall set the rate for the operating component for each tier by dividing total statewide or peer group hospital costs identified in this subsection within the tier by the total number of AHCCCS inpatient hospital days of care reflected in the claim and encounter database for that tier.
 - b. Capital component. For rates effective October 1, 1999 the capital component is calculated as described in A.R.S. § 36-2903.01.

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- c. Statewide inpatient hospital cost-to-charge ratio. For dates of service prior to October 1, 2007, the statewide inpatient hospital cost-to-charge ratio is used for payment of outliers, as described in subsections (4), (5), and (6), and out-of-state hospitals, as described in R9-22-712(B). The Administration shall calculate the AHCCCS statewide inpatient hospital cost-to-charge ratio by using the Medicare Cost Report data and claim and encounter database described in subsection (1) and used to determine the tiered per diem rates. For each hospital, the covered inpatient days of care on the claims and encounters are multiplied by the corresponding accommodation costs per day from the Medicare Cost Report. Similarly, the covered ancillary department charges on the claims and encounters are multiplied by the ancillary department cost-to-charge ratios. The accommodation costs per day and the ancillary department cost-to-charge ratios for each hospital are determined in the same way described in subsection (2)(a) but include costs for operating and capital. The Administration shall then calculate the statewide inpatient hospital cost-to-charge ratio by summing the covered accommodation costs and ancillary department costs from the claims and encounters for all hospitals and dividing by the sum of the total covered charges for these services for all hospitals.
- d. Unassigned tiered per diem rates. If a hospital has an insufficient number of claims to set a tiered per diem rate, the Administration shall pay that hospital the statewide average rate for that tier.
- 3. Tier assignment. The Administration shall assign AHCCCS inpatient hospital days of care to tiers based on information submitted on the inpatient hospital claim or encounter including diagnosis, procedure, or revenue codes, peer group, NICU classification level, or a combination of these.
 - a. Tier hierarchy. In assigning claims for AHCCCS inpatient hospital days of care to a tier, the Administration shall follow the Hierarchy for Tier Assignment through September 30, 2014 in R9-22-712.09. The Administration shall not pay a claim for inpatient hospital services unless the claim meets medical review criteria and the definition of a clean claim. The Administration shall not pay for a hospital stay on the basis of more than two tiers, regardless of the number of interim claims that are submitted by the hospital.
 - b. Tier exclusions. The Administration shall not assign to a tier or pay AHCCCS inpatient hospital days of care that do not occur during a period when the person is eligible. Except in the case of death, the Administration shall pay claims in which the day of admission and the day of discharge are the same, termed a same day admit and discharge, including same day transfers, as an outpatient hospital claim. The Administration shall pay same day admit and discharge claims that qualify for either the maternity or nursery tiers based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
 - c. Seven tiers. The seven tiers are:
 - i. Maternity. The Administration shall identify the Maternity Tier by a primary diagnosis code. If a claim has an appropriate primary diagnosis, the Administration shall pay the AHCCCS inpatient hospital days of care on the claim at the maternity tiered per diem rate.
 - ii. NICU. The Administration shall identify the NICU Tier by a revenue code. A hospital does not qualify for the NICU tiered per diem rate unless the hospital is classified as either a NICU Level II or NICU Level III perinatal center by the Arizona Perinatal Trust. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meet the medical review criteria for the NICU tier and have a NICU revenue code at the NICU tiered per diem rate. The Administration shall pay any remaining AHCCCS inpatient hospital day on the claim that does not meet NICU Level II or NICU Level III medical review criteria at the nursery tiered per diem rate.
 - iii. ICU. The Administration shall identify the ICU Tier by a revenue code. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meets the medical review criteria for the ICU tier and has an ICU revenue code at the ICU tiered per diem rate. The Administration may classify any AHCCCS inpatient hospital days on the claim without an ICU revenue code, as surgery, psychiatric, or routine tiers.
 - iv. Surgery. The Administration shall identify the Surgery Tier by a revenue code and a valid surgical procedure code that is not on the AHCCCS excluded surgical procedure list. The excluded surgical procedure list identifies minor procedures such as sutures that do not require the same hospital resources as other procedures. The Administration shall only split a surgery tier with an ICU tier. AHCCCS shall pay at the surgery tier rate only when the surgery occurs on a date during which the member is eligible.
 - v. Psychiatric. The Administration shall identify the Psychiatric Tier by either a psychiatric revenue code and a psychiatric diagnosis or any routine revenue code if all diagnosis codes on the claim are psychiatric. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the psychiatric tier with any tier other than the ICU tier.
 - vi. Nursery. The Administration shall identify the Nursery Tier by a revenue code. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the nursery tier with any tier other than the NICU tier.
 - vii. Routine. The Administration shall identify the Routine Tier by revenue codes. The routine tier includes AHCCCS inpatient hospital days of care that are not classified in another tier or paid under any other provision of this Section. The Administration shall not split the routine tier with any tier other than the ICU tier.

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4. Annual update. The Administration shall annually update the inpatient hospital tiered per diem rates through September 30, 2011.
5. New hospitals. For rates effective on and after October 1, 1998, the Administration shall pay new hospitals the statewide average rate for each tier, as appropriate. The Administration shall update new hospital tiered per diem rates through September 30, 2011.
6. Outliers. The Administration shall reimburse hospitals for AHCCCS inpatient hospital days of care identified as outliers under this Section by multiplying the covered charges on a claim by the Medicare Urban or Rural Cost-to-Charge Ratio. The Urban cost-to-charge ratio will be used for hospitals located in a county of 500,000 residents or more. The Rural cost-to-charge ratio will be used for hospitals located in a county of fewer than 500,000 residents.
 - a. Outlier criteria. For rates effective on and after October 1, 1998, the Administration set the statewide outlier cost threshold for each tier at the greater of three standard deviations from the statewide mean operating cost per day within the tier, or two standard deviations from the statewide mean operating cost per day across all the tiers. If the covered costs per day on a claim exceed the urban or rural cost threshold for a tier, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the applicable Medicare Urban or Rural CCR. The resulting amount will be the outlier payment. If there are two tiers on a claim, the Administration shall determine whether the claim is an outlier by using a weighted threshold for the two tiers. The weighted threshold is calculated by multiplying each tier rate by the number of AHCCCS inpatient hospital days of care for that tier and dividing the product by the total tier days for that hospital. Routine maternity stays shall be excluded from outlier reimbursement. A routine maternity is any one-day stay with a delivery of one or two babies. A routine maternity stay will be paid at tier.
 - b. Update. The CCR is updated annually by the Administration for dates of service beginning October 1, using the most current Medicare cost-to-charge ratios published or placed on display by CMS by August 31 of that year. The Administration shall update the outlier cost thresholds for each hospital through September 30, 2011 as described under A.R.S. § 36-2903.01. For inpatient hospital admissions with begin dates of service on and after October 1, 2011, AHCCCS will increase the outlier cost thresholds by 5% of the thresholds that were effective on September 30, 2011.
 - c. Medicare Cost-to-Charge Ratio Phase-In. AHCCCS shall phase in the use of the Medicare Urban or Rural Cost-to-Charge Ratios for outlier determination, calculation and payment. The three-year phase-in does not apply to out-of-state or new hospitals.
 - i. Medicare Cost-to-Charge Ratio Phase-In outlier determination and threshold calculation. For outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. For outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. The adjusted hospital specific inpatient cost-to-charge ratios shall be used for all calculations using the Medicare Urban or Rural Cost-to-Charge Ratios, including outlier determination, and threshold calculation.
 - ii. Medicare Cost-to-Charge Ratio Phase-In calculation for payment. For payment of outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio. For payment of outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio.
 - iii. Medicare Cost-to-Charge Ratio for outlier determination, threshold calculation, and payment. For outlier claims with dates of service on or after October 1, 2009, the full Medicare Urban or Rural Cost-to-Charge Ratios shall be utilized for all outlier calculations.
 - d. Cost-to-Charge Ratio used for qualification and payment of outlier claims.
 - i. For qualification and payment of outlier claims with begin dates of service on or after April 1, 2011 through September 30, 2011, the CCR will be equal to 95% of the ratios in effect on October 1, 2010.
 - ii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011, the CCR will be equal to 90.25% of the most recent published Urban or Rural Medicare CCR as described in subsection (6)(b).
 - iii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011 through September 30, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after April 1, 2011 by an additional percentage equal to the total percent increase reported on the charge master.
 - iv. Subject to approval by CMS, for qualification and payment of outlier claims with begin dates

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of service on or after October 1, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after June 1, 2012 by an additional percentage equal to the total percent increase reported on the charge master.

7. Transplants. The Administration shall reimburse hospitals for an AHCCCS inpatient stay in which a covered transplant as described in R9-22-206 is performed through the terms of the relevant contract. If the Administration and a hospital that performs transplant surgery on an eligible person do not have a contract for the transplant surgery, the Administration shall not reimburse the hospital more than what would have been paid to the contracted hospital for that same surgery.
8. Ownership change. The Administration shall not change any of the components of a hospital's tiered per diem rates upon an ownership change.
9. Psychiatric hospitals. The Administration shall pay free-standing psychiatric hospitals an all-inclusive per diem rate based on the contracted rates used by the Department of Health Services.
10. Specialty facilities. The Administration may negotiate, at any time, reimbursement rates for inpatient specialty facilities or inpatient hospital services not otherwise addressed in this Section as provided by A.R.S. § 36-2903.01. For purposes of this subsection, "specialty facility" means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.
11. Outliers for new hospitals. Outliers for new hospitals will be calculated using the Medicare Urban or Rural Cost-to-Charge Ratio times covered charges. If the resulting cost is equal to or above the cost threshold, the claim will be paid at the Medicare Urban or Rural Cost-to-Charge ratio.
12. Reductions to tiered per diem payment for inpatient hospital services. Inpatient hospital admissions with begin dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the tiered per diem rates in effect on September 30, 2011.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.02. Reserved

R9-22-712.03. Reserved

R9-22-712.04. Reserved

R9-22-712.05. Graduate Medical Education Fund Allocation

- A. Graduate medical education (GME) reimbursement as of September 30, 1997. Subject to legislative appropriation, the Administration shall make a distribution based on direct graduate medical education costs as described in A.R.S. § 36-2903.01(G)(9)(a).

- B. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(b). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (B)(3).

1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (B) if all of the following apply:
 - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
 - b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
 - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (B)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
 - a. Filled resident positions in approved programs established as of October 1, 1999 at hospitals that receive funding as described in A.R.S. § 36-2903.01(G)(9)(a) that are additional to the number of resident positions that were filled as of October 1, 1999; and
 - b. All filled resident positions in approved programs other than GME programs described in A.R.S. § 36-2903.01(G)(9)(a) that were established before July 1, 2006.
3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (B) shall provide the applicable information listed in this subsection to the Administration:
 - a. A GME program shall provide all of the following:
 - i. The program name and number assigned by the accrediting organization;
 - ii. The original date of accreditation;
 - iii. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
 - iv. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
 - v. For programs established as of October 1, 1999, the number of resident positions that were filled as of October 1, 1999, if the program has not already provided this information to the Administration;
 - b. A hospital seeking a distribution under subsection (B) shall provide all of the following that apply:
 - i. If the hospital uses the Intern and Resident Information System (IRIS) for tracking and reporting its resident activity to the fiscal intermediary, copies of the IRIS master and assignment files for the hospital's two most recently

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- completed Medicare cost reporting years as filed with the fiscal intermediary;
- ii. If the hospital does not use the IRIS or has less than two cost reporting years available in the form of the IRIS master and assignment files, the information normally contained in the IRIS master and assignment files in an alternative format for the hospital's two most recently completed Medicare cost reporting years;
 - iii. At the request of the Administration, a copy of the hospital's Medicare Cost Report or any part of the report for the most recently completed cost reporting year.
4. Allocation of expansion funds. Annually the Administration shall allocate available funds to each approved GME program in the following manner:
 - a. Information provided by hospitals under subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided under subsections (B)(3)(b)(i) and (ii).
 - b. The number of eligible residents allocated to each participating institution within each approved GME program shall be determined as follows:
 - i. Total the number of days determined for each participating institution under subsection (B)(4)(a) and divide each total by 365.
 - ii. Proportionally adjust the result of subsection (B)(4)(b)(i) for each participating institution within each program according to the number of residents determined to be eligible under subsection (B)(2).
 - c. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) shall be adjusted for Arizona Medicaid utilization using the most recent Medicare Cost Report information on file with the Administration as of the date of reporting under subsection (B)(3) and the Administration's inpatient hospital claims and encounter data for the time period corresponding to the Medicare Cost Report information for each hospital. The Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were adjudicated by the Administration as of the date of reporting under subsection (B)(3). The Medicaid-adjusted eligible residents shall be determined as follows:
 - i. For each hospital, the total AHCCCS inpatient hospital days of care shall be divided by the total Medicare Cost Report inpatient hospital days, multiplied by 100 and rounded up to the nearest multiple of 5 percent.
 - ii. The number of allocated eligible residents determined for each participating hospital under subsection (B)(4)(b)(ii) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for that hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is not a hospital and not a health care facility made ineligible under subsection (B)(1)(c) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for the program's sponsoring institution or, if the sponsoring institution is not a hospital, the sponsoring institution's affiliated hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is made ineligible under subsection (B)(1)(c) shall be multiplied by zero percent.
 - d. The total allocation for each approved program shall be determined by multiplying the Medicaid-adjusted eligible residents determined under subsection (B)(4)(c)(ii) by the per-resident conversion factor determined below and totaling the resulting dollar amounts for all participating institutions in the program. The per-resident conversion factor shall be determined as follows:
 - i. Calculate the total direct GME costs from the most recent Medicare Cost Reports on file with the Administration for all hospitals that have reported such costs.
 - ii. Calculate the total allocated residents determined under subsection (B)(4)(b)(i) for those hospitals described under subsection (B)(4)(d)(i).
 - iii. Divide the total GME costs calculated under subsection (B)(4)(d)(i) by the total allocated residents calculated under subsection (B)(4)(d)(ii).
 5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (B)(4) in the following manner:
 - a. The allocated amounts shall be distributed in the following order of priority:
 - i. To eligible hospitals that do not receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
 - ii. To eligible hospitals that receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
 - b. The allocated amounts shall be distributed to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each hospital within that program under subsection (B)(4)(c)(ii).
 - c. If funds are insufficient to cover all distributions within any priority group described under subsection (B)(5)(a), the Administration shall adjust the distributions proportionally within that priority group.
- C. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(i). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information

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possessed by the Administration as of the date of reporting under subsection (C)(3).

1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (C) if it meets all the conditions of subsections (B)(1)(a) through (c).
2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (C)(4), the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
 - a. All filled resident positions in approved programs established on or after July 1, 2006; and
 - b. For approved programs established on or after July 1, 2006 that have been established for less than one year as of the date of reporting under subsection (C)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (C) shall provide to the Administration:
 - a. A GME program shall provide all of the following:
 - i. The requirements of subsections (B)(3)(a)(i) through (iv);
 - ii. The academic year rotation schedule on file with the program current as of the date of reporting; and
 - iii. For programs described under subsection (C)(2)(b), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
 - b. A hospital seeking a distribution under subsection (C) shall provide the requirements of subsection (B)(3)(b).
4. Allocation of expansion funds. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
 - a. Information provided by hospitals in accordance with subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided in accordance with subsections (B)(3)(b)(i) and (ii).
 - b. For approved programs whose resident activity is not represented in the information provided in accordance with subsection (B)(3)(b), information provided by GME programs under subsection (C)(3)(a) shall be used to determine the number of days that each eligible resident is expected to work at each participating institution.
 - c. The number of eligible residents allocated to each participating institution for each approved GME program shall be determined by totaling the number of days determined under subsections (C)(4)(a) and (b) and dividing the totals by 365.
 - d. The number of allocated residents determined under subsection (C)(4)(c) shall be adjusted for Arizona

Medicaid utilization in accordance with subsection (B)(4)(c).

- e. The total allocation for each approved program shall be determined in accordance with subsection (B)(4)(d).
 5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (C)(4) to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each within that program under subsection (C)(4)(d).
- D.** Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for GME programs approved by the Administration to hospitals for indirect program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(ii). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (D) if all of the following apply:
 - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona or is the base hospital for one or more of the GME programs in Arizona whose sponsoring institutions are not hospitals;
 - b. It incurs indirect program costs for the training of residents in the GME programs, which are or will be calculated on the hospital's Medicare Cost Report or are reimbursable under the Children's Hospitals Graduate Medical Education Payment Program administered by HRSA;
 - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
 2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (D)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (D)(1)(c):
 - a. Any filled resident position in an approved program that includes a rotation of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule;
 - b. For approved programs that have been established for less than one year as of the date of reporting under subsection (D)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match who will perform rotations of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule.

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3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (D) shall provide to the Administration:
 - a. A GME program shall provide all of the following:
 - i. The requirements of subsections (B)(3)(a)(i) through (iv);
 - ii. The academic year rotation schedule on file with the program current as of the date of reporting;
 - iii. For programs described under subsection (D)(2)(c), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
 - b. A hospital seeking a distribution under subsection (D) shall provide the requirements of subsection (B)(3)(b)(iii).
4. Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
 - a. Using the information provided by programs under subsection (D)(3), the Administration shall determine for each program the number of residents in the program who are eligible under subsection (D)(2) and the number of months per year that each eligible resident will perform rotations in counties described by subsection (D)(2), multiply the number of eligible residents by the number of months and multiply the result by the per resident per month conversion factor determined under subsection (D)(4)(b).
 - b. Using the most recent Medicare Cost Reports on file with the Administration for all hospitals that have calculated a Medicare indirect medical education payment, the Administration shall determine a per resident per month conversion factor as follows:
 - i. Calculate each hospital's Medicare share by dividing the Medicare inpatient discharges on the Medicare Cost Report by the total inpatient hospital discharges on the Medicare Cost Report.
 - ii. Calculate the ratio of residents to beds by dividing the total allocated residents described in subsection (B)(4)(d)(ii) by the number of bed days available from the Medicare Cost Report and dividing the result by the number of days in the cost reporting period.
 - iii. Calculate the indirect medical education adjustment factor by adding 1 to the value calculated in (D)(4)(b)(ii), multiplying the result by the exponential value 0.405, subtracting 1 from the result, and multiplying that result by 1.35.
 - iv. Calculate each hospital's total indirect medical education cost by adding the DRG amounts other than outlier payments from the Medicare cost report and the managed care simulated payments from the Medicare Cost Report, multiplying the total by the indirect medical education adjustment factor determined in (D)(4)(b)(iii) and dividing the result by the Medicare share determined in (D)(4)(b)(i).
 - v. Calculate each hospital's Medicaid indirect medical education cost by multiplying the amount determined in (D)(4)(b)(iv) by the value determined in subsection (B)(4)(c)(i).
 - vi. Total the amounts determined in (D)(4)(b)(v) for all hospitals, divide the result by the total allocated residents described in subsection (B)(4)(d)(ii) for all hospitals, and divide that result by 12.
5. Distribution of funds for indirect program costs. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the amount calculated for the hospital at subsection (D)(4)(a).
- E. Reallocation of funds. If funds appropriated for subsection (B) are not allocated by the Administration and funds appropriated for subsections (C) and (D) are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the funds not allocated under subsection (B) shall be allocated under subsections (C) and (D) to the extent of the calculated distributions. If funds are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the Administration shall adjust the distributions proportionally. If funds appropriated for subsections (C) and (D) are not allocated by the Administration and funds appropriated for subsection (B) are insufficient to cover all distributions under subsection (B)(5), the funds not allocated under subsections (C) and (D) shall be allocated under subsection (B) to the extent of the calculated distributions.
- F. The Administration may enter into intergovernmental agreements with local, county, and tribal governments wherein local, county and tribal governments may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will be used to qualify for additional federal funds. Those funds will be used for the purposes of reimbursing hospitals that are eligible under subsection (D)(1) and specified by the local, county, or tribal government for indirect program costs other than those reimbursed under subsection (D). The Administration shall allocate available funds in accordance with subsection (D) except that reimbursement with such funds is not limited to resident positions or rotations in counties with populations of less than 500,000 persons. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the greatest among the following amounts, less any amounts distributed under subsection (D)(5):
 1. The amount that results from multiplying the total number of eligible residents allocated to the hospital under subsection (B)(4)(d)(ii) by 12 by the per resident per month conversion factor determined under subsection (D)(4)(b);
 2. The amount calculated for the hospital at subsection (D)(4)(b)(v);
 3. The median of all amounts calculated at subsection (D)(4)(b)(v) if the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a new training hospital; or
 4. If the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a children's hospital, the median Medicaid indirect medical education payment costs shall be calculated as follows:
 - a. For each hospital with indirect medical education costs on the Medicare Cost Report, determine a per resident total indirect medical education cost by dividing the total indirect medical education costs determined under subsection (D)(4)(b) by the number of filled resident positions under subsection (B)(2).

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- b. Determine the median per resident amount under subsection (F)(4)(a).
- c. For each hospital without an indirect medical education component on the Medicare cost report, multiply the median per resident amount under subsection (F)(4)(b) by the number of filled resident positions under subsection (B)(2) for that hospital and by the Medicaid utilization percent for that hospital determined in subsection (B)(4)(c)(i).

Historical Note

New Section made by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 21 A.A.R. 3469, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 185, effective January 9, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3321, effective January 5, 2019 (Supp. 18-4).

R9-22-712.06. Supplemental Graduate Medical Education Fund Allocation**A. Gradual Medical Education (GME) reimbursement as of July 1, 2020.**

1. In addition to distributions according to Section R9-22-712.05, and subject to the availability of funds and approval by CMS, the Administration shall annually distribute monies appropriated for the GME programs approved by the Administration to hospitals for direct and indirect costs for graduate medical education programs which were established or expanded on or after July 1, 2020. The Administration shall estimate the distributions using information possessed by the Administration as of December 15 of each calendar year. The actual distributions will be made using information possessed by the Administration as of September first of the year in which the new residency or fellowship begins.
2. Eligible Hospitals. A hospital is eligible for distributions under this Section if all of the following apply:
 - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
 - b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
 - c. It is not administered by or does not receive its primary funding from an agency of the federal government;
 - d. It has established a new GME program or expanded the number of residents or fellows in an existing GME program on or after July 1, 2020.
3. Eligible positions. For purposes of determining distributions under this Section the following resident and fellowship positions qualify to the extent that the training takes place in Arizona at an eligible health care facility:
 - a. Filled resident or fellow positions in approved programs which began on or after July 1, 2020;
 - b. Eligible positions do not include residents or fellows that receive payments for services under the Access to Professional Services Initiative (APSI) program established in the Contractors' prepaid capitation contracts with the Administration.
4. Annual Reporting

- a. By December 15 of each year, a GME program shall provide all of the following information for GME programs and positions which are expected to be eligible for funding under this Section as of the upcoming academic year (i.e., July 1 to June 30 of each year):

- i. The program name and number assigned by the accrediting organization if available;
- ii. The original date of accreditation if available;
- iii. The names of the sponsoring institution and all participating institutions expected as of the date of reporting;
- iv. The number of anticipated resident and fellowship positions eligible for funding as of the upcoming academic year;
- v. The number of months or partial months during the upcoming academic year that each resident or fellow is expected to work in each hospital or in a non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
- vi. The academic year of anticipated resident and fellowship positions;
- vii. The length of the program; and
- viii. The names and other information requested by AHCCCS to ensure the total GME distributions for each eligible position are not greater than the costs for each eligible position in the Intern and Resident Information System (IRIS) file.

- b. By December 15 of each year, a GME program located in a county with a population of less than 500,000 persons shall provide the estimated one-time and ongoing costs for each program which it expects to be eligible for funding.

- c. By September 1 of each year, a GME program shall provide the actual name of residents and fellows hired in the current academic year and other information requested by AHCCCS to ensure that total GME distributions for the eligible position are not greater than the costs for each eligible position in the IRIS file.

B. Preliminary allocation of funds for urban hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for hospitals in counties with a population of 500,000 persons or more based on the number of new residents and fellows in graduate medical education programs in the following manner:

1. Each eligible resident and fellow is placed into tiers with the following priority:
 - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this Section for the previous academic year and who is continuing in the same GME program.
 - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for Family Medicine, Internal Medicine, General Pediatrics, Obstetrics and Gynecology, Psychiatry including Subspecialties, General Surgery, and any other program determined as high needs by the AHCCCS Administration.
 - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b)

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- but are in a GME program that received funding under this Section in a prior year.
- d. All other residents and fellows.
 2. The amount of the distribution for each GME program for direct costs is calculated as the product of:
 - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
 - b. The Arizona Medicaid utilization as determined by R9-22-712.05(B)(4)(c)(i) in the previous calendar year; and,
 - c. The average direct cost per resident determined under R9-22-712.05(B)(4)(d) in the previous calendar year.
 3. If monies are still remaining after direct funding has been allocated, indirect funding shall be allocated based on the priority of each tier and sub-tier. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
 - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
 - b. The indirect cost per resident per month calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
 - c. Twelve months.
 - d. Funds shall be allocated based on the priority of each tier and sub-tier. Distributions for eligible positions in a tier or sub-tier with a lower priority will not receive a distribution until distributions are allocated for the costs of all positions in a higher tier or sub-tier. If funding is insufficient to fully fund a tier or sub-tier, the remainder of funds will be prorated for eligible positions in that tier or sub-tier.
 4. Payments are made to participating hospitals based on the FTEs who worked at their hospitals per year.
 - C. Preliminary allocation of funds for rural hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for rural hospitals based on the number of eligible resident and fellow positions in graduate medical education programs located in a county with a population of less than 500,000 persons in the following manner:
 1. Each resident and fellow will then be placed into a tier with the following priority:
 - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this Section for the previous academic year and who is continuing in the same GME program.
 - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for Family Medicine, Internal Medicine, General Pediatrics, Obstetrics and Gynecology, Psychiatry including Subspecialties, General Surgery, and any other program determined as high needs by the AHCCCS Administration.
 - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b)
 2. Residents and fellows in each tier are further divided into four sub-tiers with the following priority based on the location of the sponsoring or participating hospital:
 - a. Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a HPSA with a greater than 85 percent primary care shortage.
 - b. Hospitals in a county designated as a HPSA with a greater than 50 percent to 85 percent primary care shortage.
 - c. Hospitals in a county designated as a HPSA with a 25-50 percent primary care shortage.
 - d. Hospitals in a county designated as a HPSA with a less than 25 percent primary care shortage.
 3. Funds shall first be allocated for direct and indirect costs based in order of priority of each tier. If not enough funding is available to fully fund a tier or sub-tier, the remainder of funds will be prorated in a tier or sub-tier.
 4. The amount of the distribution for each GME program for direct costs is calculated as the product of:
 - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
 - b. The Arizona Medicaid utilization determined under R9-22-712.05(B)(4)(c)(i); and,
 - c. The actual direct cost per resident per year.
 5. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
 - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
 - b. The indirect cost per resident per month calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
 - c. Twelve months.
 6. Payments are made to participating hospitals based on the FTEs who worked at their hospitals per year.
 - D. Final allocation of funds. Annually no sooner than September 1 following the start of the academic year, the Administration will recalculate the allocation for urban and rural hospitals using the same methodology used to estimate distributions, but using the actual residents and fellows as reported in R9-22-712.06(A)(4)(c).
 - F. Exclusions. To ensure that residents and fellows are not double counted residents/fellows which receive funding through R9-22-712.06 shall not receive funding through R9-22-712.05.

Historical Note

New Section made by final rulemaking at 27 A.A.R. 2496 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4). Amended by final rulemaking at 29 A.A.R. 923 (April 21, 2023), with an immediate effective date of March 31, 2023 (Supp. 23-1).

R9-22-712.07. Rural Hospital Inpatient Fund Allocation

- A. For purposes of this Section, the following words and phrases have the following meanings unless the context specifically requires another meaning:

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1. "Calculated inpatient costs" means the sum of inpatient covered charges multiplied by the Milliman study's implied cost-to-charge ratio of .8959.
 2. "Claims paid amount" means the sum of all claims paid by the Administration and contractors, as reported by the contractor to the Administration, to a rural hospital for covered inpatient services rendered for dates of service during the previous state fiscal year.
 3. "Fund" means any state funds appropriated by the Legislature for the purposes set forth in A.R.S. § 36-2905.02 and any federal funds that are available for matching the state funds.
 4. "Inpatient covered charges" means the sum of all covered charges billed by a hospital to the Administration or contractors, as reported by the contractors to the Administration, for inpatient services rendered during the previous state fiscal year.
 5. "Milliman study" means the report issued by Milliman USA on March 11, 2004, to the Arizona Hospital and Healthcare Association that updated a portion of a cost study entitled "Evaluation of the AHCCCS Inpatient Hospital Reimbursement System" prepared by Milliman USA for AHCCCS on November 15, 2002. A copy of each report is on file with the Administration.
 6. "Rural hospital" means a health care institution that is licensed as an acute care hospital by the Arizona Department of Health Services for the previous state fiscal year and is not an IHS hospital or a tribally owned or operated facility and:
 - a. Has 100 or fewer PPS beds, not including beds reported as sub provider beds on the hospital's Medicare Cost Report, and is located in a county with a population of less than 500,000 persons, or
 - b. Is designated as a critical access hospital for the majority of the previous state fiscal year.
- B.** Each February, the Administration shall allocate the Fund to the following three pools for the fiscal year:
1. Rural hospitals with 25 or fewer PPS beds not including sub provider beds and all Critical Access Hospitals, regardless of the number of beds in the Critical Access Hospital;
 2. Rural hospitals other than Critical Access Hospitals with 26 to 75 PPS beds not including sub provider beds; and
 3. Rural hospitals other than Critical Access Hospitals with 76 to 100 PPS beds not including sub provider beds.
- C.** The Administration shall allocate the Fund to each pool according to the ratio of claims paid amount for all hospitals assigned to the pool to total claims paid amount for all rural hospitals.
- D.** The Administration shall determine each hospital's claims paid amount and allocate the funds in each pool to each hospital in the pool based on the ratio of each hospital's claims paid amount to the sum of the claims paid amount for all hospitals assigned to the pool.
- E.** The Administration shall not make a Fund payment to a hospital that will result in the hospital's claims paid amount plus that hospital's Fund payment being greater than that hospital's calculated inpatient costs.
1. If a hospital's claims paid amount plus the hospital's Fund payment would be greater than the hospital's calculated inpatient costs, the Administration shall make a Fund payment to the hospital equal to the difference between the hospital's calculated inpatient costs and the hospital's claims paid amount.
 2. The Administration shall reallocate any portion of a hospital's Fund allocation that is not paid to the hospital due to the reason in subsection (E)(1) to the other eligible hospitals in the pool based upon the ratio of the claims paid amount for each hospital remaining in the pool to the sum of the claims paid amount for each hospital remaining in the pool.
- F.** If funds remain in a pool after allocations to each hospital in the pool under subsections (D) and (E), the Administration shall reallocate the remaining funds to the other pools based upon the ratio of each pool's original allocation of the Fund as determined under subsection (C) to the sum of the remaining pools' original Fund allocations under subsection (C). The Administration shall allocate remaining funds to the hospitals in the remaining pools under subsection (D) and (E). See Exhibit 1 for an example.
- G.** Subject to CMS approval of the method and distribution of the Fund, the administration or its contractors will distribute the Fund as a lump sum allocation to the rural hospitals in either one or two installments by the end of each state fiscal year.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 22 A.A.R. 3476, effective January 30, 2016 (Supp. 15-4).

Exhibit 1. Pool Example

Pool A receives \$2,000,000. Pool B receives \$7,000,000. Pool C receives \$3,000,000.

If all of the funds in Pool B are paid to eligible hospitals and there is \$1,000,000 remaining, the remaining funds would be allocated to Pool A and Pool C based on the ratio of each pool's original allocation (original allocations of \$2,000,000 and \$3,000,000) to the total of their original allocation (\$2,000,000 + \$3,000,000 = \$5,000,000).

Pool A would receive 2/5 of the remaining funds (\$400,000) and Pool C would receive 3/5 of the remaining funds (\$600,000).

Historical Note

Exhibit 1 made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2).

R9-22-712.08. Federally Qualified Health Center and Rural Health Clinic Graduate Medical Education Program

A. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for primary care GME programs approved by the Administration to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for direct and indirect program costs eligible for funding under A.R.S. § 36-2907.06(I).

1. A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D).
2. For purposes of this subsection, the term "FQHC" includes Federally Qualified Health Center Look-Alikes.

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- B.** Eligible health care facilities. A health care facility is eligible for a distribution under subsection (G) if all of the following apply:
1. It is an FQHC or RHC in Arizona that is the sponsoring institution of, or a full member of a consortium that is the sponsoring institution of, or a participating institution in, one or more approved primary care GME programs in Arizona;
 2. It incurs direct or indirect costs for the training of residents in Arizona in approved primary care GME programs;
 3. The GME program is not eligible for funding under R9-22-712.05; and
 4. The GME program is not fully funded by the federal government.
- C.** Eligible residents and resident positions. For purposes of determining program allocation amounts under subsections (E) and (F) the following residents and resident positions are eligible for consideration, to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B):
1. All filled resident positions in approved primary care GME programs; or
 2. For approved primary care GME programs established for less than one year as of the date of annual reporting under subsection (D) and that have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
- D.** Annual reporting. By April 1st of each year, an FQHC or RHC seeking a distribution under this subsection shall:
1. Provide to the Administration the following information about each approved primary care GME program:
 - a. The program name and number assigned by the accrediting organization;
 - b. The original date of accreditation of the program;
 - c. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
 - d. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
 - e. The academic year rotation schedule on file with the program current as of the date of reporting; and
 - f. For programs described under subsection (C)(2), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
 2. Provide to the Administration the most recent Medicare Cost Report for the FQHC or RHC seeking the distribution, and
 3. For an FQHC or RHC that is a full member of a consortium that is the sponsoring institution of an approved primary care GME program, provide to the Administration a signed letter attesting to the responsibility of the full member FQHC or RHC for direct or indirect costs of training residents in the program.
- E.** Allocation of funds for direct graduate medical education costs. Annually the Administration shall allocate available funds for direct graduate medical education costs to each eligible FQHC or RHC in the following manner:
1. A Medicaid utilization percent for each FQHC or RHC seeking a distribution shall be calculated using the Medicare Cost Report submitted under subsection (D)(2), dividing the Title XIX visit count by the whole number of visits reported and rounding the result up to the nearest multiple of 5 percent.
 2. A total number of residents eligible for funding in each program shall be calculated using the information submitted under subsection (D)(1), dividing the number of resident rotations in the year that take place in Arizona and not at a health care facility made ineligible under subsection (B) by the total number of resident rotations in the program for that year, multiplying the result by the total number of filled resident positions in the program and rounding to two digits after the decimal.
 3. The allocation for direct graduate medical education costs for each eligible FQHC or RHC shall be calculated by multiplying the number of residents determined under subsection (E)(2) by the statewide average per-resident amount determined under this subsection and multiplying the result by the Medicaid utilization percent calculated for the FQHC or RHC under subsection (E)(1). The statewide average per-resident amount for the academic year ending June 30, 2022 is \$170,090. Annually thereafter, a statewide average per-resident amount shall be calculated by applying the Federally Qualified Health Center PPS Market Basket Update less Productivity Adjustment published by CMS for the calendar year in which the GME academic year begins.
- F.** Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds for indirect program costs to each eligible FQHC or RHC in the following manner:
1. By multiplying the number of residents determined under subsection (E)(2) by the statewide average per-resident amount determined under this subsection and multiplying the result by the Medicaid utilization percent calculated for the FQHC or RHC under subsection (E)(1). The statewide average per-resident amount for the academic year ending June 30, 2022 is \$167,330;
 2. Annually thereafter, a statewide average per-resident amount shall be calculated by applying the Federally Qualified Health Center PPS Market Basket Update less Productivity Adjustment published by CMS for the calendar year in which the GME academic year begins.
- G.** Distribution of funds. On an annual basis subject to available funds, the Administration shall distribute to each eligible FQHC and RHC the sum of all amounts calculated for the FQHC or RHC under subsections (E)(3) and (F).
- H.** The Administration may enter into intergovernmental agreements with local, county, and tribal governments and any university under the jurisdiction of the Arizona Board of Regents wherein such entities may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will contribute to the state funding to qualify for federal matching funds. Those funds will be used for the purposes of reimbursing FQHCs and RHCs that are eligible under this rule and designated by the local, county, or tribal governments for receipt of the contributed funds. The Administration shall allocate available funds in accordance with subsections (E) and (F).

Historical Note

New Section made by final rulemaking at 28 A.A.R. 837 (April 29, 2022), with an immediate effective date of April 5, 2022 (Supp. 22-2).

R9-22-712.09. Hierarchy for Tier Assignment through Sep-

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TIER	IDENTIFICATION CRITERIA	ALLOWED SPLITS
MATERNITY	A primary diagnosis defined as maternity 640.xx - 643.xx, 644.2x - 676.xx, v22.xx - v24.xx or v27.xx.	None
NICU	Revenue Code of 174 and the provider has a Level II or Level III NICU.	Nursery
ICU	Revenue Codes of 200-204, 207-212, or 219.	Surgery Psychiatric Routine
SURGERY	Surgery is identified by a revenue code of 36x. To qualify in this tier, there must be a valid surgical procedure code that is not on the excluded procedure list.	ICU
PSYCHIATRIC	Psychiatric Revenue Codes of 114, 124, 134, 144, or 154 AND primary Psychiatric Diagnosis = 290.xx - 316.xx. If a routine revenue code is present and all diagnoses codes on the claim are equal to 290.xx - 316.xx, classify as a psychiatric claim.	ICU
NURSERY	Revenue Code of 17x, not equal to 174.	NICU
ROUTINE	Revenue Codes of 100 - 101, 110-113, 116 - 123, 126 - 133, 136 - 143, 146 - 153, 156 - 159, 16x, 206, 213, or 214.	ICU

Historical Note

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.10. Outpatient Hospital Reimbursement: General

- A. Effective rule. The outpatient hospital reimbursement rules apply to dates of service beginning July 1, 2005, subject to Laws 2004, Ch. 279, § 19.
- B. Basis For Payment. Except as provided under R9-22-712.30, AHCCCS shall pay for designated outpatient procedures provided to AHCCCS members according to the AHCCCS Outpatient Capped Fee-For-Service Schedule as defined in R9-22-712.20.
- C. Data. AHCCCS shall use Medicare Cost Report and adjudicated claim and encounter data from non-IHS acute care hospitals located in the state of Arizona to develop fees for the AHCCCS Outpatient Capped Fee-For-Service Schedule.
- D. Hospital Services Subject To Fees. AHCCCS shall reimburse services, in the following outpatient hospital categories under the AHCCCS Outpatient Capped Fee-For-Service Schedule:
 1. Surgery,
 2. Emergency Department,
 3. Laboratory,
 4. Radiology,
 5. Clinic, and
 6. Other services.
- E. Reimbursement. AHCCCS shall reimburse outpatient hospital services by procedure codes, in proper combination with revenue codes, as prescribed by AHCCCS.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-712.11. Reserved**R9-22-712.12. Reserved****R9-22-712.13. Reserved****R9-22-712.14. Reserved****R9-22-712.15. Outpatient Hospital Reimbursement: Affected Hospitals**

Except as provided in R9-22-712(G), the AHCCCS Outpatient Capped Fee-For-Service Schedule shall apply to AHCCCS payments for outpatient services in all non-IHS acute hospitals.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-712.16. Reserved**R9-22-712.17. Reserved****R9-22-712.18. Reserved****R9-22-712.19. Reserved****R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped Fee-For-Service Schedule**

- A. To establish the AHCCCS Outpatient Capped Fee-for-service Schedule for all claims with a begin date of service on or before September 30, 2011, AHCCCS shall:
 1. Define the dataset of claims and encounters that shall be used to establish the AHCCCS Outpatient Capped Fee-for-service Schedule.
 2. Identify all the claims and encounters from non-IHS acute hospitals located in Arizona for services to be paid under the AHCCCS Outpatient Capped Fee-for-service Schedule.
 3. Match the revenue code on each detail of each claim and encounter to the ancillary line item CCR as reported on hospital-specific mapping documents and hospital-specific Medicare Cost Report for those hospitals that have submitted Medicare Cost Reports FYE 2002.
 4. Multiply the line item CCR from subsection (A)(3) by the covered billed charge for that revenue code to establish the cost for the service.
 5. Inflate the cost for the service from subsection (A)(4) using Global Insight Health-care Cost Review inflation factors from date of service month to the midpoint of the rate year in which the fees are initially effective.
 6. Include associated costs under R9-22-712.25 to calculate the rates for emergency room and surgery services.
 7. Combine data from all Arizona hospitals identified in subsection (A)(3) for each procedure code to establish the statewide median cost for each procedure.
 8. Group procedure codes according to the Ambulatory Payment Classification (APC) System groups as listed in 69 FR 65682, November 15, 2004, and establish a statewide median cost for each APC. Multiply each statewide median APC cost by 116 percent to establish the AHCCCS-based fee for each procedure in that specific APC group. AHCCCS shall assign each procedure in the group the same fee.
 9. For those procedure codes that are not grouped into any APC, establish a procedure-specific fee using either:

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- a. The AHCCCS Non-hospital Capped Fee-for-service Fee Schedule,
 - b. 116 percent of the procedure-specific median cost AHCCCS-based fee, or
 - c. The Medicare Clinical Laboratory Fee Schedule for laboratory services.
10. Compare the AHCCCS-based fee established in subsections (A)(8) and (9) against the comparable Medicare fee established for the Medicare APC group as listed in the 69 FR 65682, November 15, 2004. The fee for each procedure shall be the greater of the AHCCCS-based fee or the Medicare fee but no more than 150 percent of the AHCCCS-based fee; however, for those laboratory services for which a limit is established in the Medicare Clinical Laboratory Fee Schedule, the fee shall not exceed that limit.
11. Assign the 2005 Medicare fee in the AHCCCS Outpatient Capped Fee-for-service Schedule for those procedures for which there are fewer than 20 occurrences of the procedure code in the dataset, either independently, or, if applicable, for all procedure codes within an APC Group.
- B.** For all claims with a begin date of service on or after October 1, 2011, the AHCCCS Outpatient Capped Fee-for-Service Schedule shall be derived from the CMS Medicare Outpatient Prospective Payment System (OPPS) fee schedule modified by an Arizona conversion factor determined annually.
- 1. When clinic services are billed using 51X revenue codes, the reimbursement to the hospital is the difference between the facility and non-facility rates payable to the practitioner for the procedures listed in the Administration's Capped Fee-for-service Schedule under R9-22-710.
 - 2. Observation services, when not billed in conjunction with a service for which a single payment is made under R9-22-712.25, are reimbursed at an hourly rate published in the Outpatient Capped Fee-for-service Schedule. This hourly rate includes reimbursement for associated services.
- C.** The AHCCCS Outpatient Capped Fee-for-service Schedule including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

R9-22-712.21. Reserved**R9-22-712.22. Reserved****R9-22-712.23. Reserved****R9-22-712.24. Reserved****R9-22-712.25. Outpatient Hospital Fee Schedule Calculations: Associated Service Costs**

- A.** AHCCCS shall include the costs of associated services, as defined by revenue codes and procedure codes, when determining the specific fees for the outpatient hospital procedures for emergency department and surgery services.
- B.** Payment made under subsection (A) or R9-22-712.20(B)(2) is inclusive of all services on the claim regardless of whether the services are provided on one or more days.

- C.** A complete listing of the revenue codes and procedure codes for associated costs included in the payment for emergency and surgery services including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3).

R9-22-712.26. Reserved**R9-22-712.27. Reserved****R9-22-712.28. Reserved****R9-22-712.29. Reserved****R9-22-712.30. Outpatient Hospital Reimbursement: Payment for a Service Not Listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule**

- A.** AHCCCS shall calculate a statewide CCR for a service where a specific fee cannot be determined under R9-22-712.20.
- B.** For claims with a begin date of service on or before September 30, 2011, the statewide CCR shall be calculated based on the costs and covered charges associated with a service under subsection (A) for all Arizona hospitals, using the method specified in R9-22-712.20(A)(3).
- C.** For all claims with a begin date of service on or after October 1, 2011, the statewide CCR calculation shall equal either the CMS Medicare Outpatient Urban Cost-to-charge Ratio or the CMS Medicare Outpatient Rural Cost-to-charge Ratio published by CMS for the state of Arizona. AHCCCS shall use the urban cost-to-charge ratio for hospitals located in a county of 500,000 residents or more and for out-of-state hospitals. AHCCCS shall use the rural cost-to-charge ratio for hospitals located in a county of fewer than 500,000 residents. On October 1st of each year, AHCCCS shall adjust urban and rural CCRs to the CCRs as published by CMS in the *Federal Register* on or before August 1st of that year.
- D.** To determine the payment amount for procedures where a specific fee is not determined under R9-22-712.20, the statewide CCR is multiplied by the covered charges.
- E.** Reductions to payments for outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule. Outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rate published by CMS pursuant to subsection (C) of this Section.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

R9-22-712.31. Reserved**R9-22-712.32. Reserved****R9-22-712.33. Reserved****R9-22-712.34. Reserved**

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R9-22-712.35. Outpatient Hospital Reimbursement: Adjustments to Fees

- A.** For all claims with a begin date of service on or before September 30, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule established under R9-22-712.20 (except for laboratory services and out-of-state hospital services) for the following hospitals submitting any claims:
1. By 48 percent for public hospitals on July 1, 2005, and hospitals that were public anytime during the calendar year 2004;
 2. By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 3. By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 4. By 115 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the criteria during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 5. By 113 percent for a Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective; or
 6. By 14 percent for a University Affiliated Hospital which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective.
- B.** For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:
1. By 73 percent for public hospitals;
 2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that contract year;
 3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
 4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
 5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
 6. By 41 percent for a University Affiliated Hospital, this is a hospital that has a majority of its members of its board of directors appointed by the Arizona Board of Regents.
- C.** In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.
- D.** Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).
- E.** For outpatient services with dates of service from October 1, 2022 through September 30, 2023 (CYE 2023), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2022. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), or (d):
 - a. By April 1, 2022, the hospital must have submitted a Letter of Intent (LOI) to the Health Information Exchange (HIE) in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
 - i. No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
 - ii. No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - (1) Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (2) Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (3) Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
 - iii. No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
 - iv. No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the produc-

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- tion environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- v. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - vi. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.
 - vii. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - viii. No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - ix. No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - x. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described in subsections (x)(1) through (3):
 - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
 - xi. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.5% if criteria are met for all categories.
 - (1) Data source and data site information must be submitted on all ADT transactions. (0.5%)
 - (2) Event type must be properly coded on all ADT transactions. (0%)
 - (3) Patient class must be properly coded on all appropriate ADT transactions. (0%)
 - (4) Patient demographic information must be submitted on all ADT transactions. (0%)
 - (5) Race must be submitted on all ADT transactions. (0.5%)
 - (6) Ethnicity must be submitted on all ADT transactions. (0.5%)
 - (7) Diagnosis must be submitted on all ADT transactions. (0.5%)
 - (8) Overall completeness of the ADT message. (0%)
- b. By April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates:
 - i. No later than April 1, 2022, submit registration form or forms for participation using the form or forms on the website of the qualifying HIE organization.
 - ii. No later than April 1, 2022:
 - (1) For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (2) For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (3) For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
 - iii. No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.
 - c. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:
 - i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have

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- submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance.
- ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
 - iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
 - iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.
 - v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.
 - vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.
- d. Upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:
 - i. Number of ICU beds in use,
 - ii. Number of ICU beds available for use,
 - iii. Number of Medical-Surgical beds in use,
 - iv. Number of Medical-Surgical beds available for use,
 - v. Number of Telemetry beds in use,
 - vi. Number of Telemetry beds available for use.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets the criteria specified in subsection (2)(a), (b), (c), or (d):
 - a. By April 1, 2022, the hospital must have submitted a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:
 - i. No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
 - ii. No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - (1) Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (2) Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (3) Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
 - iii. No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
 - iv. No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - v. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - vi. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.
 - vii. No later than November 1, 2022, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.

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- viii. No later than January 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
- ix. No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
- x. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described in subsections (x)(1) through (3):
 - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- xi. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a DAP increase for select Data Quality Measures for a total of 8.0% if criteria are met for all categories indicating a DAP.
 - (1) Data source and data site information must be submitted on all ADT transactions. (1.0%)
 - (2) Event type must be properly coded on all ADT transactions. (1.0%)
 - (3) Patient class must be properly coded on all appropriate ADT transactions. (0%)
 - (4) Patient demographic information must be submitted on all ADT transactions. (0%)
 - (5) Race must be submitted on all ADT transactions. (2.0%)
 - (6) Ethnicity must be submitted on all ADT transactions. (2.0%)
 - (7) Diagnosis must be submitted on all ADT transactions. (2.0%)
 - (8) Overall completeness of the ADT message. (0%)
- b. By April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates;
 - i. No later than April 1, 2022, submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization.
 - ii. No later than April 1, 2022:
 - (1) For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (2) For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (3) For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
- iii. No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.
- c. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:
 - i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance.
 - ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
 - iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
 - iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.
 - v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.
 - vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.
- d. Upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed

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capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:

- i. Number of ICU beds in use,
 - ii. Number of ICU beds available for use,
 - iii. Number of Medical-Surgical beds in use,
 - iv. Number of Medical-Surgical beds available for use,
 - v. Number of Telemetry beds in use, and
 - vi. Number of Telemetry beds available for use.
3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in subsection (3)(a), (b), (c), (d), (e), or (f):
 - a. In order to qualify, by April 1, 2022, the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:
 - i. No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
 - ii. No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - (1) Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (2) Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (3) Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
 - iii. No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
 - iv. No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - v. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - vi. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization or an Advance Directives Registry platform operated by the qualifying HIE organization.
 - vii. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - viii. No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - ix. No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - x. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases described in subsections (x)(1) through (3):
 - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
 - xi. DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.0% if criteria are met for all categories.
 - (1) Data source and data site information must be submitted on all ADT transactions. (0.5%)
 - (2) Event type must be properly coded on all ADT transactions. (0%)
 - (3) Patient class must be properly coded on all

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- appropriate ADT transactions. (0%)
 - (4) Patient demographic information must be submitted on all ADT transactions. (0%)
 - (5) Race must be submitted on all ADT transactions. (0.5%)
 - (6) Ethnicity must be submitted on all ADT transactions. (0.5%)
 - (7) Diagnosis must be submitted on all ADT transactions. (0.5%)
 - (8) Overall completeness of the ADT message. (0%)
- b. By April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates;
 - i. No later than April 1, 2022, submit registration form or forms for participation using the form or forms on the website of the qualifying HIE organization.
 - ii. No later than April 1, 2022:
 - (1) For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (2) For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (3) For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
 - iii. No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.
- c. On March 15, 2022 is identified as a Medicare Annual Payment Update recipients on the QualityNet.org website; APU recipients are those facilities that satisfactorily met the requirements for the IPFQR program, which includes multiple clinical quality measures. Facilities identified as APU recipients will qualify for the DAP increase.
- d. On March 15, 2022 meets or falls below the national average for the rate of pressure ulcers that are new or worsened from the Medicare Provider Data Catalog website for long-term care hospitals. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.
- e. On March 15, 2022 meets or falls below the national average for the rate of pressure ulcers that are new or worsened from the Medicare Provider Data Catalog website for rehabilitation hospitals. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.
- f. By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:
 - i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance.
 - ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
 - iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
 - iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.
 - v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022, through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.
 - vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.
- 4. A hospital designated as type: hospital, subtype: long term or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the following criteria. Upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:
 - a. Number of ICU beds in use,
 - b. Number of ICU beds available for use,
 - c. Number of Medical-Surgical beds in use,
 - d. Number of Medical-Surgical beds available for use,
 - e. Number of Telemetry beds in use, and

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- f. Number of Telemetry beds available for use.
5. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in subsection (5)(a) or (b);
 - a. By April 1, 2022 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:
 - i. No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
 - ii. No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - (1) Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (2) Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (3) Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
 - iii. No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
 - iv. No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following actual patient identifiable information to the production environment of a qualifying HIE: registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization. For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
 - v. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - vi. No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - vii. No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - viii. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described in subsections (viii)(1) through (3):
 - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
 - ix. DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a DAP increase for select Data Quality Measures for a total of 2.5% if criteria are met for all categories indicating a DAP.
 - (1) Data source and data site information must be submitted on all ADT transactions. (0.5%)
 - (2) Event type must be properly coded on all ADT transactions. (0.5%)
 - (3) Patient class must be properly coded on all appropriate ADT transactions. (0.5%)
 - (4) Patient demographic information must be submitted on all ADT transactions. (0.5%)
 - (5) Overall completeness of the ADT message. (0.5%)
 - b. By March 15, 2022, the facility must submit a LOI to enter into a CCA with a non-HIS/638 facility (a fully signed copy of a CCA with a non-HIS/Tribal 638 facility is also acceptable). By April 30, 2021, the facility must have entered into a CCA with a non-IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the

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following activities: The IHS/Tribal 638 facility will have in place a signed CCA with a non-IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance.

- i. The IHS/Tribal 638 facility will have a valid referral template in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
 - ii. The IHS/Tribal 638 facility will continue to assume responsibility of the referred member, maintaining records and release of information protocol including clinical documentation of services provided by the non-IHS/Tribal 638 facility.
 - iii. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the IHS/Tribal 638 facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2021.
 - iv. The IHS/638 facility will submit a minimum of one referral and any supporting medical documentation to the non-IHS/Tribal 638 facility by September 1, 2022. During CYE 2023, from October 1, 2022, through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA referrals per month to the non-IHS/Tribal 638 facility.
 - v. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA referrals to the non-IHS/Tribal 638 facility by March 15, 2022, and submit an average of 5 CCA referrals per month by May 31, 2022.
- F. For outpatient services with dates of service from October 1, 2023 through September 30, 2024 (CYE 2024), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2023. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c) or (d):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month

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- per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
- ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
 2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d). No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - a. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - i. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - ii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iii. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.

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- iv. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
- b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
- c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
- d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
- 3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in subsection (3)(a), (b), (c), (d), (e), or (f):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if

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- required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. On March 15, 2023 a hospital that is identified as a Medicare Annual Payment Update (APU) recipient on the QualityNet.org website will qualify for the DAP increase. APU recipients are those hospitals that satisfactorily meet the requirements for the Inpatient Psychiatric Facility Quality Reporting Program, which includes multiple clinical quality measures.
 - e. On March 15, 2023, long-term care hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for the

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- DAP increase. The national average will be downloaded from the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury for long-term care hospitals. Facility results will be compared to the national average results for the measure.
- f. On March 15, 2023, rehabilitation hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for the DAP increase. The national average will be downloaded from the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury rehabilitation hospitals. Facility results will be compared to the national average results for the measure.
4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in subsection (4)(a) or (b);
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 1, 2023, complete the AzHDR Participant Agreement.
 - ii. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required.
 - ii. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.

Historical Note

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New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4).

R9-22-712.36. Reserved

R9-22-712.37. Reserved

R9-22-712.38. Reserved

R9-22-712.39. Reserved

R9-22-712.40. Outpatient Hospital Reimbursement: Annual and Periodic Update

- A. Procedure codes. When procedure codes are issued by CMS and added to the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add to the Outpatient Capped Fee-for-Service Schedule the new procedure codes for covered outpatient services and shall either assign the default CCR under R9-22-712.40(F)(2), the Medicare rate, or calculate an appropriate fee.
- B. APC changes. AHCCCS may reassign procedure codes to new or different APC groups when APC groups are revised by CMS. AHCCCS may reassign procedure codes to a different APC group than Medicare. If AHCCCS determines that utilization of a procedure code within the Medicare program is substantially different from utilization of the procedure code in the AHCCCS program, AHCCCS may choose not to assign the procedure code to any APC group. For procedure codes not grouped into an APC by Medicare, AHCCCS may assign the code to an APC group when AHCCCS determines that the cost and resources associated with the non-assigned code are substantially similar to those in the APC group.
- C. Annual update for Outpatient Hospital Fee Schedule. Beginning October 1, 2006, through September 30, 2011, AHCCCS shall adjust outpatient fee schedule rates:
 1. Annually by multiplying the rates effective during the prior year by the Global Insight Prospective Hospital Market Basket Inflation Index; or
 2. In a particular year the director may substitute the increases in subsection (C)(1) by calculating the dollar value associated with the inflation index in subsection

(C)(1), and applying the dollar value to adjust rates at varying levels.

- D. Reductions to the Outpatient Capped Fee-For-Service Schedule. Claims paid using the Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rates in effect on September 30, 2011, subject to the annual adjustments to procedure codes and APCs under this Section.
- E. Rebase. AHCCCS shall rebase the outpatient fees every five years.
- F. Statewide CCR:
 1. For begin dates of service on or before September 30, 2011, the statewide CCR calculated in R9-22-712.30 shall be recalculated at the time of rebasing. When rebasing, AHCCCS may recalculate the statewide CCR based on the costs and charges for services excluded from the outpatient hospital fee schedule.
 2. For begin dates of service on or after October 1, 2011, the statewide CCR shall be set under R9-22-712.30(C).
- G. Other Updates. In addition to the other updates provided for in this Section, the Administration may adjust the Outpatient Capped Fee-For-Service Fee Schedule and the Statewide CCR to the extent necessary 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.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.41. Reserved

R9-22-712.42. Reserved

R9-22-712.43. Reserved

R9-22-712.44. Reserved

R9-22-712.45. Outpatient Hospital Reimbursement: Outpatient Payment Restrictions

- A. AHCCCS shall not reimburse hospitals for emergency room treatment, observation hours, or other outpatient hospital services performed on an outpatient basis if the member is admitted as an inpatient to the same hospital directly from the emergency room, observation, or other outpatient department.
- B. AHCCCS shall include payment for the emergency room, observation, and other outpatient hospital services provided to the member before the hospital admission in the AHCCCS Inpatient Tiered Per Diem Capped Fee-For-Service Schedule under Article 7 of this Chapter.
- C. Same day admit and discharge.
 1. For discharges before September 30, 2014. Same day admit and discharge claims that qualify for either the maternity or nursery tiers shall be paid based on the lesser

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of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.

2. For discharge dates on and after October 1, 2014. Same day admit and discharge claims are paid for through the outpatient fee schedule.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.46. Reserved

R9-22-712.47. Reserved

R9-22-712.48. Reserved

R9-22-712.49. Reserved

R9-22-712.50. Outpatient Hospital Reimbursement: Billing

To receive appropriate reimbursement, hospitals shall:

1. Bill outpatient hospital services on the CMS approved Uniform Billing Form or in electronic format using the appropriate HIPAA transaction.
2. Follow the UB Manual Guidelines, as published by the National Uniform Billing Committee, and use the appropriate revenue code and procedure code combination as prescribed by AHCCCS and on file and online with AHCCCS.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-712.51. Reserved

R9-22-712.52. Reserved

R9-22-712.53. Reserved

R9-22-712.54. Reserved

R9-22-712.55. Reserved

R9-22-712.56. Reserved

R9-22-712.57. Reserved

R9-22-712.58. Reserved

R9-22-712.59. Reserved

R9-22-712.60. Diagnosis Related Group Payments

- A. Inpatient hospital services with discharge dates on or after October 1, 2014, shall be reimbursed using the diagnosis related group (DRG) payment methodology described in this Section and R9-22-712.61 through R9-22-712.81.
- B. Payments made using the DRG methodology shall be the sole reimbursement to the hospital for all inpatient hospital services and related supplies provided by the hospital. Services provided in the emergency room, observation area, or other outpatient departments that are directly followed by an inpatient admission to the same hospital are not reimbursed separately. Are reimbursed through the DRG methodology and not reimbursed separately.
- C. Each claim for an inpatient hospital stay shall be assigned a DRG code and a DRG relative weight based on the All Patient Refined Diagnosis Related Group (APR-DRG) classification system established by 3M Health Information Systems. The applicable version of the APR-DRG classification system shall be available on the agency's website.

D. Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to quick pay discounts and slow pay penalties under A.R.S. 36-2904.

E. Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to the Urban Hospital Reimbursement Program under R9-22-718.

F. For purposes of this Section and Sections R9-22-712.61 through R9-22-712.81:

1. "DRG National Average length of stay" means the national arithmetic mean length of stay published in the All Patient Refined Diagnosis Related Group (APR-DRG) classification established by 3M Health Information Systems.
2. "Length of stay" means the total number of calendar days of an inpatient stay beginning with the date of admission through discharge, but not including the date of discharge (including the date of a discharge to another hospital, i.e., a transfer) unless the member expires.
3. "Medicare" means Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.
4. "Medicare labor share" means a hospital's labor costs as a percentage of its total costs as determined by CMS for purposes of the Medicare Inpatient Prospective Payment System.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.61. DRG Payments: Exceptions

- A. Notwithstanding Section R9-22-712.60, claims for inpatient services from the following hospitals shall be paid on a per diem basis, including provisions for outlier payments, where rates and outlier thresholds are included in the capped fee schedule published by the Administration on its website and available for inspection during normal business hours at 801 E. Jefferson, Phoenix, Arizona. If the covered costs per day on a claim exceed the published threshold for a day, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the outlier CCR. The outlier CCR will be the sum of the urban or rural default operating CCR appropriate to the location of the hospital and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS. The resulting amount will be the total reimbursement for the claim. There is no provision for outlier payments for hospitals described under subsection (A)(3).
 1. Hospitals designated as type: hospital, subtype; rehabilitation in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website in March of each year;
 2. Hospitals designated as type: hospital, subtype; long term in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
 3. Hospitals designated as type: hospital, subtype; psychiatric in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;

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- B. Notwithstanding Section R9-22-712.60, claims for inpatient services that are covered by a RBHA or TRBHA, where the principal diagnosis on the claim is a behavioral health diagnosis, shall be reimbursed as prescribed by a per diem rate described by a fee schedule established by the Administration; however, if the principal diagnosis is a physical health diagnosis, the claim shall be processed under the DRG methodology described in this section, even if behavioral health services are provided during the inpatient stay.
 - C. Notwithstanding Section R9-22-712.60, claims for services associated with transplant services shall be paid in accordance with the contract between the AHCCCS administration and the transplant facility.
 - D. Notwithstanding Section R9-22-712.60, claims from an IHS facility or 638 Tribal provider shall be paid the all-inclusive rate on a per visit basis in accordance with the rates published annually by IHS in the Federal Register.
 - E. For hospitals that have contracts with the Administration for the provision of transplant services, inpatient days associated with transplant services are paid in accordance with the terms of the contract.
 - F. For inpatient services with a date of admission from October 1, 2022 through September 30, 2023 (CYE 2023), provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage published on the Administration's public website as part of its fee schedule, subsequent to a public notice published no later than September 1, 2022. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.
 - 1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), or (d):
 - a. By April 1, 2022, a hospital the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the Health Information Exchange (HIE), in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
 - i. No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
 - ii. No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - (1) Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (2) Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (3) Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
- iii. No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
- iv. No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- v. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
- vi. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.
- vii. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
- viii. No later than January 1, 2023, the hospital must complete the data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
- ix. No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
- x. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligi-

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- ble to receive DAP increases described in subsection (1)(a)(x).
- (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2022 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- xi. DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.0% if criteria are met for all categories.
- (1) Data source and data site information must be submitted on all ADT transactions. (0.5%)
 - (2) Event type must be properly coded on all ADT transactions. (0%)
 - (3) Patient class must be properly coded on all appropriate ADT transactions. (0%)
 - (4) Patient demographic information must be submitted on all ADT transactions. (0%)
 - (5) Race must be submitted on all ADT transactions. (0.5%)
 - (6) Ethnicity must be submitted on all ADT transactions. (0.5%)
 - (7) Diagnosis must be submitted on all ADT transactions. (0.5%)
 - (8) Overall completeness of the ADT message. (0%)
- b. By April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates;
- i. No later than April 1, 2022, submit registration form or forms for participation using the form or forms on the website of the qualifying HIE organization.
 - ii. No later than April 1, 2022:
 - (1) For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (2) For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (3) For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
 - iii. No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.
- c. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:
- i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance.
 - ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
 - iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
 - iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.
 - v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.
 - vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.
- d. Upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:
- i. Number of ICU beds in use,

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- ii. Number of ICU beds available for use,
 - iii. Number of Medical-Surgical beds in use,
 - iv. Number of Medical-Surgical beds available for use,
 - v. Number of Telemetry beds in use, and
 - vi. Number of Telemetry beds available for use.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets the criteria specified in subsection (2)(a), (b), (c), or (d):
- a. By April 1, 2022 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:
 - i. No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
 - (1) Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (2) Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (3) Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
 - ii. No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
 - iii. No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
 - iv. No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - v. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - vi. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.
 - vii. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - viii. No later than January 1, 2023, the hospital must complete the data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - ix. No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - x. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below.
 - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
 - xi. DAP HIE Data Quality Standards CYE 2022 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a DAP increase for select Data Quality Measures for a total of 8.0% if criteria are met for all categories indicating a DAP.
 - (1) Data source and data site information must be submitted on all ADT transactions. (2.0%)
 - (2) Event type must be properly coded on all ADT transactions. (0%)
 - (3) Patient class must be properly coded on all appropriate ADT transactions. (0%)
 - (4) Patient demographic information must be submitted on all ADT transactions. (0%)

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- (5) Race must be submitted on all ADT transactions. (2.0%)
- (6) Ethnicity must be submitted on all ADT transactions. (2.0%)
- (7) Diagnosis must be submitted on all ADT transactions. (2.0%)
- (8) Overall completeness of the ADT message. (0%)
- b. By April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates.
 - i. No later than April 1, 2022, submit registration form(s) for participation using the form(s) on the website of the qualifying HIE organization.
 - ii. No later than April 1, 2022:
 - (1) For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (2) For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (3) For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
 - iii. No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.
- c. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:
 - i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance.
 - ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
 - iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
 - iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.
 - v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.
 - vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.
- d. Upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:
 - i. Number of ICU beds in use,
 - ii. Number of ICU beds available for use,
 - iii. Number of Medical-Surgical beds in use,
 - iv. Number of Medical-Surgical beds available for use,
 - v. Number of Telemetry beds in use, and
 - vi. Number of Telemetry beds available for use.
- G. For inpatient services with a date of admission from October 1, 2023 through September 30, 2024 (CYE 2024), provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage published on the Administration's public website as part of its fee schedule, subsequent to a public notice published no later than September 1, 2023. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (G), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.
 - 1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c) or (d):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization

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and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

- i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
- b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
- i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
- c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
- i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:

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- (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
- b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
- c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agree-

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ment indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.

- i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
- ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
- d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3111 and at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of

its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4).

R9-22-712.62. DRG Base Payment

- A. The initial DRG base payment is the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code assigned to the claim, and any applicable provider and service policy adjusters.
- B. The DRG base rate for each hospital is the statewide standardized amount of which the hospital's labor-related share of that amount is adjusted by the hospital's wage index. The hospital's labor share is determined based on the labor share for the Medicare inpatient prospective payment system published in 85 Fed. Reg. 59060 through 59061 (September 18, 2020). The hospital's wage index is determined based on the wage index tables reference in 85 Fed. Reg. 59059 (September 18, 2020). The statewide standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- C. Claims shall be assigned both a DRG code derived from all diagnosis and surgical procedure codes included on the claim (the "pre-HCAC" DRG code) and a DRG code derived excluding diagnosis and surgical procedure codes associated with the health care acquired conditions that were not present on admission or any other provider-preventable conditions (the "post-HCAC" DRG code). The DRG code with the lower relative weight shall be used to process claims using the DRG methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 27 A.A.R. 2512 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4).

R9-22-712.63. DRG Base Payments Not Based on the Statewide Standardized Amount

- A. Notwithstanding Section R9-22-712.62, a select specialty hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:
 1. Hospitals located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2011 Medicare Cost Report are reimbursed by Medicare.
 2. Hospitals designated as type: hospital, subtype: short term that has a license number beginning "SH" in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year.
- B. The select specialty hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- C. Notwithstanding Section R9-22-712.62, a rural hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:

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1. A health care institution that is licensed as an acute care hospital, that has one hundred or fewer beds, and that is located in a county with a population of less than five hundred thousand persons; or
 2. A health care institution that is licensed as a critical access hospital.
- D.** The rural hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's web-site.
- E.** Notwithstanding Section R9-22-712.62 and R9-22-712.63(B), a hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) or R9-22-712.63(B) to calculate the DRG base rate for a health care institution that is licensed as an acute care hospital, that has one hundred or fewer beds, that is located in a county with a population of less than five hundred thousand persons and has greater than twenty percent of Medicaid inpatient reimbursement with a primary diagnosis of behavioral health in the prior federal fiscal year as of April 30th.
- F.** The hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- G.** Notwithstanding Section R9-22-712.62 and R9-22-712.63(B), a hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) or R9-22-712.63(B) to calculate the DRG base rate for a health care institution with two separate ADHS acute care hospital licenses, with one facility that has one hundred or fewer beds, that is located in a county with a population of less than five hundred thousand persons and has one single AHCCCS registration for both licenses.
- H.** The hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 19 (January 6, 2023), with an immediate effective date of December 16, 2022 (Supp. 22-4).

R9-22-712.64. DRG Base Payments and Outlier CCR for Out-of-State Hospitals

- A.** DRG Base payment:
1. For high volume out-of-state hospitals defined in subsection (C), the wage adjusted DRG base payment is determined as described in R9-22-712.62.
 2. Notwithstanding subsection R9-22-712.62 the wage adjusted DRG base rate for out-of-state hospitals that are not high volume hospitals shall be included in the AHCCCS capped fee schedule available on the agency's website.
- B.** Outlier CCR:
1. Notwithstanding subsection R9-22-712.68, the CCR used for the outlier calculation for out-of-state hospitals that are not high volume hospitals shall be the sum of the statewide urban default operating cost-to-charge ratio and the statewide capital CCR in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.
 2. The CCR used for the outlier calculation for high volume out-of-state hospitals is the same as in-state hospitals as described in R9-22-712.68.
- C.** A high volume out-of-state hospital is a hospital not otherwise excluded under R9-22-712.61, that is located in a county that

borders the State of Arizona and had 500 or more AHCCCS covered inpatient days for the fiscal year beginning October 1, 2015.

- D.** Other than as required by this Section, DRG reimbursement for out-of-state hospitals is determined under R9-22-712.60 through R9-22-712.81.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.65. DRG Provider Policy Adjustor

- A.** After calculating the DRG base payment as required in R9-22-712.62, R9-22-712.63, or R9-22-712.64, for claims from a high-utilization hospital, the product of the DRG base rate and the DRG relative weight for the post-HCAC DRG code shall be multiplied by a provider policy adjustor that is included in the AHCCCS capped fee schedule available on the agency's website.
- B.** A hospital is a high-utilization hospital if the hospital had:
1. Covered inpatient days subject to DRG reimbursement, determined using adjudicated claim and encounter data during the fiscal year beginning October 1, 2015, equal to at least four hundred percent of the statewide average number of AHCCCS-covered inpatient days at all hospitals;
 2. A Medicaid inpatient utilization rate greater than 30 percent calculated as the ratio of AHCCCS-covered inpatient days to total inpatient days as reported in the hospital's Medicare Cost Report for the fiscal year ending 2016; and,
 3. Received less than \$2 million in add-on payment for outliers under R9-22-712.68, based on adjudicated claims and encounters for fiscal year beginning October 1, 2015.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.66. DRG Service Policy Adjustor

In addition to Section R9-22-712.65, for claims with DRG codes in the following categories, the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code, and the DRG provider policy adjustor shall be multiplied by the service policy adjustor listed in the AHCCCS capped fee schedule, available on the agency's website, corresponding to the following DRG codes:

1. Normal newborn DRG codes,
2. Neonates DRG codes,
3. Obstetrics DRG codes,
4. Psychiatric DRG codes,
5. Rehabilitation DRG codes,
6. Burn DRG codes.
7. Claims for members under age 19 assigned DRG codes other than listed above:
 - a. For dates of discharge occurring on or after October 1, 2014 and ending no later than December 31, 2015 regardless of severity of illness level,
 - b. For dates of discharge on or after January 1, 2016, for severity of illness levels 1 and 2,
 - c. For dates of discharge on or after January 1, 2016 and before January 1, 2017, for severity of illness levels 3 and 4.

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- d. For dates of discharge on or after January 1, 2017, and before January 1, 2018 for severity of illness levels 3 and 4.
- e. For dates of discharge on or after January 1, 2018, for severity of illness levels 3 and 4.
- 8. Claims for members assigned DRG codes other than listed above.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.67. DRG Reimbursement: Transfers

- A. For purposes of this Section a "transfer" means the transfer of a member from a hospital to a short-term general hospital for inpatient care, a designated cancer center, children's hospital, or a critical access hospital except when a member is moved for the purpose of receiving sub-acute services.
- B. Designated cancer center or children's hospitals are those hospitals identified as such in the UB-04 billing manual published by the National Uniform Billing Committee.
- C. The hospital the member is transferred from shall be reimbursed either the initial DRG base payment or the transfer DRG base payment, whichever is less.
- D. The transfer DRG base payment is an amount equal to the initial DRG base payment, as determined after making any provider or service policy adjusters, divided by the DRG National Average length of stay for the DRG code multiplied by the sum of one plus the length of stay.
- E. The hospital the member is transferred to shall be reimbursed under the DRG payment methodology without a reduction due to the transfer.
- F. Unadjusted DRG base payment. The unadjusted DRG base payment is either the initial DRG base payment, as determined after making any provider or service policy adjusters, or the transfer DRG base payment, whichever is less.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

R9-22-712.68. DRG Reimbursement: Unadjusted Outlier Add-on Payment

- A. Claims for inpatient hospital services qualify for an outlier add-on payment if the claim cost exceeds the outlier cost threshold.
- B. The claim cost is determined by multiplying covered charges by an outlier CCR as described by the following subsections:
 - 1. For hospitals designated as type: hospital, subtype: children's in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year. The outlier CCR will be calculated by dividing the hospital total costs by the total charges using the most recent Medicare Cost Report available as of September 1 of that year.
 - 2. For Critical Access Hospitals the outlier CCR will be the sum of the statewide rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.

- 3. For all other hospitals the outlier CCR will be the sum of the operating cost-to-charge ratio and the capital cost-to-charge ratio established for each hospital in the impact file established as part of the Medicare Inpatient Prospective Payment System by CMS.

- C. AHCCCS shall update the CCRs described in subsection (B) to conform to the most recent CCRs established by CMS as of September 1 of each year, and the CCRs so updated shall be used for claims with dates of discharge on or after October 1 of that year.
- D. The outlier threshold is equal to the sum of the unadjusted DRG base payment plus the fixed loss amount. The fixed loss amount for critical access hospitals and for all other hospitals are included in the AHCCCS capped fee schedule available on the agency's website.
- E. For those inpatient hospital claims that qualify for an outlier add-on payment, the payment is calculated by subtracting the outlier threshold from the claim cost and multiplying the result by the DRG marginal cost percentage. The DRG marginal cost percentage for claims assigned DRG codes associated with the treatment of burns and for all other claims are included in the AHCCCS capped fee schedule available on the agency's website.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.69. DRG Reimbursement: Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment

Adjustments to the payments are made to account for days not covered by AHCCCS as follows:

- 1. A covered day reduction factor unadjusted is determined if the member is not eligible on the first day of the inpatient stay but is eligible for subsequent days during the inpatient stay. In this case, a covered day reduction factor unadjusted is calculated by dividing the number of AHCCCS covered days by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
- 2. A covered day reduction factor unadjusted is also determined if the member is eligible on the first day of the inpatient stay but is determined ineligible for one or more days prior to the date of discharge. In this case, a covered day reduction factor unadjusted is calculated by adding one to the number of AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
- 3. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
- 4. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
- 5. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

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Historical Note

New Section made by final rulemaking at 20 A.A.R.
1956, September 6, 2014 (Supp. 14-3).

R9-22-712.70. Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment for FES members

In addition to the covered day reduction factor in R9-22-712.69, a covered day reduction factor unadjusted is determined for an inpatient stay during which an FES member receives services for the treatment of an emergency medical condition and also receives services once the condition no longer meets the criteria as an emergency medical condition described in R9-22-217.

1. A covered day reduction factor unadjusted is calculated by adding one to the AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of inpatient days during which an FES member receives services for an emergency medical condition as described in R9-22-217. For purposes of this adjustment, any portion of a day during which the FES member receives treatment for an emergency medical condition is counted as an AHCCCS covered day.
2. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
3. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
4. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

Historical Note

New Section made by final rulemaking at 20 A.A.R.
1956, September 6, 2014 (Supp. 14-3).

R9-22-712.71. Final DRG Payment

- A. The final DRG payment is the sum of the final DRG base payment, the final DRG outlier add-on payment, and the Differential Adjusted Payment.
- B. The final DRG base payment is an amount equal to the product of the covered day adjusted DRG base payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
- C. The final DRG outlier add-on payment is an amount equal to the product of the covered day adjusted DRG outlier add-on payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
- D. The factor for each hospital and for each federal fiscal year is published as part of the AHCCCS capped fee schedule and is available on the AHCCCS administration's website and is on file for public inspection at the AHCCCS administration located at 801 E. Jefferson Street, Phoenix, Arizona.
- E. For inpatient services with a date of discharge from October 1, 2022 through September 30, 2023 (CYE 2023), the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add-on payment mul-

tiplied by a percentage published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2022. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.

1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria:
 - a. By April 1, 2022, a hospital the hospital must have submitted a Letter of Intent (LOI) to AHCCCS and the Health Information Exchange (HIE), in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved.
 - i. No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
 - ii. No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - (1) Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (2) Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (3) Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
 - iii. No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf.
 - iv. No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiol-

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- ogy information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
- v. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - vi. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.
 - vii. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - viii. No later than January 1, 2023, the hospital must complete the data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - ix. No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
 - x. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described in subsections (x)(1) through (3).
 - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data, the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
 - xi. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a 0.5% DAP increase for each category of the five measure categories, for a total potential increase of 2.0% if criteria are met for all categories.
 - (1) Data source and data site information must be submitted on all ADT transactions. (0.5%)
 - (2) Event type must be properly coded on all ADT transactions. (0%)
 - (3) Patient class must be properly coded on all appropriate ADT transactions. (0%)
 - (4) Patient demographic information must be submitted on all ADT transactions. (0%)
 - (5) Race must be submitted on all ADT transactions. (0.5%)
 - (6) Ethnicity must be submitted on all ADT transactions. (0.5%)
 - (7) Diagnosis must be submitted on all ADT transactions. (0.5%)
 - (8) Overall completeness of the ADT message. (0%)
- b. By April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates.
 - i. No later than April 1, 2022, submit registration form or forms for participation using the form or forms on the website of the qualifying HIE organization.
 - ii. No later than April 1, 2022:
 - (1) For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (2) For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (3) For hospitals that have not participated in DAP HIE requirements in CYE 2022, the deadline for this milestone will be November 1, 2022.
 - iii. No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.
 - c. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:
 - i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance.
 - ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for

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- requesting services to be performed by the non-IHS/Tribal 638 facility.
- iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
 - iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.
 - v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.
 - vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.
- d. Upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:
 - i. Number of ICU beds in use,
 - ii. Number of ICU beds available for use,
 - iii. Number of Medical-Surgical beds in use,
 - iv. Number of Medical-Surgical beds available for use,
 - v. Number of Telemetry beds in use,
 - vi. Number of Telemetry beds available for use.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets the criteria specified;
 - a. By April 1, 2022 the hospital must have submitted a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved:
 - i. No later than April 1, 2022, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates or maintain its participation in the milestone activities if they have already been achieved.
 - ii. No later than May 1, 2022, or by the hospital's go-live date for new data suppliers, or within 30 days of initiating the respective COVID-19 related services for current data suppliers, the hospital must complete the following COVID-19 related milestones, if they are applicable:
 - (1) Related to COVID-19 testing services, submit all COVID-19 lab test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (2) Related to COVID-19 antibody testing services, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE organization to ensure proper processing of lab results within the HIE system.
 - (3) Related to COVID-19 immunization services, submit all COVID-19 immunization codes and the associated CDC-recognized code sets to the qualifying HIE organization to ensure proper processing of immunizations within the HIE system.
 - iii. No later than May 1, 2022, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE organization on their behalf.
 - iv. No later than May 1, 2022, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - v. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - vi. No later than November 1, 2022, the hospital must approve and authorize a formal SOW to initiate connectivity to and usage of the Arizona Healthcare Directives Registry (AzHDR) operated by the qualifying HIE organization.
 - vii. No later than November 1, 2022, the hospital must approve and authorize a formal statement of work (SOW) to initiate and complete a data quality improvement effort, as defined by the qualifying HIE organization.
 - viii. No later than January 1, 2023, the hospital must complete the initial data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.

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- ix. No later than May 1, 2023, the hospital must complete the final data quality profile with a qualifying HIE organization, in alignment with the data quality improvement SOW.
- x. Quality Improvement Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases described below.
 - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on October 2021 data, to the final data quality profile, based on March 2022 data.
 - (2) Meet a minimum performance standard of at least 60% based on March 2022 data.
 - (3) If performance meets or exceeds an upper threshold of 90% based on March 2022 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
- xi. DAP HIE Data Quality Standards CYE 2023 Measure Categories: Hospitals that meet the standards, as defined in Attachment A of this notice, qualify for a DAP increase for select Data Quality Measures for a total of 8.0% if criteria are met for all categories indicating a DAP.
 - (1) Data source and data site information must be submitted on all ADT transactions. (1.0%)
 - (2) Event type must be properly coded on all ADT transactions. (1.0%)
 - (3) Patient class must be properly coded on all appropriate ADT transactions. (0%)
 - (4) Patient demographic information must be submitted on all ADT transactions. (0%)
 - (5) Race must be submitted on all ADT transactions. (2.0%)
 - (6) Ethnicity must be submitted on all ADT transactions. (2.0%)
 - (7) Diagnosis must be submitted on all ADT transactions. (2.0%)
 - (8) Overall completeness of the ADT message. (0%)
- b. By April 1, 2022, the hospital must have submitted a registration form for participation in the Social Determinants of Health (SDOH) Closed-Loop Referral Platform operated by the qualifying HIE organization in which the parties agree to achieve the following milestones by the specified dates;
 - i. No later than April 1, 2022, submit registration form or forms for participation using the form or forms on the website of the qualifying HIE organization.
 - ii. No later than April 1, 2022:
 - (1) For hospitals with an active Participation Agreement with a qualifying HIE organization, submit a signed Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - (2) For hospitals without an active Participation Agreement with a qualifying HIE organization, execute a Participation Agreement and a Participant SDOH Addendum to participate in the SDOH Closed-Loop Referral Platform.
 - iii. No later than September 30, 2022, or as soon as reasonably practicable thereafter as determined by the qualifying HIE organization, initiate use of the SDOH Closed-Loop Referral Platform operated by the qualifying HIE organization. After go-live, the hospital must regularly utilize the SDOH Closed-Loop Referral Platform, which will be measured by facilitating at least 10 referrals on average per month from go-live date through the end of CYE 2023. All referrals entered into the system by the hospital will be counted towards volume requirements.
 - c. By March 15, 2022, the facility must submit a LOI to enter into a CCA (a fully signed copy of a CCA with an IHS/Tribal 638 facility is also acceptable). By April 30, 2022, the facility must have entered into a CCA with a IHS/Tribal 638 facility for inpatient, outpatient, and ambulatory services provided through a referral under the executed CCA. The facility agrees to achieve and maintain participation in the following activities:
 - i. The facility will have in place a signed CCA with an IHS/Tribal 638 facility and will have submitted the signed CCA to AHCCCS. The CCA will meet minimum requirements as outlined in the CMS SHO Guidance.
 - ii. The facility will have a valid referral process for IHS/Tribal 638 facilities in place for requesting services to be performed by the non-IHS/Tribal 638 facility.
 - iii. The hospital will provide to the IHS/Tribal 638 facility clinical documentation of services provided through a referral under the CCA.
 - iv. AHCCCS will monitor activity specified under the CCA(s) to ensure compliance. To help facilitate this, the facility will participate in the HIE or establish an agreed claims operation process with AHCCCS for the review of medical records by May 31, 2022.
 - v. The non-IHS/Tribal 638 facility will receive a minimum of one referral and any supporting medical documentation from the IHS/Tribal 638 facility and submit a minimum of one claim to AHCCCS under the CCA claiming guidelines, by September 1, 2022. During CYE 2023, from October 1, 2022 through September 30, 2023, demonstrate a concerted effort to submit an average of 5 CCA claims per month to AHCCCS.
 - vi. Existing facilities with a CCA established in CYE 2022 will actively submit a minimum of 5 CCA claims to AHCCCS by March 15, 2022, and submit an average of 5 CCA claims per month to AHCCCS by May 31, 2022.
 - d. Upon the declaration of the end of the State of Arizona Public Health Emergency (PHE) issued on March 11, 2020, the hospital must submit a letter of intent (LOI) to AHCCCS in which it agrees to adult

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and pediatric bed capacity reporting to the Arizona Department of Health Services (ADHS). Specifically, the hospital shall report the following through an ADHS approved method to ADHS weekly, with deadlines and format prescribed by ADHS:

- i. Number of ICU beds in use,
- ii. Number of ICU beds available for use,
- iii. Number of Medical-Surgical beds in use,
- iv. Number of Medical-Surgical beds available for use,
- v. Number of Telemetry beds in use,
- vi. Number of Telemetry beds available for use.

F. For inpatient services with a date of discharge from October 1, 2023 through September 30, 2024 (CYE 2024), the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add-on payment multiplied by a percentage published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2023. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.

1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), or (d):

- a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology informa-

tion (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

- iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
- v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. Which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
- b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.

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- c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. Which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.

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- i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
- ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
- c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 31, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4).

R9-22-712.72. DRG Reimbursement: Enrollment Changes During an Inpatient Stay

- A. If a member's enrollment changes during an inpatient stay, including changing enrollment from fee-for-service to a contractor, or vice versa, or changing from one contractor to another contractor, the contractor with whom the member is enrolled on the date of discharge shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in Sections R9-22-712.60 through R9-22-712.81. If the member is eligible but not enrolled with a contractor on the date of discharge, then the AHCCCS administration shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in Sections R9-22-712.60 through R9-22-712.81.

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- B. When a member's enrollment changes during an inpatient stay, the hospital shall use the date of enrollment with the payer responsible on the date of discharge as the "from" date of service on the claim regardless of the date of admission.
- C. Interim claims submitted to a payer other than the payer responsible on the day of discharge shall be processed in the same manner as other interim claims as described in R9-22-712.76.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.73. DRG Reimbursement: Inpatient Stays for Members Eligible for Medicare

If the hospital receives less than the full Medicare payment for a member eligible for benefits under Part A of Medicare because the member has exceeded the maximum benefit permitted under Part A of Medicare, the hospital shall submit a separate claim for services performed after the date the maximum Medicare Part A benefit is exceeded. The claim may include all diagnosis codes for the entire inpatient stay, but the hospital is only required to include revenue codes, surgical procedure codes, service units, and charges for services performed after the date the Medicare Part A benefit is exceeded. A claim so submitted shall be reimbursed using the DRG payment methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.74. DRG Reimbursement: Third Party Liability

DRG payments are subject to reduction based on cost avoidance under Section R9-22-1003 and other rules regarding first-and third-party liability under Article 10 of this Chapter including cost avoidance for claims for ancillary services covered under Part B of Medicare.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.75. DRG Reimbursement: Payment for Administrative Days

- A. Categories of Administrative Days. Administrative days fall into one of two categories, either subsection (A)(1) or (A)(2).
 1. Administrative days due to lack of appropriate placement options and not meeting inpatient medical criteria. Administrative days are days in which a member is admitted as an inpatient to an acute care hospital, does not meet the criteria for an acute inpatient stay, but is admitted or not discharged because; (1) an appropriate placement outside the hospital is not available, (2) the member cannot be safely discharged or transferred, or (3) the Administration or the contractor failed to provide for the appropriate placement outside the hospital in a timely manner.
 - a. Administrative days may occur prior to an acute care episode, for example, when a woman with a high-risk pregnancy is admitted to a hospital while awaiting delivery.
 - b. Administrative days may also occur at the end of an acute care episode, for example, when a member is not discharged while awaiting placement in a nursing facility or other sub-acute or post-acute setting.

- c. Administrative days may also include days in a receiving hospital when the member has been discharged from one acute care hospital for the purpose of receiving sub-acute services at the receiving hospital.
 - d. Administrative days do not include days when the member is awaiting appropriate placement or services that are currently available but the hospital has not transferred or discharged the member because of the hospital's administrative or operational delays.
 - e. Administrative days include inpatient claims covered by a RBHA or TRBHA that otherwise meet the criteria in subsection (A)(1).
2. Administrative days for claims with the principal diagnosis of behavioral health meeting inpatient medical criteria. Administrative days are days with dates of discharge on or after October 1, 2018, in which a member is admitted as an inpatient to an acute care hospital, meets the criteria for an acute inpatient stay, and the principal diagnosis on the hospital claim is a behavioral health diagnosis. Inpatient claims covered by a RBHA or TRBHA are not considered administrative days under subsection (A)(2) regardless of the principal diagnosis on the hospital claim.

B. Reimbursement of Administrative Days.

1. Administrative days under subsection (A)(1) are reimbursed at the rate the claim would have paid had the services not been provided in an inpatient hospital setting but had been provided at the appropriate level of care such as the rate paid for stays at a nursing facility.
 2. Administrative days under subsection (A)(2) are reimbursed at the daily rate found on the Inpatient Behavioral Health Capped Fee-For-Service Schedule meeting the criteria of "Service Description – Psychiatric Stay," regardless of revenue code.
- C. Prior authorization is required for administrative days.
 - D. A hospital shall submit a claim for administrative days separate from any claim for reimbursement for the inpatient stay otherwise reimbursable under the DRG payment methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 3111, effective October 1, 2019 (Supp. 19-4).

R9-22-712.76. DRG Reimbursement: Interim Claims

- A. For inpatient stays with a length of stay greater than 29 days, a hospital may submit interim claims for each 30 day period during the inpatient stay.
- B. Hospitals shall be reimbursed for interim claims at a per diem rate of \$500 per day.
- C. Following discharge, the hospital shall void all interim claims. In such circumstances, the hospital shall submit a claim to the payer with whom the member is enrolled on the date of discharge, whether the Administration or a contractor, for the entire inpatient stay for which the final claim shall be reimbursed under the DRG payment methodology. Interim claims will be recouped.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.77. DRG Reimbursement: Admissions and Dis-

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charges on the Same Day

- A. Except as provided for in subsection (B), for any claim for inpatient services with an admission date and discharge date that are the same calendar date, the contractor or the Administration shall process the claim as an outpatient claim and the hospital shall be reimbursed under R9-22-712.10 through R9-22-712.50.
- B. Claims with an admission date and discharge date that are the same calendar date that also indicate that the member expired on the date of discharge shall be reimbursed under the DRG methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.78. DRG Reimbursement: Readmissions

If a member is readmitted without prior authorization to the same hospital that the member was discharged from within 72 hours and the DRG code assigned to the claim for the prior admission has the same first three digits as the DRG code assigned to the claim for the readmission, then payment for the claim for the readmission will be disallowed only if the readmission could have been prevented by the hospital.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.79. DRG Reimbursement: Change of Ownership

The administration shall not change any of the components of the calculation of reimbursement for inpatient services using the DRG methodology based upon a change in the hospital's ownership except to the extent those components would change under the methodology had the hospital not changed ownership (e.g., updating the hospital's cost-to-charge ratio as of September 1 of each year under R9-22-712.68).

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.80. DRG Reimbursement: New Hospitals

- A. DRG base payment for new hospitals. For any hospital that does not have a labor share or wage index published by CMS as described in subsection R9-22-712.62(B) because the hospital was not in operation, the DRG base rate described in subsection R9-22-712.62(B) shall be calculated as the statewide standardized amount after adjusting that amount for the labor-related share and the wage index published by CMS as described in subsection R9-22-712.62(B) that is appropriate to the location of the hospital published by CMS as described in subsection R9-22-712.62(B).
- B. Outlier calculations for new hospitals. For any hospital that does not have an operating cost-to-charge ratio listed in the impact file described in subsection R9-22-712.68(B) because the hospital was not in operation prior to the publication of the impact file, the statewide urban or rural default operating cost-to-charge ratio appropriate to the location of the hospital and the statewide capital cost-to-charge ratio shall be used to determine the unadjusted outlier add-on payment. The statewide urban or rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio shall be based on the ratios published by CMS and updated by the Administration as described in subsection R9-22-712.68(C).

- C. In addition to the requirement of this Section, DRG reimbursement for new hospitals is determined under R9-22-712.60 through R9-22-712.79.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.81. DRG Reimbursement: Updates

In addition to the other updates provided for in Sections R9-22-712.60 through R9-22-712.80, the Administration may update the version of the APR-DRG classification system established by 3M Health Information Systems, adjust the statewide standardized amount in Section R9-22-712.62, the base payments in R9-22-712.63 and R9-22-712.64, the provider policy adjustor in R9-22-712.65, service policy adjustors in R9-22-712.66, and the fixed loss amounts and marginal cost percentages used to calculate the outlier threshold in R9-22-712.68 to the extent necessary 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 Administration shall publish any proposed classification system on the agency's website at least 30 days prior to the effective date, to ensure a sufficient period for public comment, as required by 42 C.F.R. § 447.205. In addition, the public notice shall be available for inspection during normal business hours at 701 E. Jefferson, Phoenix, Arizona. The requirements of 42 CFR § 447.205 as of November 2, 2015 are incorporated by reference and do not include any later amendments.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.90. Reimbursement of Hospital-based Freestanding Emergency Departments

- A. "Hospital-based freestanding emergency department" (hospital-based FSED) means an outpatient treatment center, as defined in R9-10-101, that: (1) provides emergency room services under R9-10-1019, (2) is subject to the requirements of 42 C.F.R. 489.24, and (3) shares an ownership interest with a hospital, regardless of whether the outpatient treatment center operates under a hospital's single group license as described in A.R.S. § 36-422.
- B. A hospital-based FSED shall register with the Administration separately from the hospital with which an ownership interest is shared and shall obtain a separate provider identification number. The Administration shall not charge a separate provider enrollment fee for registration of a hospital-based FSED. The Administration shall accept a hospital's compliance with the provider screening and enrollment requirements of 42 CFR Part 455 as compliance by the hospital-based FSED.
- C. For dates of service on and after March 1, 2017, and except as provided in subsection (D), services provided by a hospital-based FSED for evaluation and management CPT codes 99281 through 99285 shall be reimbursed at the following percentages of the amounts otherwise reimbursable under R9-22-712.20 through R9-22-712.30. All other covered codes shall be reimbursed in accordance with R9-22-712.20 through R9-22-712.30 without a percentage reduction.

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1. 60 percent for a level 1 emergency department visit as indicated by CPT 99281.
 2. 80 percent for a level 2 emergency department visit as indicated by CPT 99282.
 3. 90 percent for a level 3 emergency department visit as indicated by CPT 99283.
 4. 100 percent for a level 4 or 5 emergency department visit as indicated by CPT codes 99284 and 99285.
- D.** A hospital-based FSED located in a city or town in a county with less than 500,000 residents, where the only hospital in the city or town operating an emergency department closed on or after January 1, 2015, shall be reimbursed under R9-22-712.20 through R9-22-712.35 using the adjustment in R9-22-712.35 associated with the nearest hospital with which the freestanding emergency department shares an ownership interest.
- E.** Services provided by an outpatient treatment center that provides emergency room services under R9-10-1019, but does not otherwise meet the criteria in subsection A, shall be reimbursed based on the non-hospital AHCCCS capped fee-for-service schedule under R9-22-710.
- F.** The Administration shall not reimburse a hospital for services provided at a hospital-based FSED if the member is admitted directly from a hospital-based FSED to a hospital with an ownership interest in the hospital-based FSED. As provided in R9-22-712.60(B), payments made for the inpatient stay using the DRG methodology shall be the sole reimbursement.
- G.** For dates of service from October 1, 2023 through September 30, 2024 (CYE 2024), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2023. A hospital-based FSED will qualify for an increase if it meets the criteria specified below. If a hospital-based FSED receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.
1. A outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (1)(a):
 - a. No later than April 30, 2023, the hospital-based FSED must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP).
 - b. The LOI must contain each hospital-based FSED, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a hospital-based FSED policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the hospital-based FSEDs' policy.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 22, February 11, 2017 (Supp. 16-4). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4).

R9-22-713. Overpayment and Recovery of Indebtedness

- A.** If a contractor or a subcontracting provider receives an overpayment from the Administration or otherwise becomes indebted to the Administration, the contractor or subcontracting provider shall immediately remit the amount of the indebtedness or overpayment to the Administration for deposit in the AHCCCS fund.
- B.** If the funds described in subsection (A) are not remitted, the Administration may recover the funds paid by the Administration to a contractor or subcontracting provider through:
1. A repayment agreement executed with the Administration;
 2. Withholding or offsetting against current or future payments to be paid to the contractor or subcontracting provider; or
 3. Enforcement of, or collection against, the performance bond, financial reserve, or other financial security under A.R.S. § 36-2903.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Former Section R9-22-713 repealed, new Section R9-22-713 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714, former Section R9-22-709 renumbered and amended as Section R9-22-713 effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-714. Payments to Providers

- A.** Provider agreement. The Administration or a contractor shall not reimburse a covered service provided to a member unless the provider has signed a provider agreement with the Administration that establishes the terms and conditions of participation and payment under A.R.S. § 36-2904.
- B.** Provider reimbursement. The Administration or a contractor shall reimburse a provider for a service furnished to a member only if:
1. The provider personally furnishes the service to a specific member. For purposes of this Section, services personally furnished by a provider include:
 - a. Services provided by medical residents or dental students in a teaching environment; or
 - b. Services provided by a licensed or certified assistant under the general supervision of a licensed practitioner in accordance with 4 A.A.C. 24, 9 A.A.C. 16, 4 A.A.C. 43, or 4 A.A.C. 45;
 2. The provider verifies that individuals who have provided services described in subsection (B)(1) have not been placed on the List of Excluded Individuals/Entities (LEIE) maintained by the United States Department of Health and Human Services Office of the Inspector General (OIG), located at OIG's web site;
 3. The service contributes directly to the diagnosis or treatment of the member; and

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4. The service ordinarily requires performance by the type of provider seeking reimbursement.
- C. The Administration or a contractor may make a payment for covered services only:
 1. To the provider;
 2. To anyone specified in a reassignment from the provider to a government agency or reassignment by a court order;
 3. To a business agent, if the agent's compensation for the service is:
 - a. Related to the cost of processing the billing;
 - b. Not related on a percentage or other basis to the amount that is billed or collected; and
 - c. Not dependent upon collection of the payment;
 4. To the employer of the provider, if the provider is required as a condition of employment to turn over the provider's fees to the employer;
 5. To the inpatient facility in which the service is provided, if the provider has a contract under which the inpatient facility submits the claim; or
 6. To a foundation, plan, or similar organization operating an organized health care delivery system, if the provider has a contract under which the foundation, plan or similar organization submits the claim.
- D. The Administration or a contractor shall not make a payment to or through a factor, either directly or by power of attorney, for a covered service furnished to a member by a provider.
- E. Reimbursement for a pathology service. Unless otherwise specified in a contract, the Administration or a contractor shall reimburse a pathologist for a pathology service furnished to a member only if the other requirements in this Section are met and the service is:
 1. A surgical pathology service;
 2. A specific cytopathology, hematology, or blood banking pathology service that requires performance by a physician and is listed in the capped fee-for-service schedule;
 3. A clinical consultation service that:
 - a. Is requested by the member's attending physician or primary care physician,
 - b. Is related to a test result that is outside the clinically significant normal or expected range in view of the condition of the member,
 - c. Results in a written narrative report included in the member's medical record,
 - d. Requires the exercise of medical judgment by the consultant pathologist, and
 - e. Is listed in the capped fee-for-service schedule; or
 4. A clinical laboratory interpretative service that:
 - a. Is requested by the member's attending physician or primary care physician,
 - b. Results in a written narrative report included in the member's medical record,
 - c. Requires the exercise of medical judgment by the consultant pathologist, and
 - d. Is listed in the capped fee-for-service schedule.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule is similar to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714 effective October 1, 1985 (Supp. 85-5). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10,

2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 3800, effective October 4, 2003 (Supp. 03-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-715. Hospital Rate Negotiations

- A. A contractor that negotiates with hospitals for inpatient or outpatient services shall reimburse hospitals for services rendered on or after March 1, 1993, as described in A.R.S. § 36-2903.01 and this Article, or at the negotiated rate that, in the aggregate, does not exceed reimbursement levels that would have been paid under A.R.S. § 36-2903.01, and this Article. This subsection does not apply to urban hospitals described under R9-22-718. Contractors may engage in rate negotiations with a hospital at any time during the contract period.
- B. The Administration may negotiate or contract with a hospital on behalf of a contractor for discounted hospital rates and may require that the negotiated discounted rates be included in a subcontract between the contractor and hospital.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). New Section R9-22-715 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-716. Repealed**Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

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R9-22-717. Repealed**Historical Note**

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3).

Editor's Note: The following Section was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council. The agency was required to submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and was required to hold a public hearing. It has since been amended under the regular rulemaking process.

R9-22-718. Urban Hospital Inpatient Reimbursement Program**A. Definitions.** The following definitions apply to this Section:

1. "Contractor" has the same meaning as set forth in A.R.S. § 36-2901, and includes all contractors regardless of whether the GSA's served by the contractor includes urban or rural counties.
2. "Noncontracted Hospital" means an urban hospital, including psychiatric hospitals, which does not have a contract under this Section with a contractor.
3. "Urban Hospital" means a hospital that is not a rural hospital, as defined in R9-22-712.07, and that is physically located in Maricopa or Pima County.

B. General Provisions.

1. This Section applies to an urban hospital who receives payment for inpatient hospital services under A.R.S. §§ 36-2903.01 and 36-2904.
2. AHCCCS shall operate an inpatient hospital reimbursement program under A.R.S. § 36-2905.01 and this Section.
3. Residency of the member receiving inpatient AHCCCS covered services is not a factor in determining which hospitals are required to contract with which contractors.
4. A contractor shall enter into a contract for reimbursement for inpatient AHCCCS covered services with one or more urban hospitals located in the same county as the contractor.
5. A noncontracted urban hospital shall be reimbursed for inpatient services by a contractor at 95 percent of the amount calculated as defined in A.R.S. § 36-2903.01 and this Article, unless otherwise negotiated by both parties.

C. Contract Begin Date. A contract under this Article shall cover inpatient acute care hospital services for members with hospital admissions on and after October 1, 2003.**D. Outpatient urban hospital services.** Outpatient urban hospital services, including observation days and emergency room treatments that do not result in an admission, shall be reimbursed either through an urban hospital contract negotiated between a contractor and an urban hospital, or the reimbursement rates set forth in A.R.S. § 36-2903.01. Outpatient services in an urban hospital that result in an admission shall be paid as inpatient services in accordance with this Section.**E. Urban Hospital Contract.**

1. Provisions of an urban hospital contracts. The urban hospital contract shall contain but is not limited to the following provisions:
 - a. Required provisions as described in the Request for Proposals (RFP);

- b. Dispute settlement procedures. If the AHCCCS Grievance System prescribed in A.R.S. § 36-2903.01(B) and rule is not used, then arbitration shall be used;
 - c. Arbitration procedure. If arbitration is used, the urban hospital contract shall identify:
 - i. The parties' agreement on arbitrating claims arising from the contract,
 - ii. Whether arbitration is nonbinding or binding,
 - iii. Timeliness of arbitration,
 - iv. What contract provisions may be appealed,
 - v. What rules will govern arbitrations,
 - vi. The number of arbitrators that shall be used,
 - vii. How arbitrators shall be selected, and
 - viii. How arbitrators shall be compensated.
 - d. Timeliness of claims submission and payment;
 - e. Prior authorization;
 - f. Concurrent review;
 - g. Electronic submission of claims;
 - h. Claims review criteria;
 - i. Payment of discounts or penalties such as quick-pay and slow-pay provisions;
 - j. Payment of outliers;
 - k. Claim documentation specifications under A.R.S. § 36-2904.
 - l. Treatment and payment of emergency room services; and
 - m. Provisions for rate changes and adjustments.
2. AHCCCS review and approval of urban hospital contracts:
- a. AHCCCS may review, approve, or disapprove the hospital contract rates, terms, conditions, and amendments to the contract;
 - b. The AHCCCS evaluation of each urban hospital contract shall include but not be limited to the following areas:
 - i. Availability and accessibility of services to members,
 - ii. Related party interests,
 - iii. Inclusion of required terms pursuant to this Section, and
 - iv. Reasonableness of the rates.
- F. Quick-Pay/Slow-Pay. A payment made by a contractor to a noncontracted hospital shall be subject to quick-pay discounts and slow-pay penalties under A.R.S. § 36-2904.

Historical Note

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective January 29, 1997; pursuant to Laws 1996, Ch. 288, § 24 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 500, effective February 1, 2004 (Supp. 04-1). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1515, effective June 30, 2018 (Supp. 18-2).

R9-22-719. Contractor Performance Measure Outcomes

The Administration may retain a specified percentage of capitation reimbursement to distribute to contractors based on their performance measure outcomes under A.R.S. § 36-2904. The Administration shall notify contractors 60 days prior to a new contract year if this methodology is implemented. The Administration shall specify the details of the reimbursement methodology in contract.

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Historical Note

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-720. Reinsurance

- A. Reinsurance is a stop-loss program provided by the Administration to a contractor for partial reimbursement of the cost of covered services for a member with an acute medical condition when the cost of covered services exceeds a pre-determined deductible level amount within a contract year. The Administration self-insures the reinsurance program through a reduction to capitation rates. The reinsurance program also includes a catastrophic reinsurance program for members diagnosed with specific medical conditions.
- B. The Administration shall specify in contract guidelines for claims submission, processing, payment, and the types of care and services that are provided to a member whose care is covered by reinsurance.
- C. When the Administration determines that a contractor does not follow the specified guidelines for care or services and the care or services could have been provided at a lower cost according to the guidelines, the Administration shall reimburse the contractor as if the care or services had been provided as specified in the guidelines.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-721. Behavioral Health Inpatient Facilities

“Behavioral health inpatient facility” means a health care institution, other than Arizona State Hospital, that meets the following requirements:

1. Provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
 - a. Have a limited or reduced ability to meet the individual’s basic physical needs;
 - b. Suffer harm that significantly impairs the individual’s judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self;
 - d. Be a danger to others;
 - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
 - f. Be gravely disabled; and
2. Is one of the following facility types:
 - a. Psychiatric hospitals;
 - b. Mental health residential treatment centers;
 - c. Secure residential treatment centers with 17 or more beds;
 - d. Non-secure residential treatment centers with 1-16 beds;
 - e. Non-secure residential treatment centers with 17 or more beds;
 - f. Sub-acute facilities with 1-16 beds;
 - g. Sub-acute facilities with 17 or more beds.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 3120, effective October 1, 2019 (Supp. 19-4).

R9-22-722. Reserved**R9-22-723. Reserved****R9-22-724. Reserved****R9-22-725. Reserved****R9-22-726. Reserved****R9-22-727. Reserved****R9-22-728. Reserved****R9-22-729. Reserved**

Editor’s Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 1041 (Supp. 15-3).

Editor’s Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 491 (Supp. 15-2).

R9-22-730. Hospital Assessment Fund - Hospital Assessment

- A. For purposes of this Section, the following terms are defined as provided below unless the context specifically requires another meaning:
1. “2021 Medicare Cost Report” means the Medicare Cost Report for the hospital fiscal year ending in calendar year 2021 as reported in the CMS Healthcare Provider Cost Reporting Information System (HCRIS) release dated October 18, 2022.
 2. “2021 Uniform Accounting Report” means the Uniform Accounting Report submitted to the Arizona Department of Health Services as of November 23, 2022 for the hospital’s fiscal year ending in calendar year 2021.
 3. “Quarter” means the three month period beginning January 1, April 1, July 1, and October 1 of each year.
 4. A “new hospital” means a licensed hospital that did not hold a license from the Arizona Department of Health Services prior to January 2, 2023.
 5. “Outpatient Net Patient Revenues” means an amount, calculated using data in the hospital’s 2021 Uniform Accounting Report or other data sources specified by subsection (N), that is equal to the hospital’s 2021 total net patient revenue multiplied by the ratio of the hospital’s 2021 gross outpatient revenue to the hospital’s 2021 total gross patient revenue.
- B. Beginning January 1, 2014, for each Arizona licensed hospital not excluded under subsection (I) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E) and (F). For the period beginning October 1, 2023, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital’s 2021 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as “Other Long Term Care Discharges,” multiplied by the following rates appropriate to the hospital’s peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital’s peer group:
1. \$927.75 per discharge and 1.4726% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.

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2. \$927.75 per discharge and 0.6136% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
 3. \$232.00 per discharge and 0.6136% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
 4. \$232.00 per discharge and 0.6136% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2021 Medicare Cost Report.
 5. \$742.25 per discharge and 1.5953% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2021 Uniform Accounting Report.
 6. \$835.00 per discharge and 1.8408% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2021 Uniform Accounting Report.
 7. \$185.75 per discharge and 0.4909% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
 8. \$927.75 per discharge and 2.4544% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C.** Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 2, 2023.
- D.** Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2021 Medicare Cost Report, are assessed a rate of \$232.00 for each discharge from the psychiatric sub-provider as reported in the 2021 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E.** Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2021 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2021 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F.** Notwithstanding subsection (B), for any hospital that reported more than 23,000 discharges on the hospital's 2021 Medicare Cost Report, discharges in excess of 23,000 are assessed a rate of \$93.00 for each discharge in excess of 23,000. The initial 23,000 discharges are assessed at the rate required by subsection (B).
- G.** Assessment notice. On or before the 15th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the Hospital Assessment Fund assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- H.** Assessment due date. The Hospital Assessment Fund assessment must be received by the Administration no later than:
1. The 15th day of the second month of the quarter or
 2. In the event CMS approves the assessment after the 15th day of the first month of the quarter, 30 days after notification by the Administration that the assessment invoice is available.
- I.** Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2021 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 2, 2023:
1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
 2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
 3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2021 Medicare Cost Report.
 4. Hospitals designated as type: hospital, subtype; rehabilitation.
 5. Hospitals designated as type: med-hospital, subtype: special hospitals.
 6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2021 Medicare Cost Report are reimbursed by Medicare.
 7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2021 Medicare Cost Report.
 8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
- J.** New hospitals. For hospitals that did not file a 2021 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
 2. If the hospital began operating between January 3 and June 30, the assessment will begin on October 1 of the following calendar year.
 3. A hospital is not considered a new hospital based on a change in ownership.
 4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply;
 - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.

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- b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
- 5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
- 6. For hospitals providing self-reported data, described in subpart 4 and 5:
 - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (I)(3) apply to the assessment amount.
 - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- K. Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this rule is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- L. Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- M. Required information for the inpatient assessment. For any hospital that has not filed a 2021 Medicare Cost report, or if the 2021 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2021 Uniform Accounting Report filed by the hospital in place of the 2021 Medicare Cost report to calculate the assessment. If the 2021 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2021 Medicare Cost report to calculate the assessment.
- N. Required information for the outpatient assessment. For any hospital that has not filed a 2021 Uniform Accounting Report, if the 2021 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the 2021 Uniform Accounting Report does not reconcile to 2021 Audited Financial Statements, the Administration shall use the data reported on 2021 Audited Financial Statements to calculate the outpatient assessment. If the 2021 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2021 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2021 Medicare Cost report to calculate the outpatient assessment.
- O. The Administration will review and update as necessary rates and peer groups periodically to ensure the assessment is suffi-

cient to fund the state match obligation to cover the cost of the populations as specified in A.R.S. § 36-2901.08.

- P. Enforcement. If a hospital does not comply with this section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

Historical Note

New Section R9-22-730 made by exempt rulemaking at 20 A.A.R. 281, effective January 15, 2014 (Supp. 14-1).

Amended by exempt rulemaking at 20 A.A.R. 1833, effective July 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 637, effective April 15, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 21 A.A.R. 1486, effective July 16, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 2050, effective July 14, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 1945, effective July 1, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2229, effective July 10, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 1938, effective July 1, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1702, effective July 1, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 2370, effective October 1, 2021 (Supp. 21-3). Amended by final exempt rulemaking 28 A.A.R. 2213 (September 2, 2022), effective October 1, 2022 (Supp. 22-3). Amended by final exempt rulemaking at 29 A.A.R. 2204 (September 22, 2023), effective October 1, 2023 (Supp. 23-3).

R9-22-731. Health Care Investment Fund - Hospital Assessment

- A. For purposes of this Section, terms are the same as defined in A.A.C. R9-22-730 as provided below unless the context specifically requires another meaning:
- B. Beginning October 1, 2023, for each Arizona licensed hospital not excluded under subsection (I) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E) and (F). For the period beginning October 1, 2023, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital's 2021 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges," multiplied by the following rates appropriate to the hospital's peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital's peer group:
 - 1. \$245.50 per discharge and 3.5063% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
 - 2. \$245.50 per discharge and 1.4610% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
 - 3. \$61.50 per discharge and 1.4610% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.

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4. \$61.50 per discharge and 1.4610% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2021 Medicare Cost Report.
 5. \$196.50 per discharge and 3.7985% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2021 Uniform Accounting Report.
 6. \$221.00 per discharge and 4.3829% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2021 Uniform Accounting Report.
 7. \$49.25 per discharge and 1.1688% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
 8. \$245.50 per discharge and 5.8439% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C. Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 2, 2023.
- D. Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2021 Medicare Cost Report, are assessed a rate of \$61.50 for each discharge from the psychiatric sub-provider as reported in the 2021 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E. Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2021 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2021 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F. Notwithstanding subsection (B), for any hospital that reported more than 23,000 discharges on the hospital's 2021 Medicare Cost Report, discharges in excess of 23,000 are assessed a rate of \$24.75 for each discharge in excess of 23,000. The initial 23,000 discharges are assessed at the rate required by subsection (B).
- G. Assessment notice. On or before the 10th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- H. Assessment due date. The assessment must be received by the Administration no later than the 10th day of the second month of the quarter.
- I. Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2021 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 2, 2023:
1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
 2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
 3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2021 Medicare Cost Report.
 4. Hospitals designated as type: hospital, subtype; rehabilitation.
 5. Hospitals designated as type: med-hospital, subtype: special hospitals.
 6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2021 Medicare Cost Report are reimbursed by Medicare.
 7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2021 Medicare Cost Report.
 8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
- J. New hospitals. For hospitals that did not file a 2021 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
 2. If the hospital began operating between January 3 and June 30, the assessment will begin on October 1 of the following calendar year.
 3. A hospital is not considered a new hospital based on a change in ownership.
 4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply:
 - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
 - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
 5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.

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6. For hospitals providing self-reported data, described in subpart 4 and 5:
 - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (I)(3) apply to the assessment amount.
 - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- K. Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this rule is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- L. Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- M. Required information for the inpatient assessment. For any hospital that has not filed a 2021 Medicare Cost report, or if the 2021 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2021 Uniform Accounting Report filed by the hospital in place of the 2021 Medicare Cost report to calculate the assessment. If the 2021 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2021 Medicare Cost report to calculate the assessment.
- N. Required information for the outpatient assessment. For any hospital that has not filed a 2021 Uniform Accounting Report, if the 2021 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the 2021 Uniform Accounting Report does not reconcile to 2021 Audited Financial Statements, the Administration shall use the data reported on 2021 Audited Financial Statements to calculate the outpatient assessment. If the 2021 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2021 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2021 Medicare Cost report to calculate the outpatient assessment.
- O. Enforcement. If a hospital does not comply with this section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final rulemaking at 27 A.A.R. 2514 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4). Amended by final exempt

rulemaking at 28 A.A.R. 3351 (October 21, 2022), effective October 1, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3419 (October 27, 2023) with an immediate effective date of October 4, 2023 (Supp. 23-4).

ARTICLE 8. REPEALED

Article 8, consisting of R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-22-801. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-801 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted effective October 29, 1985 (Supp. 85-5). Amended subsections (C), (F), (H), (I), and (K) effective October 1, 1986 (Supp. 86-5). Change of heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (H) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section heading amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-802. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-802 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 29, 1985 (Supp. 85-5). Amended subsections (A), (B), (C) and (D) effective October 14, 1988 (Supp. 88-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-802 repealed, new Section R9-22-802 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-803. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-803 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-803 repealed, new Section R9-22-803 adopted effective October 1,

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1983 (Supp. 83-5). Former Section R9-22-803 renumbered and amended as Section R9-22-804. Adopted effective January 31, 1986 (Supp. 86-1). Amended effective September 29, 1992 (Supp. 92-3). Former Section R9-22-803 repealed, new Section R9-22-803 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-804. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-804 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Former Section R9-22-804 repealed, former Section R9-22-803 renumbered and amended as Section R9-22-804 effective October 29, 1985 (Supp. 85-5). Amended effective October 14, 1988 (Supp. 88-4). Amended subsections (B) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-804 repealed, new Section R9-22-804 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

Exhibit A. Repealed**Historical Note**

New Exhibit adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Exhibit repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-805. Repealed**Historical Note**

Former Section R9-22-805 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective January 31, 1986 (Supp. 86-1).

ARTICLE 9. REPEALED**R9-22-901. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-901 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

tion repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-902. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-902 renumbered and amended as Section R9-22-904, former Section R9-22-903 renumbered and amended as Section R9-22-902 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-902 repealed, new Section R9-22-902 adopted effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-903. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-903 renumbered and amended as Section R9-22-902, former Section R9-22-904 renumbered and amended as Section R9-22-903 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-903 repealed, new Section R9-22-903 adopted effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-904. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-904 renumbered and amended as Section R9-22-903, former Section R9-22-902 renumbered and amended as Section R9-22-904 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-905. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-905 renumbered without change as Section R9-22-908, former Section R9-22-907 renumbered and amended as Section R9-22-905 effective October 1,

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1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-906. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-907. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-907 renumbered and amended as Section R9-22-905, former Section R9-22-908 renumbered and amended as Section R9-22-907 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-908. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-908 renumbered and amended as Section R9-22-907, former Section R9-22-905 renumbered without change as Section R9-22-908 effective October 1, 1986 (Supp. 86-5). Former R9-22-908 repealed effective May 30, 1989 (Supp. 89-2). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-909. Repealed**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES**R9-22-1001. Definitions**

In addition to the definitions in A.R.S. §§ 36-2901, 36-2923 and 9 A.A.C. 22, Article 1, the following definitions apply to this Article:

“Absent parent” means an individual who is absent from the home and is legally responsible for providing financial and/or medical support for a dependent child.

“Cost avoid” means to deny a claim and return the claim to the provider for a determination of the amount of first- or third-party liability.

“First-party liability” means the obligation of any insurance plan or other coverage obtained directly or indirectly by a member that provides benefits directly to the member to pay all or part of the expenses for medical services incurred by AHCCCS or a member.

“Third-party” means a person, entity, or program that is, or may be, liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or member.

“Third-party liability” means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished to a member under a state plan.

Historical Note

Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). Amended subsections (E) through (H) effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E), and (F) effective December 22, 1987 (Supp. 87-4). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

R9-22-1002. General Provisions

AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law. AHCCCS is not the payor of last resort when the following entities are the third-party:

1. Indian Health Services (IHS/638), contract health,
2. Title IV-E,
3. Arizona Early Intervention Program (AZEIP),
4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300,
5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et seq., and
6. The Arizona Refugee Resettlement Program operated under 45 CFR Part 400, Subpart (G).

Historical Note

Section R9-22-529 adopted effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5). Amended subsections (C) and (D) effective October 1, 1986 (Supp. 86-5). Amended effective December 22, 1987 (Supp. 87-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

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R9-22-1003. Cost Avoidance

- A.** The Administration's reimbursement responsibility.
1. The Administration shall pay no more than the difference between the Capped Fee-For-Service schedule and the amount of the third-party liability, unless Medicare is the third-party.
 2. If Medicare is the third-party that is liable, the Administration shall pay the Medicare copayment, coinsurance, and deductible regardless of the Capped Fee-For-Service Schedule, as described under 9 A.A.C. 29, Article 3.
- B.** The Contractor's reimbursement responsibility.
1. If the contract between the contractor and the provider does not state otherwise, a contractor shall pay no more than the difference between the contracted rate and the amount of the third-party liability.
 2. If the provider does not have a contract with the contractor, a contractor shall pay no more than the difference between the Capped Fee-For-Service rate and the amount of the third-party liability.
- C.** The following parties shall take reasonable measures to identify potentially legally liable first- or third-party sources:
1. AHCCCS, the Administration, or a contractor;
 2. A provider;
 3. A noncontracting provider; and
 4. A member.
- D.** Except as specified under subsection (E), the Administration or a contractor shall cost avoid a claim for AHCCCS covered services under Article 2 if the Administration or a contractor has established the probable existence of a liable party at the time the claim is filed. Establishing liability takes place when the Administration or the contractor receives confirmation that another party is legally responsible for payment of a health care service under Article 2.
- E.** The Administration or contractor shall pay the full amount of the claim according to the Capped-Fee-For-Service Schedule or the contracted rate as described under subsection (B), and then seek reimbursement from any liable parties if the claim is for:
1. Prenatal care for pregnant women,
 2. Preventive pediatric services, including E.P.S.D.T. and administration of vaccines to children under the Vaccines for Children (VFC) program; or
 3. Services covered by third-party liability that is derived from an absent parent whose obligation to pay support is being enforced by the Division of Child Support Enforcement.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3012, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

R9-22-1004. Member Participation

A member shall cooperate in identifying potentially legally liable first- or third-parties and timely assist the Administration and a contractor, provider, or noncontracting provider in pursuing any first- or third-party who may be liable to pay for covered services.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by

final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1005. Collections

- A.** Parties that notify AHCCCS. A provider or noncontracting provider shall cooperate with AHCCCS by identifying all potential sources of first- or third-party liability and notify AHCCCS of these sources.
- B.** Parties that pursue collection or reimbursement. AHCCCS, a provider, or noncontracting provider shall pursue collection or reimbursement from all potential sources of first- or third-party liability.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-1006. AHCCCS Monitoring Responsibilities

AHCCCS shall monitor first- or third-party liability payments to a provider or noncontracting provider, which include but are not limited to payments by or for:

1. Private health insurance;
2. Employment-related disability and health insurance;
3. Long-term care insurance;
4. Other federal programs not excluded by statute from recovery;
5. Court ordered or non-court ordered medical support from an absent parent;
6. State worker's compensation;
7. Automobile insurance, including underinsured and uninsured motorists insurance;
8. Court judgment or settlement from a liability insurer including settlement proceeds placed in a trust;
9. First-party probate estate recovery;
10. Adoption-related payment; or
11. A tortfeasor.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-1007. Notification for Perfection, Recording, and Assignment of AHCCCS Liens

- A.** Hospital requirements. A hospital providing medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall within 30 days after a member's discharge:
1. Notify AHCCCS via facsimile or mail under R9-22-1008, or
 2. Mail AHCCCS a copy of the lien the hospital proposes to record or has recorded under A.R.S. § 33-932.
- B.** Provider and noncontracting provider requirements. A provider or noncontracting provider, other than a hospital, rendering medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall notify AHCCCS via facsimile or mail under R9-22-1008 within 30 days after providing the service.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1008. Notification Information for Liens

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- A. Except as provided in subsection (B), a hospital, provider, and noncontracting provider identified in R9-22-1007 shall provide the following information to AHCCCS in writing:
1. Name of the hospital, provider or noncontracting provider;
 2. Address of the hospital, provider or noncontracting provider;
 3. Name of member;
 4. Member's Social Security Number or AHCCCS identification number;
 5. Address of member;
 6. Date of member's admission or date service is provided;
 7. Amount estimated to be due for care of member;
 8. Date of discharge, if member has been discharged;
 9. Name of county in which injuries were sustained; and
 10. Name and address of all persons, firms, and corporations and their insurance carriers identified by the member or legal representative as being liable for damages.
- B. If the date of discharge is not known at the time the information in subsection (A) is provided, a party identified in subsection (A) shall notify AHCCCS of the date of discharge within 30 days after the member has been discharged.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1009. Notification of Health Insurance Information

A provider or noncontracting provider shall notify AHCCCS, in writing, of the following health insurance information within 10 days of receipt of the health insurance information:

1. Name of member,
2. Member's Social Security Number or AHCCCS identification number,
3. Insurance carrier name,
4. Insurance carrier address,
5. Policy number or insurance holder's Social Security Number,
6. Policy begin and end dates, and
7. Insurance holder's name.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS**R9-22-1101. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims; Definitions**

- A. Scope. This Article applies to prohibited acts as described under A.R.S. § 36-2918(A), and submissions of encounters to the Administration. The Administration considers a person who aids and abets a prohibited act affecting any of the AHCCCS programs or Health Care Group to be engaging in a prohibited act under A.R.S. § 36-2918(A).
- B. Purpose. This Article describes the circumstances AHCCCS considers and the process that AHCCCS uses to determine the amount of a penalty, assessment, or penalty and assessment as required under A.R.S. § 36-2918. This Article includes the process and time-frames used by a person to request a State Fair Hearing.
- C. Definitions. The following definitions apply to this Article:

1. "Assessment" means a monetary amount that does not exceed twice the dollar amount claimed by the person for each service.
2. "Claim" means a request for payment submitted by a person for payment for a service or line item of service, including a submission of an encounter.
3. "Day" means calendar day unless otherwise specified.
4. "File" means the date that AHCCCS receives a written acceptance, request for compromise, request for a counter proposal, or a request for a State Fair Hearing as established by a date stamp on the written document or other record of receipt.
5. "Penalty" means a monetary amount, based on the number of items of service claimed or reported, that does not exceed \$2,000 times the number of line items of service.
6. "Person" means an individual or entity as described under A.R.S. § 1-215.
7. "Reason to know" or "had reason to know" means that a person, acts in deliberate ignorance of the truth or falsity of, or with reckless disregard of the truth or falsity of information. No proof of specific intent to defraud is required.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5). Amended subsection A. effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective June 9, 1998 (Supp. 98-2). Amended by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1102. Determining the Amount of a Penalty and an Assessment

- A. AHCCCS shall determine the amount of a penalty and assessment according to A.R.S. § 36-2918(B) and (C), R9-22-1104, and R9-22-1105.
- B. AHCCCS shall include in the amount of the penalty and assessment the cost incurred by AHCCCS for conducting the following:
1. An investigation,
 2. Audit, or
 3. Inquiry.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1103. Repealed**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Section repealed by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1104. Mitigating Circumstances

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AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of penalties and assessments.

1. The following are mitigating circumstances:
 - a. All the services are of the same type,
 - b. All the dates of services occurred within six months or less,
 - c. The number of claims submitted is less than 25,
 - d. The nature and circumstances do not indicate a pattern of inappropriate claims for the services, and
 - e. The total amount claimed for the services is less than \$1,000.
2. The degree of culpability of a person who presents or causes to present a claim is a mitigating circumstance, including but not limited to, if:
 - a. Each service is the result of an unintentional and unrecognized error in the process that the person followed in presenting or in causing to present the service,
 - b. Corrective steps were taken promptly by the person after the error was discovered, and
 - c. The person had a fraud and abuse control plan that was operating effectively at the time each claim was presented or caused to be presented.
3. The financial condition of a person who presents or causes to present a claim is a mitigating circumstance if the imposition of a penalty, assessment, or penalty and assessment without reduction will render the provider incapable to continue providing services. AHCCCS shall consider the resources available to the person when determining the amount of the penalty, assessment, or penalty and assessment.
4. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice, the circumstances require a reduction of the penalty, assessment, or penalty and assessment.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5).
Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

R9-22-1105. Aggravating Circumstances

AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty, assessment, or penalty and assessment.

1. The nature and circumstances of each claim and the circumstances under which the claim is presented or caused to be presented are aggravating circumstances if:
 - a. A person has forged, altered, recreated, destroyed, or failed to maintain records;
 - b. The person refuses to provide pertinent documentation to AHCCCS for a claim or refuses to cooperate with investigators;
 - c. The services are of several billing code types;
 - d. All the dates of services occurred within six months or greater;
 - e. The number of claims submitted is greater than 25;
 - f. The nature and circumstances indicate a pattern of inappropriate claims for the services; and

- g. The total amount claimed for the services is \$5,000 or greater.
2. The degree of culpability of a person who presents or causes to present each claim is an aggravating circumstance, including but not limited to, if:
 - a. The person knows or had reason to know that each service was not provided as claimed,
 - b. The person knows or had reason to know that no payment could be made because the person had been excluded from reimbursement by AHCCCS, or
 - c. The person knows or had reason to know that the payment would violate the terms of an agreement between the person and AHCCCS system.
 - d. The person knows or had reason to know that the payment would violate state or federal law.
3. The prior offenses of a person who presents or causes to present each claim are an aggravating circumstance if:
 - a. At any time before the submittal of the claim the person was held criminally or civilly liable for any act, or
 - b. The person had received an administrative sanction in connection with:
 - i. A Medicaid program,
 - ii. A Medicare program, or
 - iii. Any other public or private program of reimbursement for medical services.
4. The adverse effect on patient care that resulted, or could have resulted, from the failure to provide medically necessary care by a person in connection with a claim.
5. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice, the circumstances require an increase of the penalty, assessment, or penalty and assessment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

R9-22-1106. Notice of Intent

If AHCCCS imposes a penalty, assessment, or a penalty and assessment, AHCCCS shall hand deliver or send by certified mail return receipt requested or Federal Express to the person, a written Notice of Intent to impose a penalty, assessment, or a penalty and assessment. The Notice of Intent shall include:

1. The statutory basis for the penalty, assessment, or the penalty and assessment;
2. Identification of the state or federal regulation and state or federal law that AHCCCS alleges has been violated;
3. The factual basis for AHCCCS' determination that the penalty, assessment, or the penalty and assessment should be imposed;
4. The amount of the penalty, assessment, or penalty and assessment;
5. The process for the person to accept or request a compromise of the penalty, assessment, or penalty and assessment; and
6. The process for requesting a State Fair Hearing.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

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Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1107. Reserved**R9-22-1108. Request for a Compromise**

- A.** To request a compromise, the person shall file a written request with AHCCCS within 30 days from the date of receipt of the Notice of Intent. The written request for compromise shall contain the person's reasons for the reduction or modification of the penalty, assessment, or penalty and assessment.
- B.** Within 30 days from the date of receipt of the request for compromise from the person, AHCCCS shall send a Notice of Compromise Decision that accepts, denies, or offers a counter proposal to the person's request for compromise. If AHCCCS offers a counter proposal the amount of the counter proposal shall represent the penalty, assessment, or penalty and assessment.
1. If AHCCCS does not withdraw the Notice of Intent under R9-22-1112 or denies the request for compromise the original penalty, assessment, or penalty and assessment is upheld.
 2. To dispute the Compromise Decision, the person shall file a request for a State Fair Hearing under R9-22-1110 within 30 days from the date of receipt of the Notice of Compromise Decision. A failure to respond to the Notice of Compromise Decision will lead to the decision being upheld.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

R9-22-1109. Failure to Respond to the Notice of Intent

If a person fails to respond timely to the Notice of Intent, AHCCCS shall uphold the original penalty, assessment, or penalty and assessment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1110. Request for State Fair Hearing

- A.** To request a State Fair Hearing regarding a dispute concerning a penalty, assessment, or penalty and assessment, the person shall file a written request for a State Fair Hearing with AHCCCS within 60 days from the date of the receipt of the Notice of Intent under R9-22-1106 or within 30 days from the date of receipt of the Notice of Compromise Decision under R9-22-1108, if applicable.
- B.** AHCCCS shall mail a Notice of Hearing under A.R.S. § 41-1092.05 if AHCCCS receives a timely request for a State Fair Hearing from the person.
- C.** AHCCCS shall mail a Director's Decision to the person no later than 30 days after the date the Administrative Law Judge sends the decision of the Office of Administrative Hearings (OAH) to AHCCCS.
- D.** AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under A.R.S. § 41-1092 et seq. If AHCCCS mailed a

Notice of Hearing under A.R.S. § 41-1092 et seq., a person may withdraw the hearing request only by sending a written request for withdrawal to OAH.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1111. Issues and Burden of Proof

- A.** Preponderance of evidence. In any State Fair Hearing conducted under R9-22-1110, AHCCCS shall prove by a preponderance of the evidence that a person presented or caused to be presented each claim in violation of this Article and any aggravating circumstances under R9-22-1105. A person shall bear the burden of producing and proving by a preponderance of the evidence any circumstance that would justify reducing the amount of the penalty, assessment, or penalty and assessment.
- B.** Statistical sampling.
1. In meeting the burden of proof described in subsection (A), AHCCCS may introduce the results of a statistical sampling study as evidence of the number and amount of claims that were presented or caused to be presented by the person. A statistical sampling study constitutes prima facie evidence of the number and amount of claims if computed by valid statistical methods.
 2. The burden of proof shall shift to the person to produce evidence reasonably calculated to rebut the findings of the statistical sampling study once AHCCCS has made a prima facie case as described in subsection (B)(1). AHCCCS shall be given the opportunity to rebut this evidence.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1112. Withdrawal and Continuances

AHCCCS may withdraw the Notice of Intent at any time. Prior to referring a matter to the Office of Administrative Hearings the parties may mutually agree to a continuance.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

ARTICLE 12. BEHAVIORAL HEALTH SERVICES**R9-22-1201. Definitions**

Definitions. The following definitions apply to this Article:

"Adult behavioral health therapeutic home" as defined in 9 A.A.C. 10, Article 1.

"Agency" for the purposes of this Article means a behavioral health facility, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.

"Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.

"Behavior management services" means services that assist the member in carrying out daily living tasks and other activi-

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ties essential for living in the community, including personal care services.

“Behavioral health therapeutic home care services” means interactions that teach the client living, social, and communication skills to maximize the client’s ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services indicated by the client’s treatment plan, as appropriate.

“Behavioral health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue.

“Behavioral health technician” means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and

Are provided with clinical oversight by a behavioral health professional.

“Case management” for the purposes of this Article, means services and activities that enhance treatment, compliance, and effectiveness of treatment.

“Certified psychiatric nurse practitioner” means a registered nurse practitioner who meets the psychiatric specialty area requirements under A.A.C. R4-19-505(C).

“Clinical oversight” means as described under 9 A.A.C. 10.

“Cost avoid” means to avoid payment of a third-party liability claim when the probable existence of third-party liability has been established under 42 CFR 433.139(b).

“Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.

“Court-ordered pre-petition screening” has the same meaning as “pre-petition screening” in A.R.S. § 36-501.

“Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.

“Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.

“Direct supervision” has the same meaning as “supervision” in A.R.S. § 36-401.

“Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.

“Health care institution” has the same meaning as defined in A.R.S. § 36-401.

“Health care practitioner” means a:

- Physician;
- Physician assistant;
- Nurse practitioner; or

Other individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901.

“Licensee” means the same as in 9 A.A.C. 10, Article 1.

“Medical practitioner” means a physician, physician assistant, or nurse practitioner.

“Partial care” means a day program of services provided to individual members or groups that is designed to improve the ability of a person to function in a community, and includes basic, therapeutic, and medical day programs.

“Physician assistant” means the same as in A.R.S. § 32-2501 except that when providing a behavioral health service, the physician assistant shall be supervised by an AHCCCS-registered psychiatrist.

“Psychiatrist” means a physician who meets the licensing requirements under A.R.S. § 32-1401 or a doctor of osteopathy who meets the licensing requirements under A.R.S. § 32-1800, and meets the additional requirements of a psychiatrist under A.R.S. § 36-501.

“Psychologist” means a person who meets the licensing requirements under A.R.S. §§ 32-2061 and 36-501.

“Qualified behavioral health service provider” means a behavioral health service provider that meets the requirements of R9-22-1206.

“Respite” means a period of care and supervision of a member to provide rest or relief to a family member or other person caring for the member. Respite provides activities and services to meet the social, emotional, and physical needs of the member during respite.

“TRBHA” or “Tribal Regional Behavioral Health Authority” means a Native American tribe under contract with ADHS/DBHS to coordinate the delivery of behavioral health services to eligible and enrolled members of the federally-recognized tribal nation.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1202. ADHS, Contractor, Administration and CRS Responsibilities

A. ADHS responsibilities. ADHS is responsible for payment of behavioral health services provided to members, except as specified under subsection (D). ADHS’ responsibility for payment of behavioral health services includes claims for inpatient hospital services, which may include physical health

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services, when the principal diagnosis on the hospital claim is a behavioral health diagnosis. Behavioral health diagnoses are identified as “mental disorders” in the latest International Classification of Diseases (ICD) code set as required by AHC-CCS claims and encounters.

- B.** ADHS/DBHS may contract with a TRBHA for the provision of behavioral health services for American Indian members. American Indian members may receive covered behavioral health services:
 1. From an IHS or tribally operated 638 facility,
 2. From a TRBHA, or
 3. From a RBHA.
- C.** Contractor responsibilities. A contractor shall:
 1. Refer a member to a RBHA under the contract terms;
 2. Provide EPSDT developmental and behavioral health screening as specified in R9-22-213;
 3. Coordinate a member’s transition of care and medical records; and
 4. Be responsible for providing covered inpatient hospital services, which may include behavioral health inpatient hospital services, when the principal diagnosis on the hospital claim is not a behavioral health diagnosis.
- D.** Administration and CRS responsibilities.
 1. The Administration shall be responsible for payment of behavioral health services provided to an ALTCS FFS or an FES member and for behavioral health services provided by IHS and tribally operated 638 facilities. The Administration is also responsible for payment of behavioral health services provided to these members during prior quarter coverage.
 2. CRS shall be responsible for payment of behavioral health services provided to members enrolled with CRS.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct typographical errors, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

R9-22-1203. Eligibility for Covered Services

Title XIX members. A member determined eligible under A.R.S. § 36-2901(6)(a) or (g) except for the failure to meet U.S. citizenship or qualified alien status requirements, shall receive medically necessary covered services under Article 12 and Article 2.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of

State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1204. General Service Requirements

- A.** Services. Behavioral health services include mental health, substance abuse, and physical services. Medically necessary services shall be covered and service requirements met as described under Article 2 and Article 5.
- B.** Notification to Administration for American Indians enrolled with a tribal contractor. A provider shall notify the Administration no later than 72 hours after an American Indian member enrolled with a tribal contractor presents to a behavioral health hospital for inpatient emergency behavioral health services.
- C.** Restrictions and limitations. Room and board is not a covered service unless provided in a behavioral health inpatient facility under R9-22-1205.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective January 1, 1996; filed with the Secretary of State December 22, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1205. Scope and Coverage of Behavioral Health Services

- A.** Inpatient behavioral health services. The following inpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
 1. Covered inpatient behavioral health services include all behavioral health services, medical detoxification, accommodations and staffing, supplies, and equipment, if the service is provided under the direction of a physician in a Medicare-certified:
 - a. General acute care hospital,
 - b. Inpatient psychiatric unit in a general acute care hospital, or

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- c. Behavioral health hospital.
- 2. Inpatient service limitations:
 - a. Inpatient services, other than emergency services specified in this Section, are not covered unless prior authorization is obtained.
 - b. Inpatient services and room and board are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - i. A licensed psychiatrist,
 - ii. A certified psychiatric nurse practitioner,
 - iii. A licensed physician assistant,
 - iv. A licensed psychologist,
 - v. A licensed clinical social worker,
 - vi. A licensed marriage and family therapist,
 - vii. A licensed professional counselor,
 - viii. A licensed independent substance abuse counselor, and
 - ix. A medical practitioner.
- B. Behavioral Health Inpatient facility for children. Services provided in a Behavioral Health Inpatient facility for children as defined in 9 A.A.C. 10, Article 3 are covered subject to the limitations and exclusions under this Article.
 - 1. Behavioral Health Inpatient facility for children services are not covered unless provided under the direction of a licensed physician in a licensed Behavioral Health Inpatient facility for children accredited by an AHCCCS-approved accrediting body as specified in contract.
 - 2. Covered Behavioral Health Inpatient facility for children services include room and board and treatment services for behavioral health and substance abuse conditions.
 - 3. Inpatient Behavioral Health Inpatient facility for children service limitations.
 - a. Services are not covered unless prior authorized, except for emergency services as specified in this Section.
 - b. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - i. A licensed psychiatrist,
 - ii. A certified psychiatric nurse practitioner,
 - iii. A licensed physician assistant,
 - iv. A licensed psychologist,
 - v. A licensed clinical social worker,
 - vi. A licensed marriage and family therapist,
 - vii. A licensed professional counselor,
 - viii. A licensed independent substance abuse counselor, and
 - ix. A medical practitioner.
 - 4. The following may be billed independently if prescribed by a provider as specified in this Section who is operating within the scope of practice:
 - a. Laboratory services, and
 - b. Radiology services.
- C. Covered Inpatient sub-acute agency services. Services provided in a inpatient sub-acute facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
 - 1. Inpatient sub-acute facility services are not covered unless provided under the direction of a licensed physician in a licensed inpatient sub-acute facility that is accredited by an AHCCCS-approved accrediting body.
- 2. Covered Inpatient sub-acute facility services include room and board and treatment services for behavioral health and substance abuse conditions.
- 3. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - a. A licensed psychiatrist,
 - b. A certified psychiatric nurse practitioner,
 - c. A licensed physician assistant,
 - d. A licensed psychologist,
 - e. A licensed clinical social worker,
 - f. A licensed marriage and family therapist,
 - g. A licensed professional counselor,
 - h. A licensed independent substance abuse counselor, and
 - i. A medical practitioner.
- 4. The following may be billed independently if prescribed by a provider specified in this Section who is operating within the scope of practice:
 - a. Laboratory services, and
 - b. Radiology services.
- D. Behavioral health residential facility services. Services provided in a licensed behavioral health residential facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
 - 1. Behavioral health residential facility services are not covered unless provided by a licensed behavioral health residential facility.
 - 2. Covered services include all non-prescription drugs as defined in A.R.S. § 32-1901, non-customized medical supplies, and clinical oversight or direct supervision of the behavioral health residential facility staff, whichever is applicable. Room and board are not covered services.
 - 3. The following licensed and certified providers may bill independently for services:
 - a. A licensed psychiatrist,
 - b. A certified psychiatric nurse practitioner,
 - c. A licensed physician assistant,
 - d. A licensed psychologist,
 - e. A licensed clinical social worker,
 - f. A licensed marriage and family therapist,
 - g. A licensed professional counselor,
 - h. A licensed independent substance abuse counselor, and
- E. Partial care. Partial care services are covered subject to the limitations and exclusions in this Article.
 - 1. Partial care services are not covered unless provided by a licensed and AHCCCS-registered behavioral health agency that provides a regularly scheduled day program of individual member, group, or family activities that are designed to improve the ability of the member to function in the community. Partial care services include basic, therapeutic, and medical day programs.
 - 2. Partial care services. Educational services that are therapeutic and are included in the member's behavioral health treatment plan are included in per diem reimbursement for partial care services.
- F. Outpatient services. Outpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
 - 1. Outpatient services include the following:
 - a. Screening provided by a behavioral health professional or a behavioral health technician as defined in R9-22-1201;

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- b. A behavioral health assessment provided by a behavioral health professional or a behavioral health technician;
 - c. Counseling including individual therapy, group therapy, and family therapy provided by a behavioral health professional or a behavioral health technician;
 - d. Behavior management services as defined in R9-22-1201; and
 - e. Psychosocial rehabilitation services as defined in R9-22-201.
2. Outpatient service limitations.
- a. The following licensed or certified providers may bill independently for outpatient services:
 - i. A licensed psychiatrist;
 - ii. A certified psychiatric nurse practitioner;
 - iii. A licensed physician assistant as defined in R9-22-1201;
 - iv. A licensed psychologist;
 - v. A licensed clinical social worker;
 - vi. A licensed professional counselor;
 - vii. A licensed marriage and family therapist;
 - viii. A licensed independent substance abuse counselor;
 - ix. A medical practitioner; and
 - x. An outpatient treatment center or substance abuse transitional facility licensed under 9 A.A.C. 10, Article 14, that is an AHCCCS-registered provider.
 - b. A behavioral health practitioner not specified in subsections (F)(2)(a)(i) through (x), who is contracted with or employed by an AHCCCS-registered behavioral health agency shall not bill independently.
- G.** Emergency behavioral health services are covered subject to the limitations and exclusions under this Article. In order to be covered, behavioral health services shall be provided by qualified service providers under R9-22-1206. ADHS/DBHS shall ensure that emergency behavioral health services are available 24 hours per day, seven days per week in each GSA for an emergency behavioral health condition for a non-FES member as defined in R9-22-201.
- H.** Other covered behavioral health services. Other covered behavioral health services include:
- 1. Case management as defined in 9 A.A.C. 10, Article 1;
 - 2. Laboratory and radiology services for behavioral health diagnosis and medication management;
 - 3. Medication;
 - 4. Monitoring, administration, and adjustment for psychotropic medication and related medications;
 - 5. Respite care as described within subsection (J);
 - 6. Behavioral health therapeutic home care services provided by a RBHA in a professional foster home defined in 6 A.A.C. 5, Article 58 or in an adult behavioral health therapeutic home as defined in 9 A.A.C. 10, Article 1;
 - 7. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.
- I.** Transportation services. Transportation services are covered under R9-22-211.
- J.** Limited Behavioral Health services. Respite services are limited to no more than 600 hours per benefit year.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of

State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by exempt rulemaking at 17 A.A.R. 1870, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1206. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Repealed by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1207. General Provisions for Payment**A. Claims submissions.**

- 1. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member to the appropriate RBHA.
- 2. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member to the appropriate RBHA.
- 3. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
- 4. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
- 5. A provider of emergency behavioral health services, that are the responsibility of ADHS/DBHS or a contractor, shall submit a claim to the entity responsible for emergency behavioral health services under R9-22-210.01(A).
- 6. A provider shall comply with the time-frames and other payment procedures in Article 7 of this Chapter, if applicable, and A.R.S. § 36-2904.
- 7. ADHS/DBHS or a contractor, whichever entity is responsible for covering behavioral health services, shall cost

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avoid any behavioral health service claims if it establishes the existence or probable existence of first-party liability or third-party liability.

- B.** Prior authorization. Payment to a provider for behavioral health services or items requiring prior authorization may be denied if a provider does not obtain prior authorization from a RBHA, ADHS/DBHS, a TRBHA, the Administration or a contractor.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1208. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:

"Active treatment" means there is a current need for treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

"CRS condition" means a list of medical condition(s) in R9-22-1303 and which are referred to as covered conditions in A.R.S. § 36-2912.

"Functionally limiting" means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a provider.

"Medically eligible" means meeting the medical eligibility requirements of R9-22-1303.

"Redetermination" means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

R9-22-1302. Children's Rehabilitative Services (CRS) Eligibility Requirements

Beginning October 1, 2013, an AHCCCS member who needs active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be given a CRS Designation. An American Indian member can choose to receive CRS services through an American Indian Health Plan or a contractor. A member enrolled in CMDP shall obtain CRS services through CMDP. The contractor shall provide covered services necessary to treat the condition(s) and other services described within the contract. The effective date of the CRS Designation shall be as specified in contract.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1303. Medical Eligibility

The following lists identify those medical condition(s) that do qualify for CRS services as well as those that do not qualify for CRS services. The list of condition(s) that qualify for a CRS Designation is all inclusive. The list of condition(s) that do not qualify for a CRS Designation is not an all-inclusive list.

1. Cardiovascular System
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Arrhythmia,
 - ii. Arteriovenous fistula,
 - iii. Cardiomyopathy,
 - iv. Conduction defect,
 - v. Congenital heart defect other than isolated small Ventricular Septal Defects (VSD), Patent

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- Ductus Arteriosus (PDA), Atrial Septal Defects (ASD),
 - vi. Coronary artery and aortic aneurysm,
 - vii. Renal vascular hypertension,
 - viii. Rheumatic heart disease, and
 - ix. Valvular disorder.
 - b. Condition(s) not medically eligible for CRS:
 - i. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function;
 - ii. Benign heart murmur;
 - iii. Branch artery pulmonary stenosis;
 - iv. Essential hypertension;
 - v. Patent foramen ovale (PFO);
 - vi. Peripheral pulmonary stenosis;
 - vii. Postural orthopedic tachycardia; and
 - viii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance.
- 2. Endocrine system:
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Addison's disease,
 - ii. Adrenogenital syndrome,
 - iii. Cystic fibrosis (including atypical cystic fibrosis),
 - iv. Diabetes insipidus,
 - v. Hyperparathyroidism,
 - vi. Hyperthyroidism,
 - vii. Hypoparathyroidism, and
 - viii. Panhypopituitarism.
 - b. Condition(s) not medically eligible for CRS
 - i. Diabetes mellitus,
 - ii. Hypopituitarism associated with a malignancy and requiring treatment of less than 90 days,
 - iii. Isolated growth hormone deficiency, and
 - iv. Precocious puberty.
- 3. Genitourinary system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Ambiguous genitalia,
 - ii. Bladder extrophy,
 - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred,
 - iv. Ectopic ureter,
 - v. Hydronephrosis, that is not resolved with antibiotics,
 - vi. Polycystic and multicystic kidneys,
 - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required,
 - viii. Ureteral stricture, and
 - ix. Vesicoureteral reflux, at a grade 3 or higher.
 - b. Condition(s) not medically eligible for CRS:
 - i. Enuresis,
 - ii. Hydrocele,
 - iii. Hypospadias,
 - iv. Meatal stenosis,
 - v. Nephritis, infectious or noninfectious,
 - vi. Nephrosis,
 - vii. Phimosis, and
 - viii. Undescended testicle.
- 4. Ear, nose, or throat medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cholesteatoma,
 - ii. Congenital/Craniofacial anomaly that is functionally limiting,
 - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred,
 - iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition,
 - v. Microtia that requires multiple surgical interventions,
 - vi. Neurosensory hearing loss, and
 - vii. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels that despite medical treatment, requires a hearing aid.
 - b. Condition(s) not medically eligible for CRS:
 - i. A craniofacial anomaly that is not functionally limiting,
 - ii. Adenoiditis,
 - iii. Cranial or temporal mandibular joint syndrome,
 - iv. Hypertrophic lingual frenum,
 - v. Isolated preauricular tag or pit,
 - vi. Nasal polyp,
 - vii. Obstructive apnea,
 - viii. Perforation of the tympanic membrane,
 - ix. Recurrent otitis media,
 - x. Simple deviated nasal septum,
 - xi. Sinusitis,
 - xii. Tonsillitis, and
 - xiii. Uncontrolled salivation.
- 5. Musculoskeletal system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Achondroplasia,
 - ii. Arthrogryposis (multiple joint contractures),
 - iii. Bone infection that continues 90 days or more after the initial diagnosis,
 - iv. Chondrodysplasia,
 - v. Chondroectodermal dysplasia,
 - vi. Clubfoot,
 - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermatomyositis, polyarteritis nodosa, psoriatic arthritis, scleroderma, rheumatoid arthritis and lupus,
 - viii. Congenital or developmental cervical spine abnormality,
 - ix. Congenital spinal deformity,
 - x. Diastrophic dysplasia,
 - xi. Enchondromatosis,
 - xii. Femoral anteversion and tibial torsion,
 - xiii. Fibrous dysplasia,
 - xiv. Hip dysplasia,
 - xv. Hypochondroplasia,
 - xvi. Joint infection that continues 90 days or more after the initial diagnosis,
 - xvii. Juvenile rheumatoid arthritis,
 - xviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over,
 - xix. Larsen syndrome,

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- xx. Leg length discrepancy of two centimeters or more,
- xxi. Legg-Calve-Perthes disease,
- xxii. Limb amputation or limb malformation,
- xxiii. Metaphyseal and epiphyseal dysplasia,
- xxiv. Metatarsus adductus,
- xxv. Muscular dystrophy,
- xxvi. Orthopedic complications of hemophilia,
- xxvii. Osgood Schlatter's disease that requires surgical intervention,
- xxviii. Osteogenesis imperfecta,
- xxix. Rickets,
- xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery,
- xxxi. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis,
- xxxii. Slipped capital femoral epiphysis,
- xxxiii. Spinal muscle atrophy,
- xxxiv. Spondyloepiphyseal dysplasia, and
- xxxv. Syndactyly.
- b. Condition(s) not medically eligible for CRS:
 - i. Back pain with no structural abnormality,
 - ii. Benign bone tumor,
 - iii. Bunion,
 - iv. Carpal tunnel syndrome,
 - v. Deformity and dysfunction secondary to trauma or injury,
 - vi. Ehlers Danlos,
 - vii. Flat foot,
 - viii. Fracture,
 - ix. Ganglion cyst,
 - x. Ingrown toenail,
 - xi. Kyphosis under 50 degrees,
 - xii. Leg length discrepancy of less than two centimeters at skeletal maturity,
 - xiii. Polydactyly without bone involvement,
 - xiv. Popliteal cyst,
 - xv. Trigger finger, and
 - xvi. Varus and valgus deformities.
- 6. Gastrointestinal system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Anorectal atresia,
 - ii. Biliary atresia,
 - iii. Cleft lip,
 - iv. Cleft palate,
 - v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract,
 - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred,
 - vii. Diaphragmatic hernia,
 - viii. Gastroschisis,
 - ix. Hirschsprung's disease,
 - x. Omphalocele, and
 - xi. Tracheoesophageal fistula.
 - b. Condition(s) not medically eligible for CRS:
 - i. Celiac disease,
 - ii. Crohn's disease,
 - iii. Hernia other than a diaphragmatic hernia,
 - iv. Intestinal polyp,
 - v. Malabsorption syndrome, also known as short bowel syndrome,
 - vi. Pyloric stenosis,
 - vii. Ulcer disease, and
 - viii. Ulcerative colitis.
- 7. Nervous system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Benign intracranial tumor,
 - ii. Benign intraspinal tumor,
 - iii. Central nervous system degenerative disease,
 - iv. Central nervous system malformation or structural abnormality,
 - v. Cerebral palsy,
 - vi. Craniosynostosis requiring surgery,
 - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident,
 - viii. Hydrocephalus,
 - ix. Muscular dystrophy or other myopathy,
 - x. Myelomeningocele, also known as spina bifida,
 - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermatomyositis, progressive bulbar palsy, polio,
 - xii. Neurofibromatosis,
 - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic,
 - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system,
 - xv. Residual dysfunction that continues 90 days or more after near drowning,
 - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
 - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
 - b. Condition(s) not medically eligible for CRS:
 - i. Central apnea secondary to prematurity,
 - ii. Febrile seizures,
 - iii. Headaches,
 - iv. Near sudden infant death syndrome,
 - v. Plagiocephaly, and
 - vi. Spina bifida occulta.
- 8. Ophthalmology:
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cataracts,
 - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea,
 - iii. Disorder of the optic nerve,
 - iv. Glaucoma,
 - v. Non-malignant enucleation and post-enucleation reconstruction, and
 - vi. Retinopathy of prematurity.
 - b. Condition(s) not medically eligible for CRS:
 - i. Astigmatism,
 - ii. Ptosis,

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- iii. Simple refraction error, and
 - iv. Strabismus.
- 9. Respiratory system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Anomaly of the larynx, trachea, or bronchi that requires surgery, and
 - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi.
 - b. Condition(s) not medically eligible for CRS:
 - i. Allergies,
 - ii. Asthma,
 - iii. Bronchopulmonary dysplasia,
 - iv. Chronic obstructive pulmonary disease,
 - v. Emphysema, and
 - vi. Respiratory distress syndrome.
- 10. Dermatological system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. A burn scar that is functionally limiting,
 - ii. A hemangioma that is functionally limiting that requires laser or surgery,
 - iii. Complicated nevi requiring multiple procedures,
 - iv. Cystic hygroma such as lymphangioma, and
 - v. Malocclusion that is functionally limiting.
 - b. Condition(s) not medically eligible for CRS:
 - i. A deformity that is not functionally limiting,
 - ii. Ectodermal dysplasia,
 - iii. Isolated malocclusion that is not functionally limiting,
 - iv. Pilonidal cyst,
 - v. Port wine stain,
 - vi. Sebaceous cyst,
 - vii. Simple nevi, and
 - viii. Skin tag.
- 11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:
 - a. Amino acid or organic acidopathy,
 - b. Biotinidase deficiency,
 - c. Homocystinuria,
 - d. Inborn error of metabolism,
 - e. Maple syrup urine disease,
 - f. Phenylketonuria, and
 - g. Storage disease.
- 12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
 - a. Sick cell anemia, and
 - b. Thalassemia.
- 13. Additional medical/behavioral condition(s) which are not medically eligible for CRS:
 - a. Allergies,
 - b. Anorexia nervosa or obesity,
 - c. Attention deficit disorder,
 - d. Autism,
 - e. Cancer,
 - f. Depression or other mental illness,
 - g. Developmental delay,
 - h. Dyslexia or other learning disabilities,
 - i. Failure to thrive,
 - j. Hyperactivity, and
 - k. Immunodeficiency, such as AIDS and HIV.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination

- A. To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
 - 1. CRS application;
 - 2. Documentation from a specialist who diagnosed the individual, stating the individual's diagnosis;
 - 3. Diagnostic test results that support the individual's diagnosis; and
 - 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.
- B. The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

R9-22-1305. CRS Redetermination

- A. Continued eligibility for CRS services shall be redetermined by verifying active treatment status of the CRS qualifying medical condition(s) as follows:
 - 1. The contractor is responsible for notifying the AHCCCS Administration of the date when a member with a CRS Designation is no longer in active treatment for the qualifying condition(s).
 - 2. The Administration may request, at any time, that the contractor submit the medical documentation to the Administration for a CRS medical redetermination within the specified time-frames in contract.
 - 3. The Administration shall notify the member or authorized representative of the outcome of the redetermination.
- B. If the Administration determines that a member is no longer medically eligible for a CRS Designation, the Administration shall provide the member or authorized representative a written notice that informs the member that the Administration is ending the member's CRS Designation. The member may appeal the redetermination under A.A.C. Title 9, Chapter 34.

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- C. Upon reaching his or her 21st birthday, the member's CRS Designation will be ended.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1306. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1307. Covered Services

The Administration will cover medically necessary services as described within Article 2 unless otherwise specified in contract.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

R9-22-1308. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-1309. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR HOUSEHOLDS**R9-22-1401. General Information**

- A. Scope. This Article contains eligibility criteria to determine whether a household or individual is eligible for AHCCCS medical coverage. Eligibility criteria described under Article 3 applies to this Article.

- B. Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 3 and Article 15 have the following meanings unless the context explicitly requires another meaning:

“Burial plot” means a space reserved in a cemetery, crypt, vault, or mausoleum for the remains of a deceased person.

“Caretaker relative” means:

A parent of a dependent child with whom the child is living;

When the dependent child does not live with a parent or the parent in the home is incapacitated, another relative of the child by blood, adoption, or marriage in the home who assumes primary responsibility for the child's care; or

A woman in her third trimester of pregnancy with no other dependent children.

“Cash assistance” means a program administered by the Department that provides assistance to needy families with dependent children under 42 U.S.C. 601 et seq.

“Dependent child” means a child under the age of 18, or if age 18 is a full-time student in secondary school or equivalent vocational or technical training, if reasonably expected to complete such school or training before turning age 19.

“MAGI – based income” means Modified Adjusted Gross Income as defined under 42 CFR 435.603(e).

“Medical expense deduction” or “MED” means the cost of the following expenses if incurred in the United States:

A medical service or supply that would be covered if provided to an AHCCCS member of any age under Articles 2 and 12 of this Chapter;

A medical service or supply that would be covered if provided to an Arizona Long-term Care System member under 9 A.A.C. 28, Articles 2 and 11;

Other necessary medical services provided by a licensed practitioner or physician;

Assistance with daily living if the assistance is documented in an individual plan of care by a nurse, social service worker, registered therapist, or dietitian under the supervision of a physician except when provided by the spouse of an applicant or the parent of a minor child;

Medical services provided in a licensed nursing home or in an alternative HCBS setting under R9-28-101;

Purchasing and maintaining an animal guide or service animal for the assistance of a member of the MED family unit under R9-22-1436; and

Health insurance premiums, deductibles, and co-insurance, if the insured is a member of the MED family unit.

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“Monthly income” means the gross countable income received or projected to be received during the month or the monthly equivalent.

“Monthly equivalent” means a monthly countable income amount established by averaging, prorating, or converting a person's income.

“Spendthrift restriction” means a legal restriction on the use of a resource that prevents a payee or beneficiary from alienating the resource.

“Tax dependent” is described under 42 CFR 435.4.

“Taxpayer” means a person who expects to file a tax return, and does not expect to be claimed as a tax dependent by another person.

“Title IV-D” means Title IV-D of the Social Security Act, 42 U.S.C. 651-669, the statutes establishing the child support enforcement and paternity program.

“Title IV-E” means Title IV-E of the Social Security Act 42 U.S.C. 670-679, the statutes establishing the foster care and adoption assistance programs.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Punctuation error corrected with a parenthesis added at the beginning of the definition “Caretaker” (Supp. 20-4).

R9-22-1402. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1403. Agency Responsible for Determining Eligibility

The Administration or its designee shall determine eligibility under the provisions of this Article. The Administration or its designee shall not discriminate against an applicant or member because of race, color, creed, religion, ancestry, national origin, age, sex, or physical or mental disability.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1404. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R.

294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1405. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1406. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1407. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Section repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; this Section was slated to be codified as repealed in Supp. 14-1. Due to a clerical error the Section wasn't repealed in this Chapter until Supp. 20-4.

R9-22-1408. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

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R9-22-1409. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1410. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1411. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1412. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1413. Time-frames, Reinstatement of an Application

- A.** The Administration or its designee shall complete an eligibility determination under R9-22-306(A)(1) unless:
1. The applicant is pregnant. The Administration or its designee shall complete an eligibility determination for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility; or
 2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Administration or its designee's receipt of a signed application the Adminis-

tration or its designee shall complete an eligibility determination if the Administration or its designee does not need additional information or verification to determine eligibility.

- B.** The Administration or its designee shall reopen or reinstate eligibility of an individual who is discontinued for failure to submit the renewal form or necessary information, without requiring a new application, if the individual submits the renewal form or necessary information within 90 days after the date of discontinuance.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1414. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1415. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1416. Effective Date of Eligibility

- A.** Except as provided in R9-22-303 and subsections (B), (C) and (D), the effective date of eligibility is the first day of the month that the applicant files an application if the applicant is eligible that month, or the first day of the first eligible month following the application month except for:
1. The MED program under R9-22-1439, and
 2. Eligibility for a newborn under R9-22-1429.
- B.** The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
- C.** The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.
- D.** The effective date of eligibility for a newborn is no sooner than the date of birth.

Historical Note

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New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1417. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1418. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1419. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1419.01. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.02. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.03. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.04. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1420. Income Eligibility Criteria

- A.** Evaluation of income. In determining eligibility, the Administration or its designee shall evaluate the following types of income received by a person identified in subsection (B):
 1. Earned income, including in-kind income, before any deductions. For purposes of this Section, in-kind income means room, board, or provision for other needs in exchange for work performed. The person identified in subsection (B) shall ensure that the provider of the in-kind income establishes and verifies the monetary value of the item provided. The provider may be, but is not limited to:
 - a. A landlord who provides all or a portion of rent or utilities in exchange for services;
 - b. A store owner who gives goods such as groceries, clothes, or furniture in exchange for services; or
 - c. An individual who trades goods such as a car, tools, trailer, building material, or gasoline in exchange for services;
 2. Self-employment income under R9-22-1424, including gross business receipts minus business expenses; and
 3. Unearned income, including deemed income under R9-22-317 from the sponsor of a non-citizen applicant.
- B.** MAGI income group. The Administration or its designee shall include the following persons in the MAGI income group:
 1. When the applicant is a taxpayer include:
 - a. The applicant,
 - b. Everyone the applicant expects to claim as a tax dependent for the current year, and
 - c. The applicant's spouse, when living with the applicant.
 2. Except as provided in subsection (B)(3), when the applicant expects to be claimed as a tax dependent for the current year include:
 - a. The taxpayer claiming the applicant,
 - b. Everyone else the taxpayer expects to claim as a tax dependent,
 - c. The taxpayer's spouse when living with the taxpayer, and
 - d. The applicant's spouse, when living with the applicant.
 3. When any of the following apply, determine the persons whose income is included as described in subsection (4)(a) or (4)(b) based on the applicant's age:
 - a. The applicant expects to be claimed as a tax dependent by someone other than a spouse or natural, adopted or step-parent;
 - b. The applicant is under age 19, expects to be claimed as a tax dependent by a natural, adopted or step-parent, lives with more than one such parent and the parents do not expect to file a joint tax return; or

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- c. The applicant is under age 19 and expects to be claimed as a tax dependent by a non-custodial parent.
- 4. When the applicant is not a taxpayer, does not expect to be claimed as a tax dependent and is:
 - a. Under age 19. Include the income of the applicant and when living with the applicant, the applicant's:
 - i. Spouse;
 - ii. Natural, adopted and step-children;
 - iii. Natural, adopted and step-parents;
 - iv. Natural, adopted and step-siblings; and
 - b. Age 19 or older. Include the income of the applicant and when living with the applicant, the applicant's:
 - i. Spouse;
 - ii. Natural, adopted and step-children under age 19.
- 5. When the applicant is a pregnant woman, the Administration or its designee shall also include the number of expected babies only for the pregnant woman's income group.
- 6. When the taxpayer cannot reasonably establish that a person is the taxpayer's tax dependent, inclusion of the person in the taxpayer's MAGI income group is determined as provided in subsection (B)(4).
- C. A person whose income is counted. The Administration or its designee shall count the MAGI-based income of all members of an applicant's MAGI income group with the following exceptions:
 - 1. The income of an individual who is included in the MAGI income group of his or her natural, adoptive or step parent and is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined, is not counted whether or not the individual files a tax return.
 - 2. The income of a tax dependent other than the taxpayer's spouse or biological, adopted or stepchild who is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined is not counted when the tax dependent is included in the taxpayer's MAGI income group, whether or not the tax dependent files a tax return.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1421. MAGI based Income Eligibility

- A. In determining eligibility, if an individual would otherwise be ineligible under this Article due to excess income, the Administration or its designee shall subtract an amount equivalent to five percentage points of the Federal Poverty Level (FPL) from the household income.
- B. A person is eligible under this Article when:
 - 1. Subject to subsection (A), the monthly household income does not exceed the appropriate FPL;
 - 2. If ineligible under (B)(1), the household income determined in accordance with 26 CFR 1.36B-1(e) is below 100 percent FPL; or

- 3. For eligibility under R9-22-1437, the person's income during the period defined in R9-22-1437(C) does not exceed the FPL under R9-22-1437(B).

- C. The Administration or its designee shall consider the following factors when determining the income period to use to determine monthly income:
 - 1. Type of income,
 - 2. Frequency of income,
 - 3. If source of income is new or terminated, or
 - 4. Income fluctuation.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1422. Methods for Calculating Monthly Income

- A. Projecting income.
 - 1. Description. Projecting income is a method of determining the amount of income that a person will receive.
 - 2. Calculation. The Administration or its designee shall project income by:
 - a. Converting income to a monthly equivalent,
 - b. Using unconverted income, or
 - c. Prorating income to determine a monthly equivalent.
 - 3. Exclusion. When calculating projected monthly income, the Administration or its designee shall exclude an unusual variation in income under R9-22-1424(E), except for a month in which the variation is anticipated to occur.
- B. Averaged income.
 - 1. Description. Averaging income proportionally distributes the person's income received on a regular basis.
 - 2. Calculation. To average income, the Administration or its designee shall add the amount of the income and divide by the total number of pay periods. If the amount of income received per pay period fluctuates, and the fluctuation is expected to continue, the Administration or its designee shall:
 - a. Use the averaged weekly or bi-weekly amounts to convert weekly or bi-weekly income to a monthly equivalent;
 - b. Use the averaged monthly or semi-monthly amounts to project monthly income; and
 - c. Use the averaged hours worked and multiply the average by the current rate of pay. If there is a change in the rate of pay, use the new rate of pay when calculating projected income under subsection (A).
- C. Prorated income.
 - 1. Description. Prorated income evenly distributes a person's income over the period the income is intended to cover to calculate a monthly equivalent.
 - 2. Calculation. To prorate income, the Administration or its designee shall divide the total amount of the person's income received during the period by the number of months that the income is intended to cover.
- D. Converted income.

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1. Description. Converted income is income received weekly or biweekly that is changed to a monthly equivalent.
2. Calculation.
 - a. The Administration or its designee shall average the weekly or bi-weekly income amounts before converting to the monthly equivalent if the person's past income fluctuates and the fluctuation is expected to recur.
 - b. To convert income paid weekly to a monthly equivalent, the Administration or its designee shall multiply the weekly average by 4.3 weeks.
 - c. To convert income paid bi-weekly to a monthly equivalent, the Administration or its designee shall multiply the bi-weekly average by 2.15 weeks.

E. Unconverted income.

1. Description. Unconverted income is the actual amount of income received or projected to be received during a month.
2. Calculation. The Administration or its designee shall sum the actual amount of income received or projected to be received during a month.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1423. Calculations and Use of Methods Listed in R9-22-1422 Based on Frequency of Income

- A. Monthly income.** If otherwise countable income is received monthly or in a lump sum, the Administration or its designee shall use the unconverted method for calculating monthly income.
 1. Lump sum means a nonrecurring payment that serves as a complete payment.
 2. Lump sum payments include but are not limited to: rebates or credits; inheritances; insurance settlements; and payments for prior months from such sources as Social Security, Railroad Retirement, or other benefits.
 3. A lump sum payment may include a portion intended for the current month.
- B. Weekly income.** If income is received weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- C. Bi-weekly income.** If income is received bi-weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- D. Semi-monthly or daily income.** If income is received semi-monthly or daily, the Administration or its designee shall use the unconverted method for calculating monthly income under R9-22-1422(E).
- E. Bimonthly, quarterly, semi-annual, or annual income.** If income is received bimonthly, quarterly, semi-annually, or annually, the Administration or its designee shall prorate the income received or projected to be received under R9-22-1422(C).

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1424. Use of Methods Listed in R9-22-1423 Based on Type of Income**A. New income.**

1. Description. New income is income received from a new source during the first calendar month that the income is received from the source.
2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

B. Terminated income.

1. Terminated income is income received during the last calendar month when no more income is expected to be received from that source.
2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

C. Break in income.

1. Description. A break in income is a break in established frequency of income of one calendar month or more.
2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

D. Contract or regular seasonal income.

1. Descriptions.
 - a. Contract income is income a person earns under a contract that specifies a length of time the contract covers, the amount of income to be paid, and the frequency of payment.
 - b. Regular seasonal income is income that fluctuates based on season or is only received during a certain season, and can reasonably be anticipated based on history or other verification.
2. Calculating monthly income.
 - a. When the contract or regular seasonal income will not fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall use the appropriate income calculation method in R9-22-1423 for the frequency of receipt.

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- b. When the contract or regular seasonal income is anticipated to fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall calculate the monthly income as follows:

- i. For a one-time contract that ends between the month the application or renewal is submitted and the end of the calendar year, divide the income that will be received from the application or renewal month through the end of the calendar year by the number of months in that period to get a monthly equivalent;
- ii. For contracts that extend into the next calendar year, contracts that are anticipated to be renewed and regular seasonal income, the Administration or its designee shall divide the income that will be received in the 12-month period beginning with the application or renewal month by 12 to get the monthly equivalent.

E. Unusual variation in the amount of income.

- 1. Description. Unusual variation is an amount of income that is different from the established amount received and is not projected to continue or recur.
- 2. Calculating monthly income.
 - a. When calculating income for the month in which an unusual variation in income occurs, the Administration or its designee shall include the unusual variation in the income calculation.
 - b. When an unusual variation in income occurs during the month, the Administration or its designee shall use the converted method for calculating monthly income if income is received weekly or bi-weekly.
 - c. When projecting income for the months following the month in which the unusual variation occurs, the Administration or its designee shall exclude the unusual variation in income from the income calculation.

F. Self-employment income.

- 1. Description. Self-employment income is income a person earns from the person's own trade or business less allowable expenses.
- 2. Calculating monthly income. The Administration or its designee shall prorate the income under R9-22-1422.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1425. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192,

with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1426. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1427. Eligibility Under MAGI

- A. Caretaker Relatives.** An individual is eligible for AHCCCS medical coverage as a Caretaker Relative when the individual meets the following requirements:
 - 1. Is a caretaker relative as defined in R9-22-1401.
 - 2. The total countable income under R9-22-1420(B) does not exceed 106 percent of the FPL for the number of people in the MAGI income group.
- B. Continued medical coverage.**
 - 1. A caretaker relative eligible under subsection (A) and all dependent children eligible under subsection (D) in the caretaker relative's MAGI income group are entitled to continued AHCCCS coverage for up to 12 months if eligible under subsection (B)(1)(c)(i) and up to four months if eligible under subsection (B)(1)(c)(ii) if the MAGI income group's income exceeds the limit for the income group's size and the following conditions are met:
 - a. The caretaker relative still lives with a dependent child;
 - b. A caretaker relative in the income group received AHCCCS medical coverage under this Section for three calendar months out of the most recent six months; and
 - c. The loss of AHCCCS coverage under this Section is due to:
 - i. Increased earned income of a caretaker relative, or
 - ii. Increased spousal support.
 - 2. An applicant may be added to the continued medical coverage under subsection (B)(1), if the applicant did not reside in the household at the time continued medical coverage under this Section was determined and the applicant is:
 - a. The spouse or dependent child of a caretaker relative receiving continued medical coverage, or
 - b. The parent of a dependent child who is receiving continued medical coverage.
- C. Pregnant Women.** A pregnant woman is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed 156 percent of the FPL for the number of people in the MAGI income group. A pregnant woman who applies for AHCCCS medical coverage during the pregnancy or postpartum period and is determined eligible, remains eligible throughout the postpartum period. The postpartum period begins the day the pregnancy terminates and ends the last day of the month in which the 60th day following pregnancy termination occurs.
- D. Children.** A child less than 19 years of age is eligible for AHCCCS medical coverage when the total countable income under

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R9-22-1420(B) does not exceed the following percentage of the FPL for the number of people in the MAGI income group:

1. 147 percent for a child under one year of age,
2. 141 percent for a child age one through five years of age, or
3. 133 percent for all other persons.

E. Adults. An individual is eligible for AHCCCS medical coverage when the individual meets the following eligibility requirements:

1. Is 19 years of age or older but less than 65 years of age;
2. Is not pregnant;
3. Is not eligible for AHCCCS Medical Coverage under any other coverage group listed in 42 U.S.C. 1396a(a)(10)(A)(i);
4. Is not entitled to or enrolled for Medicare benefits under Part A or Part B;
5. The total countable income under R9-22-1420(B) does not exceed 133 percent of the FPL for the number of people in the MAGI income group; and
6. When the individual is a caretaker relative, but has income exceeding the limit in subsection (A)(2), each child under age 19 living with the individual is receiving AHCCCS medical coverage or KidsCare, or is enrolled in minimum essential coverage as defined in 42 CFR 435.4.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section R9-22-1427 repealed; new Section R9-22-1427 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1428. Postpartum Extended Eligibility

- A.** Eligibility for 12-months postpartum coverage. Individuals who applied and were determined eligible while pregnant, including prior quarter months under R9-22-303(A), remain eligible through the last day of the month in which a 12-month postpartum period, beginning on the last day of the pregnancy, ends.
- B.** Copayments during the Postpartum Extended Eligibility period. Individuals eligible under this section are subject to copayments after the end of the 60-day postpartum period described in R9-22-1427.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). New Section made by final rulemaking at 29 A.A.R. 1866 (August 25, 2023), with an immediate effective date of August 1, 2023 (Supp. 23-3).

R9-22-1429. Eligibility for a Newborn

A child born to a mother eligible for and receiving medical coverage under this Article, Article 15 of the Chapter, or 9 A.A.C. 28, is

automatically eligible for AHCCCS medical coverage for a period not to exceed 12 months. Automatic eligibility begins on the child's date of birth and ends with the last day of the month in which the child turns age one.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1430. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1431. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 2633, effective July 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Repealed by final rulemaking at 21 A.A.R. 1241, effective September 5, 2015 (Supp. 15-3).

R9-22-1432. Young Adult Transitional Insurance

An individual is eligible for AHCCCS medical coverage when the individual meets all of the following eligibility requirements:

1. Is 18 through 25 years of age;
2. Was in the custody of the Department of Economic Security under A.R.S. Title 8, Chapter 5 or Chapter 10 on the individual's 18th birthday;
3. Was eligible for and receiving AHCCCS Medical Coverage on the individual's 18th birthday; and
4. Is not eligible for AHCCCS Medical Coverage under 42 U.S.C. 1396a(a)(10)(A)(i)(I) - (VII).

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192,

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with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1433. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1434. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4).

R9-22-1435. Eligibility for a Person With Medical Expenses Whose Income is Over 100 Percent FPL

An applicant who is not eligible for AHCCCS medical coverage due to excess income may become AHCCCS eligible by deducting medical expenses from the applicant's income. This coverage is called Medical Expense Deduction (MED).

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1436. MED Family Unit

- A. For the purpose of this Section, a child is an unmarried person under age 18.
- B. The Department shall consider each of the following to be a family when living together:
 1. A parent and the parent's children;
 2. A married couple without children;
 3. A married couple and the children of either or both spouses;
 4. Unmarried parents who live with at least one child in common, and the parents' other children, whether in common or not; and
 5. A person without children.
- C. If an applicant is pregnant, the family unit includes the number of unborn children.
- D. A child of the children included in subsections (B)(1), (B)(3), or (B)(4) is considered part of the family unit when living together.
- E. The Department shall not include a SSI-cash recipient in the MED family unit even if the SSI-cash recipient is a parent, spouse, or child.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section

repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1437. MED Income Eligibility Requirements

- A. Income exclusions. The exclusions in R9-22-1420(C) apply to the MED family unit.
- B. Income standard.
 1. The Department shall divide the annual FPL for the MED family unit that is in effect during each month of the income period by 12 to determine the monthly FPL.
 2. The Department shall add the monthly FPLs for the income period and multiply the resulting amount by 40 percent.
 3. Changes to the annual FPL are implemented in April of each year.
- C. Income period. The income period is the month of application and the next two months. The Department shall add together the three months' income to establish the MED family unit's income amount.
- D. Medical expense deduction period. The medical expense deduction period is a three-month period consisting of:
 1. For a new application, the month before the application month, the month of application, and month following the application month; or
 2. For a MED eligibility review, the last month of the prior MED eligibility period and the following two months.
- E. The Department shall calculate the amount of countable monthly income as follows:
 1. Subtract a \$90 cost of employment allowance from the gross amount of earned income for each person whose earned income is counted;
 2. Disregard from the remaining earned income an amount billed by the provider for the care of each dependent child under age 18 or incapacitated adult member of the MED family unit if the care is for the purpose of allowing the person to work. If more than one person in the household is responsible for and billed for the care of a dependent child, the disregard may be split between the wage earners if splitting the disregard is to the benefit of the family, but shall not exceed the maximum disregards as follows:
 - a. A maximum of \$200 for a child under age two and \$175 for other dependents for a wage-earner employed full-time (86 or more hours per month); and
 - b. A maximum of \$100 for a child under age two, and \$88 for other dependents for a wage earner employed part-time (less than 86 hours a month);
 3. Add the remaining earned income for each MED family member to the unearned income of all MED family members;
 4. Compare the MED family's unit countable income amount to the income standard in subsection (B). The difference is the amount of medical expenses the family shall incur during the medical expense deduction period to become eligible;
 5. Subtract allowable medical expense deductions that were incurred by:
 - a. A member of the MED family unit;
 - b. A deceased spouse or minor child of a MED family unit if this person would have been a member of the MED unit during the MED expense deduction period;

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- c. A person who was a minor child of a MED family unit member when the expense was incurred but who is no longer a minor child; or
- d. A minor child, including a child who is a runaway, who left home before the date of application to live with someone other than a parent; and
- 6. Compare the net MED family income to the income standard listed in subsection (B).
- F. The family is eligible if the net income in subsection (E)(6) does not exceed the income standard in subsection (B).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1438. MED Resource Eligibility Requirements

- A. Including countable resources. The Department shall include the resources not excluded that belong to and are available to members of the family of a qualified alien under A.R.S. § 36-2903.03 and the sponsor and sponsor's spouse of a person who is a qualified alien.
- B. Ownership and availability. The Department shall evaluate the ownership of resources to determine the availability of resources to a person listed in subsection (A).
 - 1. Jointly owned resources with ownership records containing the words "and" or "and/or" between the owners' names are available to each owner except if one of the owners refuses to sell. A consent to sale is not required if all owners are members of the MED family unit.
 - 2. Jointly owned resources with ownership records containing the word "or" between the owners' names are presumed to be available in full to each owner. The applicant or member may rebut the presumption by providing clear and convincing evidence of intent to establish a different type of ownership. If the presumption is rebutted, the resource is available to the owners:
 - a. Consistent with the intent of the owners, or
 - b. Based on each owner's proportionate net contribution if there is not clear and convincing evidence of a different allocation.
 - 3. The Department shall establish availability of a trust under 42 U.S.C. 1396p(d)(4)(A) or (C).
- C. Unavailability. The Department shall consider the following resources unavailable:
 - 1. Property subject to spendthrift restriction, such as:
 - a. Accounts established by the SSA, Veteran's Administration, or similar sources that mandate that the funds in the account be used for the benefit of a person not residing with the MED family unit; or
 - b. Trusts established by a will or funded solely by the income and resources of someone other than a member of the MED family unit.
 - 2. A resource being disputed in a divorce proceeding or probate matter;
 - 3. Real property located on a Native American reservation;
 - 4. A resource held by a conservator to the extent court-imposed restrictions make the resource unavailable to the applicant, member, or member of the family unit for:
 - a. Medical care,
 - b. Food,
 - c. Clothing, or
 - d. Shelter.
- D. Resource exclusion. The Department shall exclude the following resources from the calculation of resources under subsection (E):
 - 1. One burial plot for each person listed in R9-22-1436;
 - 2. Household furnishings and personal items that are necessary for day-to-day living;
 - 3. Up to \$1500 of the value of one prepaid funeral plan for each person listed in R9-22-1436 that specifically covers only funeral-related expenses as evidenced by a written contract;
 - 4. The value of one motor vehicle regularly used for transportation. If the MED family unit owns more than one vehicle, the exclusion is applied to the vehicle with the highest equity value;
 - 5. The value of a vehicle used to earn income and not used simply for transportation to and from employment;
 - 6. The value of a vehicle in which a SSI-cash recipient has an ownership interest; and
 - 7. The value of any vehicle used for medical treatment, employment, or transportation of a SSI-cash disabled child, and that is excluded by SSI for that reason.
 - 8. Funds set aside in an Individual Development Account under 6 A.A.C. 12, Article 4; and
 - 9. Any other resource specifically excluded by federal law.
- E. Calculation of resources. The Department shall determine the value of all household resources as follows:
 - 1. Calculate the total amount of countable liquid resources;
 - 2. Calculate the equity value of each countable non-liquid resource. The Department shall determine the equity value of a countable non-liquid resource by subtracting the amount of valid encumbrances on that resource from:
 - a. The market value of real property if there is no assessor's evaluation of the property,
 - b. The market value of real property if the assessor's value of the real property does not include the value of permanent structures on that property,
 - c. The assessor's full cash value if subsections (E)(2)(a) and (E)(2)(b) do not apply, and
 - d. The market value of a non-liquid resource that is not real property;
 - 3. Not assign an equity value to a resource that is less than zero; and
 - 4. Determine the MED family unit's resources by adding the totals determined in subsections (1) and (2).
- F. Resource standard to be eligible for MED. A person is not eligible for MED if the resources determined in subsection (E) exceed \$100,000 or if more than \$5,000 are liquid resources.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1439. MED Effective Date of Eligibility

- A. A MED family unit is eligible on the day the income and resource eligibility requirements are met but no earlier than the first day of the month of application. If the family unit meets the income requirements in the application month but does not meet the resource limit until the following month, the family unit's effective date of eligibility is the first day of the month following the month of application.
- B. The Department shall adjust the effective date of eligibility under subsection (A) to an earlier date if:
 - 1. A member presents verification of additional allowable medical expenses incurred on an earlier date during the medical expense deduction period that allow the member to meet the income requirements, and
 - 2. The member presents the verification within 60 days of approval of eligibility under this Section.

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- C. The Department shall not adjust an effective date of eligibility more than one time per application.
- D. The Department shall adjust the effective date no later than 30 days after the end of the 60-day period under subsection (B)(2).
- E. The Department shall deny an application and provide the applicant a denial notice when the applicant does not meet the MED requirements under this Article during the month of application or the month following the month of application.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1440. MED Eligibility Period

The Department shall approve eligibility for six months. Changes in circumstances do not affect eligibility for the first three months.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1441. Eligibility Appeals

- A. Adverse actions. An applicant or member may appeal by requesting a hearing from the Department concerning any of the following adverse actions:
 1. Complete or partial denial of eligibility under R9-22-1413;
 2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-1415;
 3. Delay in the eligibility determination beyond the timeframes under this Article;
 4. The imposition of or increase in a premium or copayment; or
 5. The effective date of eligibility.
- B. Notice of Adverse Action. The Department shall personally deliver or send, by regular mail, a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.
- C. Automatic change and hearing rights.
 1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
 2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1442. Cessation of MED Coverage

The Department shall not approve any individual or family who has applied on or after May 1, 2011 as eligible for MED coverage. With respect to any applications that are pending as of May 1, 2011, the Department shall not approve any individual or family as eligible for MED coverage who has not met all eligibility requirements prior to May 1, 2011.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 1028, effective May 1, 2011 (Supp. 11-2).

R9-22-1443. Repealed**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1345, effective July 8, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 2624, effective July 8, 2011 (Supp. 11-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED**R9-22-1501. General Information**

- A. General. The Administration shall determine eligibility for AHCCCS medical coverage for the following applicants or members using the eligibility criteria and requirements in this Article and Article 3:
 1. A person who is aged, blind, or disabled and does not receive SSI cash; and
 2. A person terminated from the SSI cash program under R9-22-1505.

- B. Definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:
 1. "Aged" means a person who is 65 years of age or older as specified in 42 U.S.C. 1382c(a)(1)(A).

"Aged" means a person who is 65 years of age or older as specified in 42 U.S.C. 1382c(a)(1)(A).

"Blind" means a person who has been determined blind by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(2) and 42 CFR 435.530 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

"Disabled" means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E) and 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

- C. Eligibility effective date.
 1. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
 2. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
 3. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10

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A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Section amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; amendments to this Section were slated to be codified in Supp. 14-1 but due to a clerical error, were not published. The amendments to this Section were published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

R9-22-1502. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1503. Financial Eligibility Criteria

- A. General income eligibility. Except as provided under subsection (B) of this rule, the Administration or its designee shall count the identified income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K.
- B. Exceptions.
 1. In-kind support and maintenance under 42 U.S.C. 1382a(a)(2)(A) is excluded.
 2. For a person living with a spouse, the Administration or its designee calculates net income for an eligible couple under 20 CFR 416.1160 as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments, even if the spouse is not eligible for or applying for SSI or coverage under this Article.
 3. In determining the net income of a married couple living with a child or the net income of a person who is not living with a spouse but living with a child, a child allocation is allowed as a deduction from the combined net income of the couple for each child regardless of whether the child is ineligible or eligible. For the purposes of this Section, a child means a person who is unmarried, natural or adopted, and under age 18 or under age 22 if a full-time student. Each child's allocation deduction is reduced by that child's income, including public income maintenance payments, using the methodology under 20 CFR 416.1163(b)(1) and (2) as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 4. In determining the income deemed available to an applicant who is a child from an ineligible parent or parents, an allocation for each eligible or ineligible child of the parent is allowed as a deduction from the parent's income under 20 CFR 416.1165(b). The child's allocation is

reduced by that child's income, including public income maintenance payments.

5. In determining the income of a person who receives an annual Title II Cost of Living Allowance (COLA) increase, the COLA amount is disregarded from January until the Administration applies the effective income limits under R9-22-1504 based on the FPL for the calendar year.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1504. Eligibility For A Person Who is Aged, Blind, or Disabled

- A. To be eligible for AHCCCS medical coverage, an applicant shall meet the conditions of eligibility and requirements in this Article and:
 1. Meet one of the income tests described in subsection (B) or (C), or
 2. The special requirements in R9-22-1505.
- B. The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, is less than or equal to 100 percent of the SSI FBR, as adjusted annually.
- C. The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, without deducting the amount from earned income under 42 U.S.C. 1382a(b)(4)(B)(iii), is less than or equal to 100 percent FPL as adjusted annually.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1505. Eligibility for Special Groups

- A. The following are considered special groups:
 1. A person meeting the requirements in A.R.S. § 36-2903.03 who:
 - a. Is aged, blind, or disabled under 42 CFR 435.520, 42 CFR 435.530, or 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 - b. Received SSI cash or AHCCCS medical coverage under this subsection, or subsections (A)(2), (A)(3), or (A)(4) on or before August 21, 1996;
 - c. Was residing in the United States under color of law on or before August 21, 1996; and
 - d. Meets the requirements under this Article;
 2. A disabled child (DC) under 42 U.S.C. 1396a(a)(10)(A)(i)(II). A disabled child is a child who:
 - a. Was receiving SSI cash benefits as a disabled child on August 22, 1996;

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- b. Lost SSI cash benefits effective July 1, 1997, or later, due to a disability determination under Section 211(d) of Subtitle B of P.L. 104-193;
 - c. Continues to meet the disability requirements for a child that were in effect on August 21, 1996; and
 - d. Meets the requirements under this Article;
- 3. A disabled adult child (DAC), under 42 U.S.C. 1383c(c) who:
 - a. Was determined disabled by the Social Security Administration before attaining the age of 22 years,
 - b. Became entitled to or received an increase in child's insurance benefits under Title II of the Act on the basis of blindness or disability,
 - c. Was terminated from SSI cash benefits due to entitlement to or an increase in income under Title II of the Act,
 - d. Meets the requirements under this Article, and
 - e. Is 18 years of age or older;
- 4. A disabled widow or widower (DWW) under 42 U.S.C. 1383c(b) and (d) who:
 - a. Is blind or disabled,
 - b. Is ineligible for Medicare Part A benefits,
 - c. Received SSI cash benefits the month before Title II of the Act benefit payments began,
 - d. Meets the requirements under this Article;
 - e. Is at least 50 years of age but under age 65; and
 - f. Is unmarried.
- 5. Under 42 CFR 435.135, a person who:
 - a. Is aged, blind, or disabled;
 - b. Receives benefits under Title II of the Act;
 - c. Received SSI cash benefits in the past;
 - d. Received SSI cash benefits and Title II of the Social Security Act benefits concurrently for at least one month anytime after April 1977;
 - e. Became ineligible for SSI cash benefits while receiving SSI and benefits under Title II of the Act concurrently; and
 - f. Meets the requirements under this Article.
- B. Income for special groups.**
 - 1. Except as provided in subsection (B)(2), income eligibility is determined using the income criteria in R9-22-1503.
 - 2. Exceptions to income for special groups.
 - a. For a person in the DAC coverage group under subsection (A)(3), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(c).
 - b. For a person in the DWW coverage group, under subsection (A)(4), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(b) and (d).
 - c. For an applicant or member in the coverage group under subsection (A)(5), the portion of the applicant's or member's Title II of the Social Security Act benefits attributed to cost-of-living adjustments received by the applicant since the effective date of SSI ineligibility is disregarded in determining income eligibility under 42 CFR 435.135.
- C. 100 percent FBR.** As a condition of eligibility for all special groups, countable income shall be equal to or less than 100 percent of the SSI FBR, as adjusted annually.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1506. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1507. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1508. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

ARTICLE 16. HOSPITAL PRESUMPTIVE ELIGIBILITY**R9-22-1601. General Eligibility Requirements**

- A.** Notwithstanding Article 3, a qualified hospital may determine Hospital Presumptive Eligibility (HPE), on the basis of preliminary information, that an individual is eligible for AHCCCS medical coverage during the presumptive eligibility period described in this section, if the individual is a United States citizen or eligible qualified alien, and the individual is:
 - 1. Pregnant with gross household income that does not exceed 156% of the FPL;
 - 2. An adult who meets the requirements of R9-22-1427(E);
 - 3. A caretaker relative as defined in R9-22-1401(B) with gross household income that does not exceed 106% of the FPL;
 - 4. Under age 19 with gross household income that does not exceed the limit set in R9-22-1427(D) for the child's age;
 - 5. A woman screened for breast or cervical cancer by an Arizona program of the National Breast and Cervical Cancer Early Detection Program who meets the requirements of R9-22-2003(A); or
 - 6. A former foster care child who meets the requirements of R9-22-1432.
- B.** Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning: "Qualified hospital" means a hospital that has signed an agreement with the Administration to process HPE applications and has not been disqualified.
- C.** Application Process:
 - 1. Right to apply. A person may apply for presumptive eligibility for AHCCCS medical coverage by submitting an Administration-approved application to the qualified hospital.

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2. Application. To initiate the application process, the qualified hospital will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
- D. To establish presumptive eligibility, an applicant must complete and submit an AHCCCS-approved presumptive eligibility application signed under penalty of perjury to a qualified hospital. The applicant must attest to the name(s), relationship(s), and income of all persons in the household. In addition, the applicant must provide and attest to the following information regarding each household member on whose behalf AHCCCS medical coverage is sought:
 1. The individual's date of birth;
 2. Whether the individual is pregnant;
 3. Whether the individual has been determined eligible for Breast and Cervical Cancer Treatment Program, described under Article 20;
 4. Whether the individual is a former foster child, described under R9-22-1432;
 5. The U.S. citizenship status or eligible qualified alien status under A.R.S. 36-2903.03 of the individual; and
 6. The individual's permanent and mailing addresses;
 7. The individual's Arizona residency status; and
 8. Whether the individual has Medicare coverage.
- E. Presumptive eligibility begins on the date the hospital determines an individual's presumptive eligibility and ends with the earlier of:
 1. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
 2. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- F. An individual may not be determined presumptively eligible more often than once every two years.
- G. Coverage and reimbursement of services.
 1. The Administration shall provide coverage of medically necessary services described under Article 2 to persons determined eligible for HPE on a fee-for-service basis.
 2. Providers shall submit claims for services provided to persons determined eligible for HPE to the Administration as described under Article 7.
- H. A member may withdraw from HPE coverage by notifying the Administration or its designee.
- I. Upon determining an individual presumptively eligible, the qualified hospital shall:
 1. Notify the applicant at the time a determination regarding presumptive eligibility is made, in writing and orally if appropriate, of the determination for each individual on whose behalf presumptive eligibility was requested and the effective date of the presumptive eligibility;
 2. Provide the applicant with a regular AHCCCS-approved application form and inform the applicant that the applicant may file an application for Medicaid with the Administration or its designee;
3. Notify AHCCCS of the presumptive eligibility determination;
4. Notify the applicant at the time the determination is made that presumptive eligibility ends with the earlier of:
 - a. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
 - b. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- J. A determination by a qualified hospital that an individual is not presumptively eligible is not appealable under Chapter 34. If a qualified hospital denies an individual presumptive eligibility, the individual may apply for coverage by submitting an application to the Administration or its designee.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4). New Section made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).

R9-22-1602. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1603. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1604. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

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expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1617. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1618. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1619. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1620. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1621. Reserved**R9-22-1622. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1623. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1624. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1625. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1626. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1627. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1628. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1629. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1630. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1631. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1632. Reserved**R9-22-1633. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1634. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1635. Reserved

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R9-22-1636. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

ARTICLE 17. ENROLLMENT**R9-22-1701. Enrollment-Related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Annual enrollment choice” means the annual opportunity for a person to change contractors.

“Auto-assignment algorithm” or “Algorithm” means a formula used by the Administration to assign to a contractor a member who did not make a timely choice under R9-22-1702.

“CMDP” means Comprehensive Medical and Dental Program.

“Disenrollment” means the discontinuance of a person’s entitlement to receive covered services from a contractor of record.

“Enrollment” means the process by which an eligible person becomes a member of a contractor’s plan.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1702. Enrollment of a Member with an AHCCCS Contractor

A. General enrollment requirements. The Administration shall enroll a member with a contractor as described in this Section, unless the member has pre-selected a contractor on the application:

1. Except as provided in subsections (A)(3), (A)(5), and (C), a member who is determined to be eligible under this Chapter and resides in an area served by more than one contractor, may choose an available contractor serving the member’s GSA within 30 days from the date of notice of enrollment. A Native American member may select IHS or another available contractor.
2. If the member does not make a choice under subsection (A)(1), the Administration shall immediately auto-assign the member to:
 - a. IHS if the member is a Native American living on a reservation,
 - b. A contractor based on family continuity, or
 - c. A contractor by using the auto-assignment algorithm.
3. If the member’s period of ineligibility and disenrollment from the contractor of record is for a period of less than

90 days, the Administration shall enroll the member with the member’s most recent contractor of record, if available, except if:

- a. The member no longer resides in the contractor’s GSA;
 - b. The contractor’s contract is suspended or terminated;
 - c. The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;
 - d. The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or
 - e. The member was previously enrolled with a contractor but at the time of re-enrollment the member is a foster care child.
4. When the member’s disenrollment period is more than 90 days, the member may select a contractor as described in subsection (A)(1).
 5. The Administration shall not enroll a member with a contractor if a member:
 - a. Is eligible for the FESP under R9-22-1419;
 - b. Is eligible for less than 30 days from the date the Administration receives notification of a member’s eligibility, except for a member who is enrolled with CMDP or IHS;
 - c. Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with CMDP or IHS; or
 - d. Resides in an area not served by a contractor.
- B.** Fee-for-service coverage. A member not enrolled with a contractor under subsection (A)(5) shall obtain covered medical services from an AHCCCS-registered provider on a fee-for-service basis under Article 7.
- C.** Foster care child. The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.
- D.** Family Planning Services Extension Program. A member eligible for the Family Planning Services Extension Program under R9-22-1431, shall remain enrolled with the member’s contractor of record or IHS.
- E.** Contractor or IHS enrollment change for a member.
1. The Administration shall change a member’s enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.
 2. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under 9 A.A.C. 34.
 3. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).
 4. The Administration shall provide the member 60-day advance notice of the member’s option to change plans by the member’s annual enrollment date.
 5. A member may disenroll from a plan if:
 - a. The member moves out of the GSA;
 - b. The plan does not, because of moral or religious objections, cover the service a member seeks; or

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- c. The member needs related services to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.
- 6. For exceptions to this Article, the Administration shall approve a change for an enrolled member as determined by the Director.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1703. Effective Date of Enrollment with a Contractor

- A. Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration. However, if a plan change occurs for an annual enrollment choice, the effective date is the month of the member's enrollment anniversary date.
- B. Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1704. Newborn Enrollment

- A. General.
 - 1. The Administration shall enroll a newborn child of an eligible mother with an available contractor or IHS, based on the mother's enrollment.
 - 2. The Administration shall auto-assign a newborn child of an eligible mother who is not enrolled with a contractor or IHS or who is enrolled with CMDP. When a mother enrolled in CMDP has a newborn and the newborn is surrendered to Administration on Children, Youth and Families (ACYF), the newborn is then enrolled with CMDP.
 - 3. The Administration shall notify the mother of the right to choose a different contractor for her newborn child. The mother may make her choice within 30 days from the date of notice of enrollment.
- B. Financial liability for newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1705. Guaranteed Enrollment Period

- A. General. Except for members enrolled with IHS or CMDP, the Administration shall provide a guaranteed enrollment period for a one-time period that begins on the effective date of the member's initial enrollment with a contractor and ends on the last day of the fifth full calendar month after the date of the member's initial enrollment.
- B. Exceptions to guaranteed period. The Administration shall not grant a guaranteed enrollment period or shall terminate a guaranteed enrollment period as provided in subsection (C), if the member:
 - 1. Did not meet the conditions of eligibility when initially enrolled with the contractor;
 - 2. Except as provided in 9 A.A.C. 22, Article 12, is an inmate of a public institution as defined in 42 CFR 435.1010;
 - 3. Dies;
 - 4. Moves out-of-state;
 - 5. Voluntarily withdraws from the AHCCCS program;
 - 6. Is adopted; or
 - 7. Has whereabouts that are unknown.
- C. Disenrollment effective date. The Administration shall terminate any guaranteed enrollment period to which the member is not entitled effective on:
 - 1. The date the member is admitted to a public institution under subsection (B);
 - 2. The member's date of death;
 - 3. The last day of the month in which the Administration receives notification that a member moved out-of-state;
 - 4. The date the Administration receives written notification of the member's voluntary withdrawal from the AHCCCS program;
 - 5. The last day of the month in which the Administration receives notification that a member's adoption proceedings are finalized; or
 - 6. The last day of the month in which the Administration receives notification that a member's whereabouts are unknown.
- D. Retroactive adjustments. The Administration shall adjust the member's eligibility and enrollment retroactively under subsection (C).

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

ARTICLE 18. PROVIDER EXCLUSION RULES**R9-22-1801. Definitions**

"Administration" has the meaning defined in A.R.S. § 36-2901.

"Affiliation" has the meaning defined in 42 C.F.R. § 424.502.

"Managing employee" has the meaning defined in 42 C.F.R. § 455.101.

"Member" has the meaning defined in A.R.S. § 36-2901.

"Person with an ownership or control interest" has the meaning defined in 42 C.F.R. § 455.101 and 42 C.F.R. § 455.102.

"System" has the meaning defined in A.R.S. § 36-2901.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of

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July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1802. Basis for Exclusion

- A.** In addition to such grounds for exclusion set for in subsections A and B of A.R.S. § 36-2930.05, the Administration, in its sole discretion, may exclude:
- Any individual or entity which has failed to comply with any requirement, term, or condition set forth in any agreement with the Administration;
 - Any individual or entity which has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
 - Any entity which has a managing employee or any entity with a person with an ownership or control interest that:
 - Has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
 - Has an affiliation with an organization which has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
 - Any individual or any entity with a managing employee or a person with an ownership or control interest that has been convicted of a criminal offense which the Administration, in its sole discretion, determines may represent an undue risk of fraud, waste, or abuse of the system or an undue risk of harm to members;
 - Any individual or entity who employs any person to furnish items or services who has been excluded from participation in the system pursuant to A.R.S. § 36-2930.05;
 - Any individual who is or was a managing employee or a person with an ownership or control interest who participated in, condoned, or was willfully ignorant of any action or failure to act of an entity which was or could have been the basis for exclusion of the entity;
 - Any individual who was an organizer, leader, manager, or supervisor of any entity activity which was or could have been the basis for exclusion of the entity; or
 - Any individual or entity in order to protect the health of members.
- B.** The delineation of grounds for exclusion herein does not exclude any other basis for exclusion pursuant to A.R.S. § 36-2930.05(C).

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1803. Period of Exclusion

- A.** Pursuant to A.R.S. § 36-2930.05 and 42 C.F.R. § 1002.210, any exclusion from participation in the system shall be for such period as determined in the discretion of the Administration, but in no event shall such period be less than five years.
- B.** In determining the period of exclusion, the Administration, in its sole discretion, may consider aggravating and mitigating factors set forth in any provision of Code of Federal Regulations Chapter 42 part 1001, Subpart C or part 1003.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1804. Appeal of Exclusion

- A.** Any exclusion of an individual or entity pursuant to A.R.S. § 36-2930.05 is an appealable agency action subject to the Uniform Administrative Appeals Procedures, A.R.S. § 41-1092, et seq.
- B.** The Administration shall set forth in the notice of an appealable agency action required by A.R.S. § 41-1092.03 the period of exclusion and the earliest date on which AHCCCS will consider a request for reinstatement.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1805. Reinstatement of Participation

- A.** If the period of exclusion has expired, an individual or entity may apply for reinstatement of participation in the system by submission of the following:
- An application for participation as a provider.
 - Information to demonstrate reasonable assurances that the type of actions that formed the basis for the original exclusion have not recurred and will not recur.
 - Such other information as may be requested by the Administration.
- B.** In making the reinstatement determination, the Administration may consider:
- Conduct of the individual or entity occurring prior to the date of the exclusion, if not known to the Administration at the time of the exclusion;
 - Conduct of the individual or entity after the date of the exclusion;
 - Whether all fines and all debts due and owing (including overpayments) to any Federal, State, or local government that relate to Medicare, Medicaid, and all other Federal health care programs have been paid;

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4. Whether the individual or entity otherwise qualifies for participation in the system;
5. Whether reinstatement is in the best interest of the system;
6. Such other information as deemed relevant by the Administration.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1806. Denial of Reinstatement

- A. If an application for reinstatement is denied, the Administration shall give written notice to the requesting individual or entity.
- B. Within 30 days of the date on the notice of denial of reinstatement, the excluded individual or entity may submit documentary evidence and written argument against the continued exclusion.
- C. After evaluating any additional evidence submitted by the excluded individual or entity (or at the end of the 30-day period if none is submitted), the Administration will send written notice either confirming the denial and indicating that a subsequent request for reinstatement will not be considered until at least one year after the date of the denial or approving the request for reinstatement of participation.
- D. Any notice confirming a denial of reinstatement is an appealable agency action subject to the Uniform Administrative Appeals Procedures, A.R.S. § 41-1092, et seq.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

ARTICLE 19. FREEDOM TO WORK

Article 19, consisting of Sections R9-22-1901 through R9-22-1922, made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1901. General Freedom to Work Requirements

Under 42 U.S.C. 1396a(a)(10)(A)(ii)(XV) and (XVI), the Administration shall determine eligibility for AHCCCS medical services, under Article 2 of this Chapter, using the eligibility criteria and requirements under this Article for an applicant or member who is:

1. At least 16 years of age, but less than 65 years of age,
2. Employed, and
3. Not income eligible under A.R.S. § 36-2901(6)(a).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1902. General Administration Requirements

The Administration shall comply with the confidentiality rule under R9-22-512(C).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1903. Application for Coverage

- A. A person may apply by submitting an application to an Administration office.
- B. The application date is the date the application is received at an Administration office or outstation location approved by the Director as described under R9-22-1406(A).
- C. The provisions in R9-22-1406(B) and (D) apply to this Section.
- D. The applicant or representative who files the application may withdraw the application for coverage either orally or in writing. An applicant withdrawing an application shall receive a denial notice under R9-22-1904.
- E. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 45 days.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1904. Notice of Approval or Denial

The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the action, and:

1. If approved, the notice shall contain:
 - a. The effective date of eligibility,
 - b. The amount the person shall pay, and
 - c. An explanation of the person's hearing rights specified in 9 A.A.C. 34.
2. If denied, R9-22-1501(G)(3) applies.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1905. Reporting and Verifying Changes

An applicant or member shall report and verify changes, as described under R9-22-1501(H), to the Administration.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1906. Actions that Result from a Redetermination or Change

The processing of a redetermination or change shall result in one of the following actions:

1. No change in eligibility or premium,

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2. Discontinuance of eligibility if a condition of eligibility is no longer met,
3. A change in premium amount, or
4. A change in the coverage group under which a person receives AHCCCS medical coverage.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1907. Notice of Adverse Action Requirements

- A. The requirements under R9-22-1501(K)(1) apply.
- B. Advance notice of a change in eligibility or premium amount. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (C), advance notice shall be issued whenever an adverse action is taken to discontinue eligibility, or increase the premium amount.
- C. Exceptions from advance notice. A notice shall be issued to the member to discontinue eligibility no later than the effective date of action if:
 1. A member provides a clearly written statement, signed by that member, that services are no longer wanted.
 2. A member provides information that requires termination of eligibility or reduction of services, indicates that the member understands that this must be the result of supplying that information, and the member signs a written statement waiving advance notice;
 3. A member cannot be located and mail sent to the member's last known address has been returned as undeliverable subject to reinstatement of discontinued services under 42 CFR 431.231(d);
 4. A member has been admitted to a public institution where a person is ineligible for coverage;
 5. A member has been approved for Medicaid in another state; or
 6. The Administration receives information confirming the death of a member.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1908. Request for Hearing

An applicant or member may request a hearing under 9 A.A.C. 34.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1909. Conditions of Eligibility

An applicant or member shall meet the following conditions to qualify for the Freedom to Work program:

1. Furnish a valid Social Security Number (SSN);
2. Be a resident of Arizona;
3. Be a citizen of the United States, or meet requirements for a qualified alien under A.R.S. § 36-2903.03(B);
4. Be at least 16 years of age, but less than 65 years of age;
5. Have countable income that does not exceed 250 percent of FPL. The Administration shall count the income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions:

- a. The unearned income of the applicant or member shall be disregarded,
 - b. The income of a spouse or other family member shall be disregarded, and
 - c. The deduction for a minor child shall not apply;
6. Comply with the member responsibility provisions under R9-22-1502(D) and (F).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Section repealed; new Section made by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1910. Prior Quarter Eligibility

A person may be made eligible during a prior quarter period when applying for the Freedom to Work program, as described under Article 3.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-1911. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1912. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1913. Premium Requirements

- A. As a condition of eligibility, an applicant or member shall:
 1. Pay the premium required under subsection (B).
 2. Not have any unpaid premiums for more than one month's premium amount.
- B. The Administration shall process premiums under 9 A.A.C. 31, Article 14 with the following exceptions:
 1. A member who has countable income:
 - a. Under \$500, the monthly premium payment shall be \$0.
 - b. Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.
 2. The premium for a member shall be increased by \$5 for each \$250 increase in countable income above \$750.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1914. Repealed**Historical Note**

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New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1915. Institutionalized Person

A person is not eligible for AHCCCS medical coverage if the person is:

1. An inmate of a public institution if federal financial participation (FFP) is not available, or
2. Age 21 through age 64 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except when allowed under the Administration's Section 1115 IMD waiver or allowed under a managed care contract approved by CMS.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1916. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1917. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1918. Additional Eligibility Criteria for the Basic Coverage Group

An applicant or member shall meet the following eligibility criteria:

1. Disabled. As a condition of eligibility, an applicant or member shall be disabled. Disabled means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E), except employment activity, earnings, and substantial gainful activity shall not be considered in determining whether the individual meets the definition of disability.
2. Employed. As a condition of eligibility, an applicant or member shall be employed. Employed means that an applicant or member is paid for working and Social Security or Medicare taxes are paid on the applicant or member's work.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1919. Additional Eligibility Criteria for the Medically Improved Group

As a condition of eligibility for the Medically Improved Group, a member shall:

1. Be employed. Under this Section, employed means an individual who:
 - a. Earns at least the minimum wage and works at least 40 hours per month, or

- b. Has gross monthly earnings at least equal to those earned by an individual who is earning the minimum wage working 40 hours per month.
2. Cease to be eligible for medical coverage under R9-22-1918 or a similar Basic Coverage Group program administered by another state because the member, by reason of medical improvement, is determined at the time of a regularly scheduled continuing disability review to no longer be disabled; and
3. Continues to have a severe medically determinable impairment, as determined under Social Security Act section 1902(a)(10)(A)(ii)(XVI).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1920. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1921. Enrollment

The Administration shall enroll members under Article 17 of this Chapter. If a member has not paid a required premium, the Administration shall not grant a guaranteed enrollment period.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1922. Redetermination of Eligibility

- A. Redetermination. Except as provided in subsection (B), the Administration shall complete a redetermination of eligibility at least once a year.
- B. Change in circumstance. The Administration may complete a redetermination of eligibility if there is a change in the member's circumstances, including a change in disability or employment that may affect eligibility.
- C. Medical Improvement. If a member is no longer disabled under R9-22-1918, the Administration shall determine if the member is eligible under other coverage groups including the medically improved group.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM**R9-22-2001. Breast and Cervical Cancer Treatment Program Related Definitions**

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meaning unless the context explicitly requires another meaning:

"AZ-NBCCEDP" means the Arizona programs of the National Breast and Cervical Cancer Early Detection Program. AZ-NBCCEDP provides breast and cervical cancer screening and diagnosis in Arizona.

"Cryotherapy" means the destruction of abnormal tissue using an extremely cold temperature.

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“LEEP” means the loop electrosurgical excision procedure that passes an electric current through a thin wire loop.

“Peer-reviewed study” means that, prior to publication, a medical study has been subjected to the review of medical experts who:

- Have expertise in the subject matter of the study,
- Evaluate the science and methodology of the study,
- Are selected by the editorial staff of the publication, and
- Review the study without knowledge of the identity or qualifications of the author.

“WWHP” means the Well Women Healthcheck Program administered by the Arizona Department of Health Services. The WWHP is one of the programs within AZ-NBCCEDP that provides breast and cervical cancer screening and diagnosis.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2002. General Requirements

- A. Confidentiality. The Administration shall maintain the confidentiality of a woman’s records and shall not disclose a woman’s financial, medical, or other confidential information except as allowed under R9-22-512.
- B. Covered services. A woman who is eligible under this Article receives all medically necessary services under Articles 2 and 12 of this Chapter.
- C. Choice of health plan. A woman who is eligible under this Article shall be enrolled with a contractor under Article 17 of this Chapter.
- D. A Native American woman who receives services through Indian Health Service (IHS) or through a tribal health program qualifies for services provided under this Article if all eligibility requirements are met.
- E. A woman qualified under this Article shall pay co-pays as described in R9-22-711.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2003. Eligibility Criteria

- A. General. To be eligible under this Article, a woman shall meet the requirements of this Article and:
 1. Be screened for breast and cervical cancer through AZ-NBCCEDP;
 2. Be less than 65 years of age;
 3. Be ineligible for Title XIX under Articles 14 and 15 in this Chapter;
 4. Receive a positive screen under subsection (A)(1), a confirmed diagnosis through AZ-NBCCEDP, and need treatment for breast cancer or cervical cancer, including a pre-cancerous cervical lesion, as specified in R9-22-2004;
 5. Not be covered under creditable coverage as specified in Section 2701(c) of the Public Health Services Act, 42 U.S.C. 300gg(c). For purposes of this Article, IHS or Tribal health coverage is not considered creditable coverage as specified in 42 U.S.C. 1396a(a)(10)(A)(ii), as amended by the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2002; and

6. Meet the requirements under R9-22-1417 and R9-22-1418.

- B. Ineligible woman. A woman is ineligible under this Article if the woman:
 1. Is an inmate of a public institution and federal financial participation (FFP) is not available,
 2. Is at least age 21 but less than age 65 and resides in an Institution for Mental Disease (IMD) as defined in R9-22-112, except if allowed under the Administration’s Section 1115 waiver, or
 3. No longer meets an eligibility requirement under this Article.
- C. Metastasized cancer. The AHCCCS Chief Medical Officer may continue a woman’s eligibility under this Article if a metastasized cancer is found in another part of the woman’s body and that metastasized cancer is a known or a presumed complication of the breast or cervical cancer as determined by the treating physician.
- D. Reoccurrence of cancer. A woman shall have eligibility reestablished after eligibility under this Article ends if the woman is screened under the AZ-NBCCEDP program and additional breast cancer or cervical cancer, including a pre-cancerous cervical lesion, is found.
- E. Ineligible male. A male is precluded from receiving screening and diagnostic services under the AZ-NBCCEDP program and is ineligible under this Article.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2004. Treatment

- A. Breast cancer. Coverage for treatment for breast cancer under this Article shall conclude on the last provider visit for the specific treatment of the cancer or at the end of hormonal therapy for the cancer, whichever is later. For purposes of this subsection treatment means:
 1. Lumpectomy or surgical removal of breast cancer;
 2. Chemotherapy;
 3. Radiation therapy; and
 4. A treatment for breast cancer that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.
- B. Pre-cancerous cervical lesion. Coverage for treatment for a pre-cancerous cervical lesion under this Article, including moderate or severe cervical dysplasia or carcinoma in situ, shall conclude on the last provider visit for specific treatment for the pre-cancerous lesion. For purposes of this subsection treatment means:
 1. Conization;
 2. LEEP;
 3. Cryotherapy; and
 4. A treatment for pre-cancerous cervical lesion that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.
- C. Cervical cancer. Coverage for treatment for cervical cancer under this Article shall conclude on the last provider visit for the specific treatment for the cancer. For purposes of this subsection treatment means:
 1. Surgery;
 2. Radiation therapy;

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3. Chemotherapy; and
4. A treatment for cervical cancer that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2005. Application Process

- A. Application. A woman may apply for eligibility under this Article by submitting a complete application as specified in R9-22-1406.
- B. Submitting the application. The woman may complete and submit an application at the time of the AZ-NBCCEDP screening. The AZ-NBCCEDP staff may mail or fax the application directly to the Administration.
- C. Date of application. The date of the application is the date of the diagnostic procedure that results in a positive diagnosis for breast cancer or cervical cancer, including a pre-cancerous cervical lesion.
- D. Responsibility of a woman who is applying or who is a member. A woman who is applying or who is a member shall:
 1. Provide medical insurance information, including any changes in medical insurance; and
 2. Inform the Administration about a change in address, residence, and alienage status.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2006. Approval, Denial, or Discontinuance of Eligibility

- A. Eligibility determination. The Administration shall determine eligibility under this Article and send the notice under subsection (B) or (C) within seven days of receiving a complete application.
- B. Approval. If a woman meets all the eligibility requirements in this Article, the Administration shall provide the woman with an approval notice. The approval notice shall contain:
 1. The name of the eligible woman, and
 2. The effective date of eligibility.
- C. Denial. If the Administration denies eligibility, the Administration shall provide the woman with a denial notice. The denial notice shall contain:
 1. The name of the ineligible woman,
 2. The specific reason why the woman is ineligible,
 3. The legal citations supporting the reason for the denial,
 4. The location where the woman can review the legal citations, and
 5. Information regarding the woman's appeal and request for hearing rights.
- D. Discontinuance.
 1. Except as specified in subsection (D)(2), if a woman no longer meets an eligibility requirement under this Article, the Administration shall provide the woman a Notice of Action no later than 10 days before the effective date of the discontinuance.

2. The Administration may mail the Notice of Action no later than the effective date of the discontinuance if the Administration:
 - a. Receives a written statement from the woman voluntarily withdrawing from AHCCCS,
 - b. Receives information confirming the death of the woman,
 - c. Receives returned mail with no forwarding address from the post office and the woman's whereabouts are unknown, or
 - d. Receives information confirming that the woman has been approved for Title XIX services outside the state of Arizona.
3. The Notice of Action shall contain the:
 - a. Name of the ineligible woman,
 - b. Effective date of the discontinuance,
 - c. Specific reason why the woman is discontinued,
 - d. Legal citations supporting the reason for the discontinuance,
 - e. Location where the woman can review the legal citations, and
 - f. Information regarding the woman's appeal and request for hearing rights.
- E. Request for hearing. A woman who is denied, or discontinued for the Breast and Cervical Cancer Treatment Program may request a hearing under Chapter 34.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2007. Effective and End Date of Eligibility

- A. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
- B. The end date of eligibility:
 1. For breast cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer or at the end of hormonal therapy for the cancer, whichever is later.
 2. For pre-cancerous cervical lesion, is four months after the last provider visit for a treatment specified in R9-22-2004 for the pre-cancerous lesion.
 3. For cervical cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Section amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-2008. Redetermination of Eligibility

- A. Redetermination. Except as provided in subsection (B), the Administration shall redetermine eligibility at least once a year. If a woman continues to meet the requirements of eligibility for the Breast and Cervical Cancer Treatment Program under this Article, the Administration shall notify the woman of continued eligibility. A woman is not required to be screened for breast and cervical cancer through AZ-NBCCEDP at redetermination.

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- B. Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the woman's circumstances that may affect eligibility, including a change in treatment.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

ARTICLE 21. TRAUMA AND EMERGENCY SERVICES FUND

Article 21, consisting of Sections R9-22-2101 through R9-22-2103, made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

R9-22-2101. General Provisions

- A. A.R.S. § 36-2903.07 establishes the Administration as the authority to administer the Trauma and Emergency Services Fund.
- B. The Administration shall distribute 90% of monies from the trauma and emergency services fund to a level I trauma center, as defined in subsection (F) of this Section, for unrecovered trauma center readiness costs as defined in subsection (F) of this Section. Reimbursement is limited to no more than the amount of unrecovered trauma center readiness costs as determined in subsections (D) and (E) of this Section. Unexpended funds may be used to reimburse unrecovered emergency room costs under subsection (C) of this Section.
- C. The Administration shall distribute 10% of monies from the trauma and emergency services fund, for unrecovered emergency services costs, to a hospital having an emergency department, using criteria under R9-22-2103. Reimbursement is limited to no more than the amount of unrecovered emergency services costs as determined in R9-22-2103. The Administration may distribute more than 10% of the monies for unrecovered emergency room costs when there are unexpended monies under subsection (B) of this Section.
- D. The Administration shall distribute a reporting tool and guidelines to level I trauma centers to determine, on an annual basis, the unrecovered trauma center readiness costs for level I trauma centers as defined in subsection (F) of this Section. The reporting time-frame is July 1 of the prior year through June 30 of the reporting year. A level I trauma center shall submit the requested data and a copy of the most recently completed uniform accounting report under A.R.S. § 36-125.04 to the Administration no later than October 31 of each reporting year.
- E. When a level I trauma center closes in a county where there are one or more level I trauma center(s) remaining in operation, the following shall occur:
 1. The closing level I trauma center shall submit the requested data under subsection (D) of this Section for the months of the reporting time-frame in which it met the definition of a level I trauma center, and
 2. The data under subsection (D) of this Section, which is submitted by the closing level I trauma center, shall be added to the remaining level I trauma center(s) in that county for the current reporting time-frame only.
- F. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:
 1. "Level I trauma center" means any acute care hospital designated by the Arizona Department of Health Services as a level I trauma center, a provisional level I trauma

center, a pediatric level I trauma center or an initial level I trauma center.

2. "Unrecovered trauma center readiness costs" means losses incurred treating trauma patients:
 - a. Determined in accordance with Generally Accepted Accounting Principles,
 - b. Based on both clinical and professional costs incurred by a level I trauma center necessary for the provision of level I trauma care, and
 - c. Based on administrative and overhead costs directly associated with providing level I trauma care.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-2102. Distribution of Trauma and Emergency Services Fund: Level I Trauma Centers

- A. On or after November 1, 2003, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall take into consideration the proportion of those hospitals' trauma case volume. The Administration shall:
 1. Recalculate the November 2003 payments in July 2004 using the formula in subsection (B) of this Section;
 2. Recoup November 2003 overpayments by reducing the July 2004 distributions under subsection (C) as appropriate; and
 3. Redistribute recouped funds, with the July 2004 payment, to level I trauma centers underpaid in November 2003.
- B. On or after January 31 of each year, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall determine each hospital's unrecovered trauma center readiness costs for the current fiscal year using data from the most recent reporting year as provided under R9-22-2101(D) and (E). The proportion of each hospital's share of the fund for unrecovered trauma center readiness costs is determined after considering:
 1. The professional, clinical, administrative, and overhead costs directly associated with providing level I trauma care, and
 2. The volume and acuity of trauma care provided by each hospital.
- C. On or after July 31 of each year, the Administration shall distribute monies to level I trauma centers using monies, under R9-22-2101(B), available in the trauma and emergency services fund at the time of payment according to the proportions calculated and used for the January payments in the same year, under subsection (B) of this Section.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

R9-22-2103. Distribution of Trauma and Emergency Services Fund: Emergency Services

On or after June 30 of each year, the Administration shall distribute monies available in the trauma and emergency services fund at the time of payment as follows:

1. As allocated under R9-22-2101(C),
2. To hospitals that had an emergency department from July 1 through June 30 of the prior year, and

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3. On a pro rata share of each hospital's cost of uncompensated emergency care as a percentage of the total statewide cost of uncompensated emergency care provided by hospitals under subsection (2) as reported in the uniform accounting reports to the Arizona Department of Health Services under A.R.S. § 36-125.04.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

R9-22-2104. Additional Trauma and Emergency Services Payments under the Section 1115 Waiver

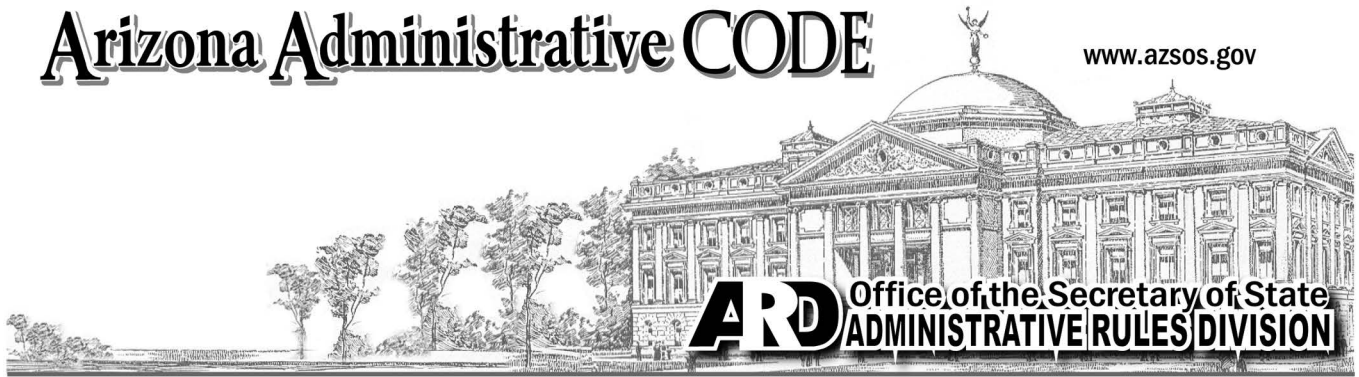
- A. Notwithstanding R9-22-2101(D), for the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the balance of the Trauma and Emergency Services fund in the following manner:
 1. Ninety percent of the amount shall be distributed to Level I trauma centers based upon each center's pro rata share of each center's acuity-adjusted volume as a percentage of the total acuity-adjusted volume for all centers in the state. The acuity-adjusted volume is calculated by multiplying the Injury Severity Score employed by trauma.org by the number of trauma cases at that level treated at the center during the reporting year. Hospitals shall report trauma scores and case volume on a worksheet prescribed by the Administration.
 2. Ten percent of the amount shall be distributed proportionately to hospitals that had an emergency department from July 1 through June 30 of the reporting year based the pro rata share of each hospital's cost of emergency care as a percentage of the total statewide cost of emergency care provided by hospitals as reported on the Worksheet B, column 27, line 61 of the hospital's most current Medicare Cost Report as of January 31 following the end of each reporting year.
- B. For the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the federal financial participation made available under the

section 1115 waiver for the purpose of making payments for unrecovered trauma and emergency services as follows:

1. Thirty percent of such funds to a Level I trauma center, in amounts calculated in the same manner as described in subsection (A)(1) of this Section, for any unrecovered trauma center readiness costs not reimbursed under subsection (A) of this Section;
 2. Thirty percent of such funds to a hospital having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsection (A) of this Section; and
 3. Forty percent of such funds to rural hospitals, as defined in R9-22-718 that are not Level 1 trauma centers as defined in R9-22-2101(F), having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsections (A) and (B)(2) of this Section.
- C. For the reporting years ending June 30, 2011 and June 30, 2012, payments made under this Article shall not be made in an amount that results in aggregate payments to the hospital by the Administration and contractors exceeding of the upper payment limit for the hospital services as calculated in accordance with 42 CFR 447.
 - D. For the reporting years ending June 30, 2011 and June 30, 2012, to ensure compliance with subsection (C), payments under this Article shall be reconciled to the federal fiscal year that is two years subsequent to the payment.
 - E. Any payments that are determined under subsection (D) to exceed the limit in subsection (C) shall be distributed as described in this Article to hospitals that have not received payments in excess of the limit in subsection (C).

Historical Note

New Section made by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).



9 A.A.C. 28

Supp. 24-2

TITLE 9. HEALTH SERVICES

CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ARIZONA LONG-TERM CARE SYSTEM

The table of contents on page one contains links to the referenced page numbers in this Chapter.
Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

[R9-28-1001.](#) [Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims 40](#)

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The release of this Chapter in Supp. 24-2 replaces Supp. 22-3, 1-45 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 9. HEALTH SERVICES

CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ARIZONA LONG-TERM CARE SYSTEM

Authority: A.R.S. A.R.S. §§ 36-2903.01, 36-2903, 36-2932

Supp. 24-2

Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 01-3).

Editor's Note: This Chapter contains rules which were adopted under an exemption from the rulemaking provisions of the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6, §§ 1001 et seq.) as specified in Laws 1992, Ch. 301, § 61 and Ch. 302, § 13, and Laws 1994, Ch. 322, § 21. Exemption from A.R.S. Title 41, Chapter 6 means that AHCCCS did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; AHCCCS did not submit these rules to the Governor's Regulatory Review Council; AHCCCS was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper. The rules affected by this exemption appear throughout this Chapter.

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Article 8, consisting of Sections R9-28-801 through R9-28-803, repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

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ARTICLE 9. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES

Section	
R9-28-901.	Definitions
R9-28-902.	General Provisions
R9-28-903.	Cost Avoidance
R9-28-904.	Member Participation
R9-28-905.	Collections
R9-28-906.	AHCCCS Monitoring Responsibilities
R9-28-907.	Notification for Perfection, Recording, and As- signment of AHCCCS Liens
R9-28-908.	Notification Information for Liens
R9-28-909.	Notification of Health Insurance Information
R9-28-910.	Recoveries
R9-28-911.	Estate Recovery and Undue Hardship
R9-28-912.	Partial Recovery
R9-28-913.	Repealed
R9-28-914.	Repealed
R9-28-915.	Repealed
R9-28-916.	Repealed
R9-28-917.	Repealed
R9-28-918.	Repealed
R9-28-919.	Repealed

ARTICLE 10. CIVIL MONETARY PENALTIES AND ASSESSMENTS

Section	
R9-28-1001.	Basis for Civil Monetary Penalties and Assess- ments for Fraudulent Claims
R9-28-1002.	Repealed
R9-28-1003.	Repealed
R9-28-1004.	Repealed

ARTICLE 11. BEHAVIORAL HEALTH SERVICES

Article 11, consisting of Sections R9-28-1101 through R9-28-1106, repealed; new Article 11, consisting of Sections R9-28-1101 through R9-28-1108, adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4).

Section	
R9-28-1101.	General Requirements
R9-28-1102.	ALTCS Contractor or Tribal Contractor Responsi- bilities
R9-28-1103.	Eligibility for Covered Services
R9-28-1104.	General Service Requirements
R9-28-1105.	Scope of Behavioral Health Services
R9-28-1106.	Standards for Service Providers
R9-28-1107.	Repealed
R9-28-1108.	Repealed

ARTICLE 12. REPEALED

Article 12, consisting of Section R9-28-1201, repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004. The subject matter of Article 12 is now in 9 A.A.C. 34 (Supp. 04-1).

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Article 12, consisting of Section R9-28-1201, adopted effective September 9, 1998 (Supp. 98-3).

Section	
R9-28-1201.	Repealed 42

ARTICLE 13. FREEDOM TO WORK

Article 13, consisting of Sections R9-28-1301 through R9-28-1324, made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

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R9-28-1312.	Repealed44
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ARTICLE 1. DEFINITIONS

R9-28-101. General Definitions

- A. Location of definitions. Definitions applicable to Chapter 28 are found in the following:

Definition	Section or Citation
"210"	42 CFR 435.211
"217"	42 CFR 435.217
"236"	42 CFR 435.236
"Acute"	R9-28-301
"ADHS"	R9-22-101
"ADL"	R9-28-101
"Administration"	A.R.S. § 36-2931
"Advance notice"	R9-28-411
"Aged"	R9-28-402
"Aggregate"	R9-22-701
"Aggression"	R9-28-301
"AHCCCS"	R9-22-101
"AHCCCS registered provider"	R9-22-101
"ALTCS"	R9-28-101
"ALTCS acute care services"	R9-28-401
"Alternative HCBS setting"	R9-28-101
"Ambulance"	A.R.S. § 36-2201
"Ambulation"	R9-28-301
"Applicant"	R9-22-101
"Assessor"	R9-28-301
"Auto-assignment algorithm" or "Algorithm"	R9-22-1701
"Bathing"	R9-28-301
"Bathing or showering"	R9-28-301
"Bed hold"	R9-28-102
"Behavior intervention"	R9-28-102
"Behavior management services"	R9-22-1201
"Behavioral health evaluation"	R9-22-1201
"Behavioral health medical practitioner"	R9-22-1201
"Behavioral health professional"	R9-20-101
"Behavioral health service"	R9-20-101
"Behavioral health technician"	R9-20-101
"Billed charges"	R9-22-701
"Blind"	42 U.S.C. 1382c(a)(2)
"Capped fee-for-service"	R9-22-101
"Case management plan"	R9-28-101
"Case management"	R9-28-1101
"Case manager"	R9-28-101
"Case record"	R9-22-101
"Categorically-eligible"	R9-22-101
"Certification"	R9-28-501
"Certified psychiatric nurse practitioner"	R9-22-1201
"CFR"	R9-28-101
"Child"	R9-22-1503
"Clarity of communication"	R9-28-301
"Clean claim"	A.R.S. § 36-2904
"Clinical supervision"	R9-22-201
"CMS"	R9-22-101
"Community mobility"	R9-28-301
"Community spouse"	R9-28-401
"Consecutive days"	R9-28-801
"Continence"	R9-28-301
"Contract"	R9-22-101
"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901
"Cost avoid"	R9-22-1201 or R9-22-1001
"County of fiscal responsibility"	R9-28-701
"Covered services"	R9-28-101
"CPT"	R9-22-701
"Crawling and standing"	R9-28-301

"CSRD"	R9-28-401
"Current"	R9-28-301
"Day"	R9-22-101 or R9-22-1101
"De novo hearing"	42 CFR 431.201
"Department"	A.R.S. § 36-2901
"Developmental disability" or "DD"	A.R.S. § 36-551
"Diagnostic services"	R9-22-101
"Director"	R9-22-101
"Disabled"	R9-28-402
"Disenrollment"	R9-22-1701
"Disruptive behavior"	R9-28-301
"DME"	R9-22-101
"Dressing"	R9-28-301
"Eating"	R9-28-301
"Eating or drinking"	R9-28-301
"Emergency medical services for the non-FES member"	R9-22-201
"Emotional and cognitive functioning"	R9-28-301
"Employed"	R9-28-1320
"Encounter"	R9-22-701
"Enrollment"	R9-22-1701
"EPD"	R9-28-301
"E.P.S.D.T. services"	42 CFR 440.40(b)
"Estate"	A.R.S. § 14-1201
"Experimental services"	R9-22-203
"Expressive verbal communication"	R9-28-301
"Facility"	R9-22-101
"Factor"	42 CFR 447.10
"Fair consideration"	R9-28-401
"FBR"	R9-22-101
"Federal financial participation" or "FFP"	42 CFR 400.203
"Fee-For-Service" or "FFS"	R9-22-101
"File" R9-28-801	"First continuous period of institutionalization"
	R9-28-401
"Food preparation"	R9-28-301
"Frequency"	R9-28-301
"Functional assessment"	R9-28-301
"Grievance"	R9-34-202
"Grooming"	R9-28-301
"GSA"	R9-22-101
"Guardian"	A.R.S. § 14-5311
"Hand use"	R9-28-301
"HCBS" or "Home and community based services"	A.R.S. § 36-2931
"Health care practitioner"	R9-22-1201
"History"	R9-28-301
"Home"	R9-28-101 and R9-28-801
"Home health services"	R9-22-201
"Hospice"	A.R.S. § 36-401
"Hospital"	R9-22-101
"ICF-MR" or "Intermediate care facility for the mentally retarded"	42 U.S.C. 1396d(d)
"IADL"	R9-28-101
"IHS"	R9-22-101
"IMD" or "Institution for mental diseases"	42 CFR 435.1010
"Immediate risk of institutionalization"	R9-28-301
"Individual Representative"	R9-28-509
"Institutionalized"	R9-28-401
"Institutionalized spouse"	R9-28-101
"Interested Party"	R9-28-106
"Intergovernmental agreement" or "IGA"	R9-28-1101
"Intervention"	R9-28-301
"JCAHO"	R9-28-101

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"License" or "licensure"	R9-22-101	"SSI"	42 CFR 435.4
"Medical assessment"	R9-28-301	"Subcontract"	R9-22-101
"Medical or nursing services and treatments"		"TEFRA lien"	R9-28-801
or "services and treatments"	R9-28-301	"Therapeutic leave"	R9-28-501
"Medical record"	R9-22-101	"Toileting"	R9-28-301
"Medical services"	A.R.S. § 36-401	"Transferring"	R9-28-301
"Medically eligible"	R9-28-401	"TRBHA"	R9-22-1201
"Medically necessary"	R9-22-101	"Tribal contractor"	R9-28-1101
"Member"	A.R.S. § 36-2931 and R9-28-901	"Tribal facility"	A.R.S. § 36-2981
"Mental disorder"	A.R.S. § 36-501	"Utilization management/review"	R9-22-501
"MMMNA"	R9-28-401	"Ventilator dependent"	R9-28-102
"Mobility"	R9-28-301	"Verbal or physical threatening"	R9-28-301
"Natural Support Services"	R9-28-101	"Vision"	R9-28-301
"Noncontracting provider"	A.R.S. § 36-2931	"Wandering"	R9-28-301
"Nursing facility" or "NF"	42 U.S.C. 1396r(a)	"Wheelchair mobility"	R9-28-301
"Occupational therapy"	R9-22-201	B. General definitions. In addition to definitions contained in A.R.S. §§ 36-551, 36-2901, 36-2931, and 9 A.A.C. 22, Article 1, the following words and phrases have the following meanings unless the context of the Chapter explicitly requires another meaning:	
"Orientation"	R9-28-301		
"Partial care"	R9-22-1201	"ADL" or "Activities of Daily Living" mean activities a member must perform daily for the member's regular day-to-day necessities, including but not limited to mobility, transferring, bathing, dressing, grooming, eating, and toileting.	
"PAS"	R9-28-103	"ALTCS" means the Arizona Long-term Care System as authorized by A.R.S. § 36-2932.	
"Personal hygiene"	R9-28-301	"Alternative HCBS setting" means a living arrangement approved by the Director and licensed or certified by a regulatory agency of the state, where a member may reside and receive HCBS, including:	
"Pharmaceutical service"	R9-22-201	For a person with a developmental disability specified in A.R.S. § 36-551:	
"Physical therapy"	R9-22-201	Community residential setting defined in A.R.S. § 36-551;	
"Physically disabled"	R9-28-301	Group home defined in A.R.S. § 36-551;	
"Physician"	R9-22-101	State-operated group home under A.R.S. § 36-591;	
"Physician consultant"	R9-28-301	Group foster home under R6-5-5903;	
"Post-stabilization care services"	42 CFR 438.114	Licensed residential facility for a person with traumatic brain injury under A.R.S. § 36-2939;	
"Practitioner"	R9-22-101	Behavioral health adult therapeutic home under 9 A.A.C. 20, Articles 1 and 15;	
"Primary care provider" or "(PCP)"	R9-22-101	Level 2 and Level 3 behavioral health residential agencies under 9 A.A.C. 20, Articles 1, 4, 5, and 6; and	
"Primary care provider services"	R9-22-201	Rural substance abuse transitional centers under 9 A.A.C. 20, Articles 1 and 14; and	
"Prior authorization"	R9-22-101	For a person who is Elderly and Physically Disabled (EPD) under R9-28-301, and the facility, setting, or institution is registered with AHCCCS:	
"Prior period coverage" or "PPC"	R9-22-101	Adult foster care defined in A.R.S. § 36-401 and as authorized in A.R.S. § 36-2939;	
"Program contractor"	A.R.S. § 36-2931	Assisted living home or assisted living center, units only, under A.R.S. § 36-401, and as authorized in A.R.S. § 36-2939;	
"Provider"	A.R.S. § 36-2931	Licensed residential facility for a person with a traumatic brain injury specified in A.R.S. § 36-2939;	
"Psychiatrist"	R9-22-1201	Behavioral health adult therapeutic home under 9 A.A.C. 20, Articles 1 and 15;	
"Psychologist"	R9-22-1201	Level 2 and Level 3 behavioral health residential agencies under 9 A.A.C. 20, Articles 1, 4, 5, and 6; and	
"Psychosocial rehabilitation services"	R9-22-201		
"Qualified behavioral health service provider"	R9-28-1101		
"Quality management"	R9-22-501		
"Radiology"	R9-22-101		
"Reassessment"	R9-28-103		
"Recover"	R9-28-901		
"Redetermination"	R9-28-401		
"Referral"	R9-22-101		
"Regional behavioral health authority" or "RBHA"	A.R.S. § 36-3401		
"Reinsurance"	R9-22-701		
"Representative"	R9-28-401		
"Resistiveness"	R9-28-301		
"Respiratory therapy"	R9-22-201		
"Respite care"	R9-28-102		
"RFP"	R9-22-101		
"Room and board"	R9-28-102		
"Rolling and sitting"	R9-28-301		
"Running or wandering away"	R9-28-301		
"Scope of services"	R9-28-102		
"Section 1115 Waiver"	A.R.S. § 36-2901		
"Self-injurious behavior"	R9-28-301		
"Sensory"	R9-28-301		
"Seriously mentally ill" or "SMI"	A.R.S. § 36-550		
"Social worker"	R9-28-301		
"Special diet"	R9-28-301		
"Speech therapy"	R9-22-201		
"Spouse"	R9-28-401		
"SSA"	42 CFR 1000.10		

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Rural substance abuse transitional centers under 9 A.A.C. 20, Articles 1 and 14.

“Case management plan” means a service plan developed by a case manager that involves the overall management of a member’s care, and the continued monitoring and reassessment of the member’s need for services.

“Case manager” means a person who is either a degreed social worker, a licensed registered nurse, or has a minimum of two years of experience in providing case management services to a person who is EPD.

“CFR” means Code of Federal Regulations, unless otherwise specified in this Chapter.

“Covered services” means the health and medical services described in Articles 2 and 11 of this Chapter as being eligible for reimbursement by AHCCCS.

“Home” means a residential dwelling that is owned, rented, leased, or occupied by a member, at no cost to the member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting, or an institution, or a portion of any of these that is licensed or certified by a regulatory agency of the state as a:

Health care institution under A.R.S. § 36-401;
Residential care institution under A.R.S. § 36-401;
Community residential setting under A.R.S. § 36-551; or
Behavioral health facility under 9 A.A.C. 20, Articles 1, 4, 5, and 6.

“IADL” or “Instrumental Activities of Daily Living” mean activities related to independent living that a member must perform, including but not limited to:

Preparing meals,
Managing money,
Shopping for groceries or personal items,
Performing light or heavy housework, and
Use of the telephone.

“IHS” means the Indian Health Service.

“Institutionalized spouse” means the same as defined in 42 U.S.C. 1396r-5.

“JCAHO” means the Joint Commission on Accreditation of Healthcare Organizations.

“Natural Support Services” are services provided voluntarily by a person not legally obligated to provide those services. The services are specified in the service plan as described under R9-28-510 and cannot supplant other covered services.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Subsection (A)(69) amended to correct a printing error, filed in the Office of the Secretary of State August 13, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 6 A.A.R.

3365, effective August 7, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 3810, effective October 4, 2003 (Supp. 03-3). Amended by final rulemaking at 10 A.A.R. 1312, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 18 A.A.R. 3380, effective January 1, 2013 (Supp. 12-4).

R9-28-102. Covered Services Related Definitions

Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning:

“Bed hold” means a 24 hour per day unit of service that is authorized by an ALTCS case manager or designee during a period of short-term hospitalization or therapeutic leave that meets the requirement specified in 42 CFR 483.12.

“Behavior intervention” means the planned interruption of a member’s inappropriate behavior using techniques such as reinforcement, training, behavior modification, and other systematic procedures intended to result in more acceptable behavior.

“Respite care” means a short-term service provided in a NF or a home and community based service setting to an individual if necessary to relieve a family member or other person caring for the individual.

“Room and board” means lodging and meals.

“Scope of services” means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

“Ventilator dependent,” for purposes of ALTCS eligibility, means an individual is medically dependent on a ventilator for life support at least six hours per day and has been dependent on ventilator support as an inpatient in a hospital, NF, or ICF-MR for at least 30 consecutive days.

Historical Note

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 9 A.A.R. 3810, effective October 4, 2003 (Supp. 03-3).

R9-28-103. Preadmission Screening Related Definitions

Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning:

“Developmental disability” is defined in A.R.S. § 36-551.

“PAS” means preadmission screening, which is the process of determining an individual’s risk of institutionalization at a NF or ICF-MR level of care, as specified in Article 3 of this Chapter.

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“Reassessment” means the process of redetermining PAS eligibility for ALTCS services as appropriate, for all members.

Historical Note

Adopted effective December 8, 1997 (Supp. 97-4).
Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 9 A.A.R. 3810, effective October 4, 2003 (Supp. 03-3).
Amended by final rulemaking at 10 A.A.R. 1312, effective May 1, 2004 (Supp. 04-1).

R9-28-104. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).
Amended effective November 4, 1998 (Supp. 98-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1).
Amended by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Repealed by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2).

R9-28-105. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).
Amended by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

R9-28-106. Request for Proposals and Contract Process Related Definitions

Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22 Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning: “Interested Party” means an actual or prospective offeror whose economic interest may be affected substantially and directly by the issuance of a request for proposals, the award of a contract, or the failure to award a contract.

Historical Note

Adopted effective December 8, 1997 (Supp. 97-4).
Amended by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

R9-28-107. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).
Amended effective November 4, 1998 (Supp. 98-4).
Amended by final rulemaking at 6 A.A.R. 2461, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 9 A.A.R. 3810, effective October 4, 2003 (Supp. 03-3).
Section repealed by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3).

R9-28-108. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4).
Amended by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1).

R9-28-109. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-110. Reserved**R9-28-111. Behavioral Health Services Related Definitions**

Definitions. The words and phrases in this Chapter, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, have the same meaning as specified in 9 A.A.C. 22, Article 1.

Historical Note

Adopted effective December 8, 1997 (Supp. 97-4).
Amended by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4).

ARTICLE 2. COVERED SERVICES**R9-28-201. General Requirements**

In addition to the exclusions and limitations specified in this Article, services provided to a member are covered services if:

1. Medically necessary, cost effective, and federally reimbursable;
2. Coordinated by a case manager in accordance with requirements specified in R9-28-510;
3. The provider obtains prior authorization as required by a member’s program contractor or by the Administration:
 - a. Failure of the provider to obtain prior authorization is cause for denial.
 - b. Services provided during prior period coverage are exempt from prior authorization requirements;
4. Provided in facilities or areas of facilities that are licensed or certified under Article 5 of this Chapter, or meet other requirements described in Article 5 of this Chapter;
5. Rendered by AHCCCS registered providers as permitted under this Chapter and within their scope of practice; and
6. Provided at an appropriate level of care, as determined by the case manager or the primary care provider.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed; new Section adopted effective September 22, 1997 (Supp. 97-3).
Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2).

R9-28-202. Scope of Services

- A. The Administration or a contractor shall cover medical services specified in 9 A.A.C. 22, Article 2 for a member, subject to the limitations and exclusions specified in Article 2, unless otherwise specified in this Chapter.
- B. In addition, for members living in an HCBS setting, incontinence briefs for a member 21 years of age and older, including pull-ups, are covered in order to:
 1. Treat a medical condition; and
 2. Prevent skin breakdown when all the following are met:
 - a. The member is incontinent due to a documented medical condition that causes incontinence of bowel and/or bladder,
 - b. The PCP or attending physician has issued a prescription ordering the incontinence briefs,
 - c. Incontinence briefs do not exceed 180 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 180 briefs per month,
 - d. The member obtains incontinence briefs from vendors within the Contractor’s network, and

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- e. Prior authorization has been obtained if required by the Administration, Contractor, or Contractor's designee, as appropriate. Contractors shall not require prior authorization more frequently than every twelve months.
- C. Incontinence brief coverage for a member under age 21 is described under R9-22-212.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 21 A.A.R. 1243, effective July 7, 2015 (Supp. 15-3).

R9-28-203. Coverage for CRS Services

- A. Beginning October 1, 2013, ALTCS DD members who need active treatment for one or more of the qualifying medical condition(s) in A.A.C. R9-22-1303 shall receive CRS services through the CRS contractor as described under Chapter 22, Article 13.
- B. Beginning October 1, 2013, AHCCCS ALTCS EPD members who need active treatment for one or more of the qualifying medical conditions in A.A.C. R9-22-1303 shall not receive CRS services through the CRS contractor as described under Chapter 22, Article 13. These members shall receive treatment for those conditions through their assigned ALTCS EPD contractor. However, an American Indian member with a CRS condition(s) who is enrolled with a tribal contractor or Native American Community Health (NACH) shall obtain CRS services through the CRS contractor.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Repealed effective September 22, 1997 (Supp. 97-3). New Section R9-28-203 made by final rulemaking at 19 A.A.R. 2963, effective November 10, 2013 (Supp. 13-3).

R9-28-204. Institutional Services

- A. Institutional services are provided in:
 - 1. A NF;
 - 2. An ICF-MR; or
 - 3. A facility identified in R9-28-1105(A)(1)(b), (B), or (C).
- B. The Administration and a contractor shall include the following services in the per diem rate for a facility listed in subsection (A):
 - 1. Nursing care services;
 - 2. Rehabilitative services prescribed as a maintenance regimen;
 - 3. Restorative services, such as range of motion;
 - 4. Social services;
 - 5. Nutritional and dietary services;
 - 6. Recreational therapies and activities;

- 7. Medical supplies and non-customized durable medical equipment under 9 A.A.C. 22, Article 2;
 - 8. Overall management and evaluation of a member's care plan;
 - 9. Observation and assessment of a member's changing condition;
 - 10. Room and board services, including supporting services such as food and food preparation, personal laundry, and housekeeping;
 - 11. Non-prescription and stock pharmaceuticals; and
 - 12. Respite care services not to exceed 600 hours per benefit year.
- C. Each facility listed in subsection (A) is responsible for coordinating the delivery of at least the following auxiliary services:
- 1. Under 9 A.A.C. 22, Article 2:
 - a. Attending physician, practitioner, and primary care provider services;
 - b. Pharmaceutical services;
 - c. Diagnostic services under A.A.C. R9-22-208;
 - d. Emergency medical services; and
 - e. Emergency and medically necessary transportation services.
 - 2. Therapy services under R9-28-206.
- D. Limitations. The following limitations apply:
- 1. A private room in a NF, ICF-MR, or facility identified in R9-28-1105(A)(1)(b), (B), or (C) is covered only if:
 - a. The member or has a medical condition that requires isolation, and
 - b. The member's primary care provider or attending physician provides written authorization;
 - 2. Each ICF-MR shall meet the standards in A.R.S. § 36-2939(B)(1), and in 42 CFR 483, Subpart I, February 28, 1992, incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments;
 - 3. Bed hold days as authorized by the Administration or its designee for a fee-for-service provider shall meet the following criteria:
 - a. Short-term hospitalization leave for a member age 21 and over is limited to 12 days per AHCCCS benefit year, and is available if a member is admitted to a hospital for a short stay. After the short-term hospitalization, the member is returned to the institutional facility from which leave is taken, and to the same bed if the level of care required can be provided in that bed; and
 - b. Therapeutic leave for a member age 21 and older is limited to nine days per AHCCCS benefit year. A physician order is required for therapeutic leave from the facility for one or more overnight stays to enhance psycho-social interaction, or as a trial basis for discharge planning. After the therapeutic leave, the member is returned to the same bed within the institutional facility;
 - c. Therapeutic leave and short-term hospitalization leave are limited to any combination of 21 days per benefit year for a member under age 21;
 - 4. The Administration or a contractor shall cover services that are not part of a per diem rate but are ALTCS covered services included in this Article, and deemed necessary by a member's case manager or the case manager's designee if:

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- a. The services are ordered by the member's primary care provider; and
- b. The services are specified in a case management plan under R9-28-510;
5. A member age 21 through 64 is eligible for behavioral health services provided in a facility under subsection (A)(3) that has more than 16 beds, for up to 30 days per admission and no more than 60 days per benefit year as allowed under the Administration's Section 1115 Waiver with CMS and except as specified by 42 CFR 441.151, May 22, 2001, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments; and
6. The limitations in subsection (D)(5) do not apply to a member:
 - a. Under age 21 or age 65 or over, or
 - b. In a facility with 16 beds or less.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsections (A) and (D) effective June 6, 1989 (Supp. 89-2). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 17 A.A.R. 1876, effective October 1, 2011 (Supp. 11-3). Exemption to amend rules to expire December 31, 2013 under Laws 2012, Chapter 299, Section 8 therefore this Section was amended by final rulemaking at 19 A.A.R. 2758, effective October 8, 2013 (Supp. 13-3).

R9-28-205. Home and Community Based Services (HCBS)

- A. Subject to the availability of federal funds, HCBS are covered services if provided to a member residing in the member's own home or an alternative residential setting. Room and board services are not covered in a HCBS setting.
- B. The case manager shall authorize and specify in a case management plan any additions, deletions, or changes in home and community based services provided to a member or in accordance with R9-28-510.
- C. Home and community based services include the following:
 1. Home health services provided on a part-time or intermittent basis. These services include:
 - a. Nursing care;
 - b. Home health aide;
 - c. Medical supplies, equipment, and appliances;
 - d. Physical therapy;
 - e. Occupational therapy;
 - f. Respiratory therapy; and
 - g. Speech and audiology services;
 2. Private duty nursing services;
 3. Medical supplies and durable medical equipment, including customized DME, as described in 9 A.A.C. 22, Article 2;
 4. Transportation services to obtain covered medically necessary services;
 5. Adult day health services provided to a member in an adult day health care facility licensed under 9 A.A.C. 10, Article 5, including:

- a. Supervision of activities specified in the member's care plan;
- b. Personal care;
- c. Personal living skills training;
- d. Meals and health monitoring;
- e. Preventive, therapeutic, and restorative health related services; and
- f. Behavioral health services, provided either directly or through referral, if medically necessary;
6. Personal care services;
7. Homemaker services;
8. Home delivered meals, that provide at least one-third of the recommended dietary allowance, for a member who does not have a developmental disability under A.R.S. § 36-551;
9. Respite care services for no more than 600 hours per benefit year;
10. Habilitation services including:
 - a. Physical therapy;
 - b. Occupational therapy;
 - c. Speech and audiology services;
 - d. Training in independent living;
 - e. Special development skills that are unique to the member;
 - f. Sensory-motor development;
 - g. Behavior intervention; and
 - h. Orientation and mobility training;
11. Developmentally disabled day care provided in a group setting during a portion of a 24-hour period, including:
 - a. Supervision of activities specified in the member's care plan;
 - b. Personal care;
 - c. Activities of daily living skills training; and
 - d. Habilitation services;
12. Supported employment services provided to a member in the ALTCS transitional program under R9-28-306 who is developmentally disabled under A.R.S. § 36-551.

Historical Note

Adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 17 A.A.R. 1876, effective October 1, 2011 (Supp. 11-3). Exemption to amend rules to expire December 31, 2013 under Laws 2012, Chapter 299, Section 8 therefore this Section was amended by final rulemaking at 19 A.A.R. 2758, effective October 8, 2013 (Supp. 13-3).

R9-28-206. ALTCS Services that may be Provided to a Member Residing in either an Institutional or HCBS Setting

The Administration shall cover the following services if the services are provided to a member within the limitations listed:

1. Occupational and physical therapies, speech and audiology services, and respiratory therapy:
 - a. The duration, scope, and frequency of each therapeutic modality or service is prescribed by the member's primary care provider or attending physician;
 - b. The therapy or service is authorized by the member's contractor or the Administration; and
 - c. The therapy or service is included in the members case management plan;
 - d. AHCCCS will not cover more than 15 outpatient physical therapy visits for the contract year with the exception of the required Medicare coinsurance and

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- deductible payment as described in 9 A.A.C. 29, Article 3.
2. Medical supplies, durable medical equipment, and customized durable medical equipment, which conform with the requirements and limitations of 9 A.A.C. 22, Article 2 and as described under R9-28-202 for persons in HCBS settings;
 3. Ventilator dependent services:
 - a. Inpatient or institutional services are limited to services provided in a general hospital, special hospital, NF, or ICF-MR. Services provided in a general or special hospital are included in the hospital's unit tier rate under 9 A.A.C. 22, Article 7;
 - b. A ventilator dependent member may receive the array of home and community based services under R9-28-205 as appropriate.
 4. Hospice services:
 - a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
 - b. Covered hospice services for a member are those allowable under 42 CFR 418.202, December 20, 1994, incorporated by reference and on file with the Administration and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments; and
 - c. Covered hospice services do not include:
 - i. Medical services provided that are not related to the terminal illness, or
 - ii. Home delivered meals.
 - d. Medicare is the primary payor of hospice services for a member if applicable.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2356, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1664, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 21 A.A.R. 1243, effective July 7, 2015 (Supp. 15-3).

ARTICLE 3. PREADMISSION SCREENING (PAS)**R9-28-301. Definitions**

- A. Common definitions. In addition to definitions contained in A.R.S. Title 36, Chapter 29, and 9 A.A.C. 28, Article 1, the words and phrases in this Article have the following meanings for an individual who is elderly or physically disabled (EPD) or developmentally disabled (DD) unless the context explicitly requires another meaning:

“Applicant” is defined in A.A.C. R9-22-101.

“Assessor” means a social worker as defined in this subsection or a licensed registered nurse (RN) who:

Is employed by the Administration to conduct PAS assessments,
 Completes a minimum of 30 hours of classroom training in both EPD and DD PAS for a total of 60 hours, and
 Receives intensive oversight and monitoring by the Administration during the first 30 days of employ-

ment and ongoing oversight by the Administration during all periods of employment.

“Current” means belonging to the present time.

“Disruptive behavior” means inappropriate behavior by the applicant or member including urinating or defecating in inappropriate places, sexual behavior inappropriate to time, place, or person or excessive whining, crying, or screaming that interferes with an applicant's or member's normal activities or the activities of others and requires intervention to stop or interrupt the behavior.

“Frequency” means the number of times a specific behavior occurs within a specified interval.

“Functional assessment” means an evaluation of information about an applicant's or member's ability to perform activities related to:

Developmental milestones,
 Activities of daily living,
 Communication, and
 Behavior.

“Immediate risk of institutionalization” means the status of an applicant or member under A.R.S. § 36-2934(A)(5) and as specified in A.R.S. § 36-2936 and in the Administration's Section 1115 Waiver with Centers for Medicare and Medicaid Services (CMS).

“Intervention” means therapeutic treatment, including the use of medication, behavior modification, and physical restraints to control behavior. Intervention may be formal or informal and includes actions taken by friends or family to control the behavior.

“Medical assessment” means an evaluation of an applicant's or member's medical condition and the applicant's or member's need for medical services.

“Medical or nursing services and treatments” or “services and treatments” means specific, ongoing medical, psychiatric, or nursing intervention used actively to resolve or prevent deterioration of a medical condition. Durable medical equipment and activities of daily living assistive devices are not treatment unless the equipment or device is used specifically and actively to resolve the existing medical condition.

“Physician consultant” means a physician who contracts with the Administration.

“Social worker” means an individual with two years of case management-related experience or a baccalaureate or master's degree in:

Social work,
 Rehabilitation,
 Counseling,
 Education,
 Sociology,
 Psychology, or
 Other closely related field.

“Special diet” means a diet planned by a dietitian, nutritionist, or nurse that includes high fiber, low sodium, or pureed food.

“Toileting” means the process involved in an applicant's or member's managing of the elimination of urine and feces in an appropriate place.

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“Vision” means the ability to perceive objects with the eyes.

- B.** EPD. In addition to definitions contained in subsection (A), the following also apply to an applicant or member who is EPD:

“Aggression” means physically attacking another, including:

- Throwing an object,
- Punching,
- Biting,
- Pushing,
- Pinching,
- Pulling hair,
- Scratching, and
- Physically threatening behavior.

“Bathing” means the process of washing, rinsing, and drying all parts of the body, including an applicant’s or member’s ability to transfer to a tub or shower and to obtain bath water and equipment.

“Continence” means the applicant’s or member’s ability to control the discharge of body waste from bladder and bowel.

“Dressing” means the physical process of choosing, putting on, securing fasteners, and removing clothing and footwear. Dressing includes choosing a weather-appropriate article of clothing but excludes aesthetic concerns. Dressing includes the applicant’s or member’s ability to put on artificial limbs, braces, and other appliances that are needed daily.

“Eating” means the process of putting food and fluids by any means into the digestive system.

“Emotional and cognitive functioning” means an applicant’s or member’s orientation and mental state, as evidenced by aggressive, self-injurious, wandering, disruptive, and resistive behaviors.

“EPD” means an applicant or member who is elderly or physically disabled.

“Grooming” means an applicant’s or member’s process of tending to appearance. Grooming includes: combing or brushing hair; washing face and hands; shaving; oral hygiene (including denture care); and menstrual care. Grooming does not include aesthetics such as styling hair, skin care, nail care, and applying cosmetics.

“Mobility” means the extent of an applicant’s or member’s purposeful movement within a residential environment.

“Orientation” means an applicant’s or member’s awareness of self in relation to person, place, and time.

“Physically disabled” means an applicant or member who is determined to be physically impaired by the Administration through the PAS assessment as allowed under the Administration’s Section 1115 Waiver with CMS.

“Resistiveness” means inappropriately obstinate and uncooperative behaviors, including passive or active obstinate behaviors, or refusing to participate in self-care or to take necessary medications. Resistiveness does not include difficulties with auditory processing or reasonable expressions of self-advocacy.

“Self-injurious behavior” means repeated self-induced, abusive behavior that is directed toward infliction of immediate physical harm to the body.

“Sensory” means of or relating to the senses.

“Transferring” means an applicant’s or member’s ability to move horizontally or vertically between two surfaces within a residential environment, excluding transfer for toileting or bathing.

“Wandering” means an applicant’s or member’s moving about with no rational purpose and with a tendency to go beyond the physical parameter of the residential environment.

- C.** DD. In addition to definitions contained in subsection (A), the following also apply to an applicant or member who is DD:

“Acute” means an active medical condition having a sudden onset, lasting a short time, and requiring immediate medical intervention.

“Aggression” means physically attacking another, including:

- Throwing objects,
- Punching,
- Biting,
- Pushing,
- Pinching,
- Pulling hair, and
- Scratching.

“Ambulation” means the ability to walk and includes quality of the walking and the degree of independence in walking.

“Bathing or showering” means an applicant’s or member’s ability to complete the bathing process including drawing the bath water, washing, rinsing, and drying all parts of the body, and washing the hair.

“Clarity of communication” means an ability to speak in recognizable language or use a formal symbolic substitution, such as American-Sign Language.

“Community mobility” means the applicant’s or member’s ability to move about a neighborhood or community independently, by any mode of transportation.

“Crawling and standing” means an applicant’s or member’s ability to crawl and stand with or without support.

“DD” means developmentally disabled.

“Developmental milestone” means a measure of an applicant’s or member’s functional abilities, including:

- Fine motor skills,
- Gross motor skills,
- Communication,
- Socialization,
- Daily living skills, and
- Behaviors.

“Dressing” means the ability to put on and remove an article of clothing. Dressing does not include the ability to put on or remove braces nor does it reflect an applicant’s or member’s ability to match colors or choose clothing appropriate for the weather.

“Eating or drinking” means the process of putting food and fluid by any means into the digestive system.

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“Expressive verbal communication” means an applicant’s or member’s ability to communicate thoughts with words or sounds.

“Food preparation” means the ability to prepare a simple meal including a sandwich, cereal, or a frozen meal.

“Hand use” means the applicant’s or member’s ability to use both hands, or one hand if an applicant or member has only one hand or has the use of only one hand.

“History” means a medical condition that occurred in the past, regardless of whether the medical condition required treatment in the past, and is not now active.

“Personal hygiene” means the process of tending to one’s appearance. Personal hygiene may include: combing or brushing hair, washing face and hands, shaving, performing routine nail care, oral hygiene including denture care, and menstrual care. This does not include aesthetics such as styling hair, skin care, and applying cosmetics.

“Rolling and sitting” means an applicant’s or member’s ability to roll and sit independently or with the physical support of another person or with a device such as a pillow or specially-designed chair.

“Running or wandering away” means an applicant or member leaving a physical environment without notifying or receiving permission from the appropriate individuals.

“Self-injurious behavior” means an applicant’s or member’s repeated behavior that causes injury to the applicant or member.

“Verbal or physical threatening” means any behavior in which an applicant or member uses words, sounds, or action to threaten harm to self, others, or an object.

“Wheelchair mobility” means an applicant’s or member’s mobility using a wheelchair and does not include the ability to transfer to and from the wheelchair.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsection (C) effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed by emergency action, new Section adopted by emergency action, subsection (A) effective June 30, 1995, subsection (B) effective September 1, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days; entire Section filed in the Secretary of State’s Office June 30, 1995 (Supp. 95-2). Section repealed by emergency action, new Section adopted again by emergency action with changes effective January 2, 1996, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 96-1). Emergency expired June 1, 1996. Section in effect before emergency action restored. Section repealed; new Section adopted effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4007, effective October 5, 2006 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 167, effective March 12, 2011 (Supp. 11-1). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October

14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-28-302. General Provisions

To qualify for services described in A.R.S. § 36-2939:

1. An applicant shall meet the financial criteria described in Article 4, and
2. AHCCCS shall determine that the applicant is at immediate risk of institutionalization under the PAS assessment as specified in this Article.

Historical Note

New Section adopted by emergency action, subsection (A) effective June 30, 1995, subsection (B) effective September 1, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days; entire Section filed in the Office of the Secretary of State June 30, 1995 (Supp. 95-2). New Section adopted again by emergency action with changes effective January 2, 1996, pursuant to A.R.S. § 41-1026 (Supp. 96-1). Emergency expired June 1, 1996. New Section adopted effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4).

R9-28-303. Preadmission Screening (PAS) Process

- A. The assessor shall use the PAS instrument to determine whether the following applicants or members are at immediate risk of institutionalization:
 1. The assessor shall use the PAS instrument prescribed in R9-28-304 to assess an applicant or member who is EPD.
 2. The assessor shall use the age-specific PAS instrument prescribed in R9-28-305 to assess an applicant or member who is physically disabled and less than 6 years old. After assessing the child, the assessor shall refer the child for physician consultant review under subsections (G) through (J).
 3. The assessor shall use the PAS instrument prescribed in R9-28-305 to assess an applicant or member who is DD, except as specified in subsection (A)(4) for an applicant or member who is DD and residing in a NF. After assessing a child who is DD and less than 6 months of age, the assessor shall refer the child for physician consultant review under subsections (G) through (J).
 4. The assessor shall use the PAS instrument prescribed in R9-28-304 for an applicant or a member who is DD and residing in a NF.
 5. The assessor shall use the PAS instrument prescribed in R9-28-304 or R9-28-305, whichever is applicable, to assess an applicant or member who is classified as ventilator-dependent, under Section 1902(e)(9) of the Social Security Act.
- B. For an initial assessment of an applicant who is in a hospital or other acute care setting:
 1. A registered nurse assessor shall complete the PAS assessment; or
 2. In the event that a registered nurse assessor is not available, a social worker assessor shall complete the PAS assessment; and
- C. An assessor shall conduct a PAS assessment with an applicant or member, except as provided in subsection (F). The assessor shall make reasonable efforts to obtain the applicant’s or member’s available medical records. The assessor may also obtain information for the PAS assessment from interviews with the:
 1. Applicant or member,
 2. Parent,
 3. Guardian,

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4. Caregiver, or
 5. Any person familiar with the applicant's or member's functional or medical condition.
- D.** Using the information described in subsection (C), an assessor shall complete the PAS assessment based on the assessor's education, experience, professional judgment, and training.
- E.** After the assessor completes the PAS assessment, the assessor shall calculate a PAS score. The assessor shall compare the PAS score to an established threshold score. The scoring methodology and threshold scores are specified in R9-28-304 and R9-28-305. Except as determined by physician consultant review as provided in subsections (G) through (J), the threshold score is the point at which an applicant or member is determined to be at immediate risk of institutionalization.
- F.** Upon request from a person acting on behalf of the applicant, the Administration shall conduct a PAS assessment to determine whether a deceased applicant would have been eligible to receive ALTCS benefits for those months.
- G.** In the following circumstances, the Administration shall request that a physician consultant review the PAS assessment, the available medical records, and use professional judgment to make the determination that an applicant or member has a developmental disability or has a nonpsychiatric medical condition that, by itself or in combination with other medical conditions, places an applicant or member at immediate risk of institutionalization:
1. The PAS score of an applicant or member who is EPD is less than the threshold specified in R9-28-304, but is at least 56;
 2. The PAS score of an applicant or member who is DD is less than the threshold specified in R9-28-305, but is at least 38;
 3. An applicant or member scores below the threshold specified in R9-28-304, but the Administration has reasonable cause to believe that the applicant's or member's unique functional abilities or medical condition may place the applicant or member at immediate risk of institutionalization;
 4. An applicant or member scores below the threshold specified in R9-28-304 and has a documented diagnosis of autism, autistic-like behavior, or pervasive developmental disorder;
 5. An applicant or member who is seriously mentally ill as defined in A.R.S. § 36-550 who scores at or above the threshold specified in R9-28-304, but may not meet the requirements of A.R.S. § 36-2936. When an applicant or member who is seriously mentally ill scores at or above the threshold, the physician consultant shall exercise professional judgment to determine whether the applicant or member meets the requirements of A.R.S. § 36-2936.
 6. An applicant is an AHCCCS acute care member and scores at or above the threshold specified in R9-28-304 but the Administration has reasonable cause to believe that the applicant's condition is convalescent and requires less than 90 days of institutional care;
 7. An applicant or member is a child who is physically disabled and is at least 6 but less than 12 years of age;
 8. An applicant or member is a child who is physically disabled and is under 6 years of age; and
 9. An applicant is under 6 months of age.
- H.** The physician consultant shall consider the following:
1. Activities of daily living dependence;
 2. Delay in development;
 3. Continence;
 4. Orientation;
 5. Behavior;
 6. Any medical condition, including stability and prognosis of the condition;
 7. Any medical nursing treatment provided to the applicant or member including skilled monitoring, medication, and therapeutic regimens;
 8. The degree to which the applicant or member must be supervised;
 9. The skill and training required of the applicant or member's caregiver; and
 10. Any other factor of significance to the individual case.
- I.** If the physician consultant is unable to make the determination from the PAS assessment and the available medical records, the physician consultant may conduct a face-to-face review with the applicant or member or contact others familiar with the applicant's or member's needs, including a primary care physician or other caregiver, to make the determination.
- J.** The physician consultant shall state the reasons for the determination in the physician review comment section of the PAS instrument.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective July 13, 1992 (Supp. 92-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed by emergency action, new Section adopted by emergency action effective June 30, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 95-2). Section repealed by emergency action, new Section adopted again by emergency action effective January 2, 1996, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 96-1). Emergency expired June 1, 1996. Section in effect before emergency action restored. Section repealed; new Section adopted effective January 14, 1997 (Supp. 97-1). Former Section R9-28-303 renumbered to R9-28-304; new Section R9-28-303 made by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4007, effective October 5, 2006 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 167, effective March 12, 2011 (Supp. 11-1). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-28-304. Preadmission Screening Criteria for an Applicant or Member who is Elderly or Physically Disabled (EPD)

- A.** The PAS instrument for an applicant or member who is EPD includes the following categories:
1. Intake information category. The assessor solicits intake information category information on an applicant's or member's demographic background. The components of the intake information category are not included in the calculated PAS score.
 2. Functional assessment category. The assessor solicits functional assessment category information on an applicant's or member's:
 - a. Need for assistance with activities of daily living, including:
 - i. Bathing,
 - ii. Dressing,
 - iii. Grooming,

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- iv. Eating,
 - v. Mobility,
 - vi. Transferring, and
 - vii. Toileting in the residential environment or other routine setting;
 - b. Communication and sensory skills, including hearing, expressive communication, and vision; and
 - c. Continence, including bowel and bladder functioning.
3. Emotional and cognitive functioning category. The assessor solicits emotional and cognitive functioning category information on an applicant's or member's:
- a. Orientation to person, place, and time. In soliciting this information, the assessor shall also take into account the caregiver's judgment; and
 - b. Behavior, including:
 - i. Wandering
 - ii. Self-injurious behavior,
 - iii. Aggression,
 - iv. Resistiveness, and
 - v. Disruptive behavior.
4. Medical assessment category. The assessor solicits medical assessment category information on an applicant's or member's:
- a. Medical conditions that have an impact on the applicant's or member's functional ability in relation to activities of daily living, continence, and vision;
 - b. Medical condition that requires medical or nursing service and treatment;
 - c. Medication, treatment, and allergies;
 - d. Specific services and treatments that the applicant or member is currently receiving; and
 - e. Physical measurements, hospitalization history, and ventilator dependency.
- B.** The assessor shall use the PAS instrument to assess an applicant or member who is EPD as specified in this Section. A copy of the PAS instrument is available from the Administration. The Administration uses the assessor's PAS assessment to calculate three scores: a functional score, a medical score, and a total score.
1. Functional score:
- a. The Administration calculates the functional score from responses to scored items in the functional assessment and emotional and cognitive functioning categories. For each response to a scored item, a number of points is assigned, which is multiplied by a weighted numerical value. The result is a weighted score for each response.
 - b. In the functional assessment matrix, all items in the following categories are scored according to subsection (C):
 - i. Activities of daily living,
 - ii. Continence,
 - iii. Sensory,
 - iv. Orientation, and
 - v. Behavior.
2. Medical score.
- a. In the medical assessment matrix, all items in the following categories are scored according to:
 - i. Medical conditions as specified in subsection (C), and
 - ii. Medical or nursing services and treatments in subsection (C).
 - b. The Administration calculates the medical score based on the applicant's or member's:
 - i. Diagnosis of Alzheimer's, or dementia, or organic brain syndrome (OBS);
 - ii. Diagnosis of paralysis; and
 - iii. Current use of oxygen.
 - c. The maximum medical score attainable by an applicant or member is 31.5.
3. Total score.
- a. The sum of an applicant's or member's functional and medical scores equals the total score.
 - b. The total score is compared to the established threshold score as calculated under this Section. The threshold score is 60.
 - c. As defined in R9-28-303, an applicant or member is determined at immediate risk of institutionalization if the total score is equal to or greater than 60.
- C.** The following matrices represent the number of points available and the respective weight for each scored item.
1. Table 1, Functional assessment points. The lowest value in the range of points available per item in the functional assessment category, zero, indicates minimal to no impairment. Conversely, the highest value indicates severe impairment.
2. Table 2, Medical assessment points. The lowest value in the range of points available per item in the medical assessment category, zero, indicates that the applicant or member:
- a. Does not have the scored medical condition,
 - b. Does not need the scored medical or nursing services, or
 - c. Does not receive the scored medical or nursing services.

Table 1. Functional Assessment

FUNCTIONAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Activities of Daily Living Section			
Mobility	0-3	5	0-15
Transfer	0-3	5	0-15
Bathing	0-3	5	0-15
Dressing	0-3	5	0-15
Grooming	0-3	5	0-15
Eating	0-3	5	0-15
Toileting	0-3	5	0-15
Continence Section			

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Bowel	0-3	1	0-3
Bladder	0-3	1	0-3
Sensory Section			
Vision	0-3	2	0-6
Orientation Section			
Place	0-4	.5	0-2
Time	0-4	.5	0-2
Emotional or Cognitive Behavior Section			
Aggression-Frequency	0-3	1.5	0-4.5
Aggression-Intervention	0-3	1.5	0-4.5
Self-injurious-Frequency	0-3	1.5	0-4.5
Self-injurious-Intervention	0-3	1.5	0-4.5
Wandering-Frequency	0-3	1.5	0-4.5
Wandering-Intervention	0-3	1.5	0-4.5
Resistiveness-Frequency	0-3	1.5	0-4.5
Resistiveness-Intervention	0-3	1.5	0-4.5
Disruptive-Frequency	0-3	1.5	0-4.5
Disruptive-Intervention	0-3	1.5	0-4.5

Table 2. Medical Assessment

MEDICAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Medical Conditions Section			
Paralysis	0-1	6.5	0 or 6.5
Alzheimer's, or OBS, or Dementia	0-1	20	0 or 20
Services and Treatments Section			
Oxygen	0-1	5	0 or 5

Historical Note

New Section adopted by emergency action, subsection (A) effective June 30, 1995, subsection (B) effective September 1, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days; entire Section filed as an emergency rule with the Secretary of State's Office June 30, 1995 (Supp. 95-2). New Section adopted again by emergency action with changes effective January 2, 1996, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 96-1). Emergency expired. New Section adopted effective January 14, 1997 (Supp. 97-1). Former Section R9-28-304 renumbered to R9-28-305; new Section R9-28-304 renumbered from R9-28-303 and amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4007, effective October 5, 2006 (Supp. 06-4). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022; the functional and medical assessment matrices following subsection (C)(2)(c) have been named Table 1 and 2 (Supp. 22-3).

R9-28-305. Preadmission Screening Criteria for an Applicant or Member who is Developmentally Disabled (DD)

A. The Administration shall conduct a PAS assessment of an applicant or member who is DD using one of three PAS instruments specifically designed to assess an applicant or member in the following age groups:

1. Twelve years of age and older,
2. Six through 11 years of age, and
3. Birth through 5 years of age.

B. The PAS instruments for an applicant or member who is DD include three major categories:

1. Intake information category. The assessor solicits intake information category information on an applicant's or member's demographic background. The components of this category are not included in the calculated PAS score.
2. Functional assessment category. The functional assessment category differs by age group as indicated in subsections (B)(2)(a) through (e):
 - a. For an applicant or member 12 years of age and older, the assessor solicits the functional assessment category information on an applicant's or member's:
 - i. Need for assistance with independent living skills, including hand use, ambulation, wheel-

chair mobility, transfer, eating or drinking, dressing, personal hygiene, bathing or showering, food preparation, community mobility, and toileting;

- ii. Communication skills and cognitive abilities, including expressive verbal communication, clarity of communication, associating time with an event and action, and remembering an instruction and a demonstration; and
- iii. Behavior, including aggression, verbal or physical threatening, self-injurious behavior, and resistive or rebellious behavior.

- b. For an applicant or member 6 through 11 years of age, the assessor solicits the functional assessment category information on an applicant's or member's:
 - i. Need for assistance with independent living skills, including rolling and sitting, crawling and standing, ambulation, climbing stairs or ramps, wheelchair mobility, dressing, personal hygiene, bathing or showering, toileting, level of bladder control, and orientation to familiar settings;

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- ii. Communication, including expressive verbal communication and clarity of communication; and
 - iii. Behavior, including aggression, verbal or physical threatening, self-injurious behavior, running or wandering away, and disruptive behavior.
 - c. For an applicant or member 6 months through 5 years of age, the assessor solicits the functional assessment category information on an applicant's or member's performance with respect to a series of developmental milestones that measure an applicant's or member's degree of functional growth.
 - d. For an applicant or member less than 6 months of age, the assessor shall not complete a functional assessment. The assessor shall include a description of the applicant's or member's development in the PAS instrument narrative summary.
3. Medical assessment category. The assessor solicits medical assessment category information on an applicant's or member's:
- a. Medical condition;
 - b. Specific services and treatments the applicant or member receives or needs and the frequency of those services and treatments;
 - c. Current medication;
 - d. Medical stability;
 - e. Sensory functioning;
 - f. Physical measurements; and
 - g. Current living arrangement, ventilator dependency and eligibility for DES Division of Developmental Disabilities program services.
- C. The assessor shall use the PAS instrument to assess an applicant or member who is DD. A copy of the PAS instrument is available from the Administration. The Administration uses the assessor's PAS instrument responses to calculate three scores: a functional score, a medical score, and a total score.
1. Functional score.
- a. The Administration calculates the functional score from responses to scored items in the functional assessment category. Each response is assigned a number of points which is multiplied by a weighted numerical value, resulting in a weighted score for each response.
 - b. The following items are scored as indicated in subsection (D), under the Functional Assessment matrix:
 - i. For an applicant or member 12 years of age and older, all items in the behavior section are scored. Designated items in the independent living skills, communication skills, and cognitive abilities sections are also scored;
 - ii. For an applicant or member 6 through 11 years of age, all items in the communication section are scored. Designated items in the independent living skills and behavior sections are scored;
 - iii. For an applicant or member 6 months of age through 5 years of age, items in the developmental milestones section are scored based on the age of the applicant.
 - c. The sum of the weighted scores equals the functional score. The range of weighted score per item

and maximum functional score for each age group is presented below:

AGE GROUP	RANGE FOR WEIGHTED SCORE PER ITEM	MAXIMUM FUNCTIONAL SCORE ATTAINABLE
12+	0 - 11.2	124.1
6-11	0 - 24	112.5
0-5	0 - 5.0	106.02

- d. No minimum functional score is required.
2. Medical score.
- a. Subsections (C)(2)(a)(i) through (iii) are scored as indicated in subsection (D), under the Medical Assessment matrix:
 - i. The assessor shall score designated items in the medical conditions for an applicant or member 12 years of age and older and 6 years of age through 11 years of age.
 - ii. The assessor shall score designated items in the medical conditions and medical stability sections for an applicant or member 6 months of age through 5 years of age.
 - iii. The assessor shall complete only the medical assessment section of the PAS for an applicant or member less than 6 months of age. There is no weighted or calculated score assigned. The assessor shall refer the applicant or member for physician consultant review.
 - b. The Administration calculates the medical score from information obtained in the medical assessment category. Each response to a scored item is assigned a number of points. The sum of the points equals the medical score. The range of points per item and the maximum medical score attainable by an applicant or member is presented below:
- | AGE GROUP | RANGE OF POINTS PER ITEM | MAXIMUM MEDICAL SCORE ATTAINABLE |
|-----------|--------------------------|----------------------------------|
| 12+ | 0 - 20.6 | 21.4 |
| 6-11 | 0 - 2.5 | 5 |
| 0-5 | 0 - 10 | 60 |
- c. No minimum medical score is required.
3. Total score.
- a. The sum of an applicant's or member's functional and medical scores equals the total score.
 - b. The total score is compared to an established threshold score in R9-28-304. For an applicant or member who is DD, the threshold score is 40. Based upon the PAS instrument an applicant or member with a total score equal to or greater than 40 is at immediate risk of institutionalization.
- D. The following matrices represent the number of points available and the weight for each scored item.
- 1. Functional assessment points. An applicant or member age group 0 to 5: The value is received for each negative response. An applicant or member age groups 6 to 11 and 12+: the lowest value in the range of points available per item in the functional assessment category indicates minimal to no impairment. Conversely, the highest value indicates severe impairment.
 - 2. Medical assessment points. The lowest value in the range of points available per item in the medical assessment category, zero, indicates that the applicant or member:

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- a. Does not have a medical condition specified in the following matrices,
- b. Does not need medical or nursing service as specified in the following matrices, or
- c. Does not receive any medical or nursing service as specified in the following matrices.

Table 3. Age Group 12 and Older Assessment

FUNCTIONAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Independent Living Skills Section			
Hand Use, Food Preparation	0-3	3.5	0-10.5
Ambulation, Toileting, Eating, Dressing, Personal Hygiene	0-4	2.8	0-11.2
Communicative Skills and Cognitive Abilities Section			
Associating Time, Remembering Instructions	0-3	0.5	0-1.5
Behavior Section			
Aggression, Threatening, Self Injurious	0-4	2.8	0-11.2
Resistive	0-3	3.5	0-10.5
MEDICAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Medical Condition Section			
Cerebral Palsy	0-1	0-4	0-4
Epilepsy	0-1	0-4	0-4
Moderate, Severe or Profound Mental Retardation	0-1	0-20.6	0-20.6

Table 4. Age Group 6-11 Assessment

FUNCTIONAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Independent Living Skills Section			
Climbing Stairs, Wheelchair Mobility, Bladder Control	0-3	1.875	0-5.625
Ambulation, Dressing, Bathing, Toileting	0-4	1.5	0-6
Crawling or Standing	0-5	1.25	0-6.25
Rolling or Sitting	0-8	0.833	0-6.66
Communication Section			
Clarity	0-4	1.5	0-6
Expressive Communication	0-5	1.25	0-6.25
Behavior Section			
Wandering	0-4	6	0-24
Disruptive	0-3	7.5	0-22.5
MEDICAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Medical Condition Section			
Cerebral Palsy	0-1	0-2.5	0-2.5
Epilepsy	0-1	0-2.5	0-2.5

Table 5. Age Group 0 – 5 Assessment

FUNCTIONAL ASSESSMENT	Weight (W)
6 -9 Months	5.0
9-11 Months	4.1
12-17 Months	2.9
18-23 Months	2.125
24-29 Months	1.75
30-35 Months	1.55
36-47 Months	1.34
48-59 Months	1.14
60 Months+	1.03
MEDICAL ASSESSMENT	Weight (W)
Cerebral Palsy	5.0
Epilepsy	5.0
Moderate, Severe, or Profound Mental Retardation (36 Months and older only)	15.0
Autism + M-CHAT (18 Months and older only) Fails at least six M-CHAT based questions	7.0

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Autism + Behaviors (30-35 Months only) Exhibits at least 3 of 4 specific behaviors	5.0
Autism + Behaviors (36 Months and older only) Exhibits at least 6 of 8 specific behaviors	10.0
Drug Regulation + Administration (6 Months to 35 Months)	1.0
Drug Regulation + Administration (36 Months and older)	1.5
Non-Bowel/Bladder Ostomy Care (6 Months to 35 Months)	7.0
Non-Bowel/Bladder Ostomy Care (36 Months and older)	5.0
Tube Feeding (6 Months to 35 Months)	7.0
Tube Feeding (36 Months and older)	5.0
Physical Therapy or Occupational Therapy (6 Months to 35 Months)	1.0
Physical Therapy or Occupational Therapy (36 Months and older)	1.5
Acute Hospital Admission (One)	1.0
Acute Hospital Admissions (Two or more)	2.0
Direct Care Staff Trained (6 Months to 11 Months)	0.5
Direct Care Staff Trained (12 Months and older)	1.0
Special Diet	2.0

Historical Note

Section adopted by emergency action effective June 30, 1995, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 95-2). Section adopted again by emergency action effective January 2, 1996, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 96-1). Emergency expired. New Section adopted effective January 14, 1997 (Supp. 97-1). Former Section R9-28-305 renumbered to R9-28-306; new Section R9-28-305 renumbered from R9-28-304 and amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 17 A.A.R. 167, effective March 12, 2011 (Supp. 11-1). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022; the functional and medical assessment matrices following subsection (D)(2)(c) have been named Table 3 through 5 (Supp. 22-3).

R9-28-306. Reassessments

- A. An assessor shall reassess an ALTCS member to determine continued eligibility:
1. In connection with a routine audit of the PAS assessment by AHCCCS;
 2. In connection with a request by a provider, program contractor, case manager, or other party, if AHCCCS determines that continued eligibility is uncertain due to substantial evidence of a change in the member's circumstances or error in the PAS assessment; or
 3. Annually when part of a population group identified by the Director in a written report as having an increased likelihood of becoming ineligible.
- B. An assessor shall determine continued eligibility for ALTCS using the same criteria used for the initial PAS assessment as prescribed in R9-28-303.
- C. An assessor shall refer the reassessment to physician consultant review if the member is:
1. Determined ineligible,
 2. In the ALTCS Transitional Program under R9-28-307 and resides in a NF or ICF-IID, or
 3. Seriously mentally ill and no longer has a non-psychiatric medical condition that impacts the member's ability to function.

Historical Note

Adopted effective September 1, 1995, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 322, § 21; filed with the Office of the Secretary of State June 29, 1995 (Supp. 95-3). Former Section R9-28-306 renumbered to R9-28-307; new Section R9-28-306 renumbered from R9-28-305 and amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 10 A.A.R. 1312, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 17 A.A.R. 167, effective March 12, 2011 (Supp. 11-1). Amended by final expedited rulemak-

ing at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-28-307. The ALTCS Transitional Program for a Member who is Elderly or Physically Disabled (EPD) or Developmentally Disabled (DD)

- A. The ALTCS transitional program serves members enrolled in the ALTCS program who, at the time of reassessment as described in R9-28-306, no longer meet the threshold specified in R9-28-304 for EPD or in R9-28-305 for DD but do meet all other ALTCS eligibility criteria. The Administration shall compare the member's PAS assessment to a scoring methodology for eligibility in the ALTCS transitional program as defined in subsections (B) and (C).
- B. The Administration shall transfer a member who is DD from the ALTCS program to the ALTCS transitional program if, at the time of a reassessment, the total PAS score is less than the threshold described in R9-28-305 but is at least 30, or the member is diagnosed with moderate, severe, or profound mental retardation.
- C. The Administration shall transfer a member who is EPD from the ALTCS program to the ALTCS transitional program if, at the time of a reassessment, the PAS score is less than the threshold described in R9-28-304 but is at least 40.
- D. For a member residing in a NF or ICF-IID, the program contractor or the Administration shall ensure that the member is moved to an approved home- and community-based setting within 90 continuous days from the enrollment date of the member's eligibility for the ALTCS transitional program.
- E. A member in the ALTCS transitional program shall continue to receive all medically necessary covered services as specified in Article 2.
- F. A member in the ALTCS transitional program is eligible to receive up to 90 continuous days per NF or ICF-IID admission when the member's condition worsens to the extent that an admission is medically necessary.

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- G. For a member requiring medically necessary NF or ICF-IID services for longer than 90 days, the program contractor shall request the Administration to conduct a reassessment under R9-28-306.

Historical Note

New Section renumbered from R9-28-306 and amended by final rulemaking at 7 A.A.R. 5824, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4007, effective October 5, 2006 (Supp. 06-4). Amended by final expedited rulemaking at 28 A.A.R. 3303 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

ARTICLE 4. ELIGIBILITY AND ENROLLMENT**R9-28-401. Eligibility and Enrollment-Related Definitions**

Definitions. For purposes of this Article, the following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning:

“ALTCS acute care services” means services under 9 A.A.C. 22, Articles 2 and 12, that are provided to a person who meets ALTCS eligibility requirements in 9 A.A.C. 28, Article 4 and who:

- Lives in an acute care living arrangement described in R9-28-406; or
- Is not eligible for long-term care benefits, described in R9-28-409, due to a transfer under R9-28-409 without receiving fair consideration, or
- Has refused institutionalized or HCBS services.

“Community spouse” means the husband or wife of an institutionalized person who has entered into a contract of marriage, recognized as valid by the state of Arizona, and who does not live in a medical institution.

“CSRD” means Community Spouse Resource Deduction, the amount of a married couple’s resources that is excluded in the eligibility determination to prevent impoverishment of the community spouse as determined under R9-28-410.

“Fair consideration” means income, real or personal property, services, or support and maintenance equal to or exceeding the fair market value of the income or resources that were transferred.

“First continuous period of institutionalization” means the first period beginning on or after September 30, 1989 that the applicant was institutionalized for 30 consecutive days or more. To be considered institutionalized, the applicant must:

- Have resided in a medical institution;
- Have received paid formal Home and Community Based Services (HCBS);
- Have received a combination of medical institutionalization and HCBS, or
- Intend to receive HCBS and either:

- Requests a Resource Assessment and is determined in need if institutional services by a Resource Assessment Medical Evaluation; or
- Applies for ALTCS and is determined medically eligible by the Pre-Admission Screening (PAS).

“Institutionalized” means residing in a medical institution or receiving or expecting to receive HCBS that prevent the person from being placed in a medical institution as determined by the PAS.

“Medically eligible” means meeting the ALTCS medical eligibility criteria under Article 3 of this Chapter.

“MMMNA” means Minimum Monthly Maintenance Needs Allowance.

“Redetermination” means a periodic review of all eligibility factors for a recipient.

“Representative” means a person other than a spouse or a parent of a dependent child, who applies for ALTCS on behalf of another person.

“Share of costs” means the amount an ALTCS recipient is required to pay toward the cost of long term care services.

“Spouse” means a person legally married under Arizona law, a person eligible for Social Security benefits as the spouse of another person, or a person living with another person of the opposite sex and the couple represents themselves in the community as husband and wife.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5138, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-401.01. General**A. Application for ALTCS coverage.**

1. The Administration shall provide a person the opportunity to apply for ALTCS as described under Chapter 22, Article 3, unless specified otherwise in this Section.
2. To apply for ALTCS, a person shall submit an application to an ALTCS eligibility office.
 - a. The application shall contain the applicant’s name and address.
 - b. Before the application is approved, a person listed in A.A.C. R9-22-302(2) shall sign the application.
 - c. A witness shall also sign the application if an applicant signs the application with a mark.
 - d. The date of application is the date the application is received by the Administration or its designee as described in R9-22-302.
3. Except as provided in R9-22-306, the Administration shall determine eligibility within 45 days from the date of application.
4. An applicant or representative who files an ALTCS application may withdraw the application for ALTCS coverage either orally or in writing to the ALTCS eligibility office where the application was filed. The Administration shall provide the applicant with a denial notice under subsection (E).
5. If an applicant dies while an application is pending, the Administration shall complete an eligibility determination for the deceased applicant.
6. If a person dies before an application is filed, the Administration shall complete an eligibility determination on an application filed on behalf of the deceased applicant, if the application is filed in the month of the person’s death.

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- B.** Conditions of ALTCS eligibility. Except for persons identified in subsection (C), the Administration shall approve a person for ALTCS if all conditions of eligibility are met. The conditions of eligibility are:
1. Citizenship and alien status under Chapter 22, Article 3;
 2. SSN under Chapter 22, Article 3;
 3. Living arrangements under R9-28-406;
 4. Resources under R9-28-407;
 5. Income under R9-28-408;
 6. Transfers under R9-28-409;
 7. A legally authorized person shall assign rights to the Administration for medical support and for payment of medical care from any first- and third-parties as described under R9-22-311;
 8. A person shall take all necessary steps to obtain annuity, pension, retirement, and disability benefits for which a person may be entitled;
 9. State residency under R9-22-305;
 10. Medical eligibility as specified in Chapter 28, Article 3; and
 11. Providing information and verification as specified under Chapter 22, Article 3.
- C.** Persons eligible for Title IV-E or Title XVI are only required to meet the conditions under subsection (B)(6), (B)(10), (B)(11) and with respect to trusts, A.R.S. § 36-2934.01.
- D.** Eligibility effective date.
1. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
 2. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
 3. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.
- E.** Notice. The Administration shall send a person a notice of the decision regarding the person's application. The notice shall include a statement of the action and an explanation of the person's hearing rights as specified in 9 A.A.C. 34 and:
1. Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Administration or its designee shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:
 - a. The name of each approved applicant,
 - b. The effective date of eligibility for each approved applicant,
 - c. The amount of share of cost, and
 - d. The applicant's right to appeal the decision.
 2. Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Administration or its designee shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:
 - a. The name of each ineligible applicant,
 - b. The specific reason why the applicant is ineligible,
 - c. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
 - d. The legal citations supporting the reason for the ineligibility,
 - e. The location where the applicant can review the legal citations, and
 - f. The applicant's right to appeal the decision and request a hearing.
- F.** Confidentiality. The Administration shall maintain the confidentiality of a person's record under A.A.C. R9-22-512.
- Historical Note**
- New Section made by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 19 A.A.R. 3320, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).
- R9-28-402. Repealed**
- Historical Note**
- Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Repealed effective November 4, 1998 (Supp. 98-4). New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Repealed by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).
- R9-28-403. Repealed**
- Historical Note**
- Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Amended effective July 13, 1992 (Supp. 92-3). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Repealed by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).
- R9-28-404. Repealed**
- Historical Note**
- Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Repealed by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).
- R9-28-405. Repealed**
- Historical Note**
- Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Repealed by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).
- R9-28-406. ALTCS Living Arrangements**
- A.** Long-term care living arrangements. A person may be eligible for ALTCS services, under Article 2, while living in one of the following settings:
1. Institutional settings:
 - a. A Nursing Facility (NF) defined in 42 U.S.C. 1396r(a),

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- b. An Institution for Mental Diseases (IMD) for a person who is either under age 21 or age 65 or older,
 - c. An Intermediate Care Facility for the Mentally Retarded (ICF-MR) for a person with developmental disabilities,
 - d. A hospice (free-standing, hospital, or nursing facility subcontracted beds) defined in A.R.S. § 36-401; or
- 2. Home and community-based services (HCBS) settings:
 - a. A person's home defined in R9-28-101(B), or
 - b. Alternative HCBS settings defined in R9-28-101(B).
- B. ALTCS acute care living arrangements.**
 - 1. A person applying for and otherwise entitled to receive ALTCS coverage shall receive only ALTCS acute care coverage if residing in one of the following living arrangements, settings, or locations:
 - a. A noncertified medical facility, or
 - b. A medical facility that is registered with AHCCCS but does not have a contract with an ALTCS program contractor, or
 - c. At home or in an alternative HCBS setting when the person refuses HCBS services, or
 - d. A licensed or certified HCBS facility that is not registered with AHCCCS.
 - 2. Eligibility income limits.
 - a. For a person residing in a setting described in subsection (1)(a) or (1)(b), the gross income limit is 300 percent of the Federal Benefit Rate (FBR).
 - b. For a person residing in a setting described in subsection (1)(c) or (1)(d), the net income limit is 100 percent of the FBR.
- C. Inmate of a public institution.** An inmate of a public institution is not eligible for the ALTCS program if federal financial participation (FFP) is not available as described under R9-22-310.
- D.** For an institutionalized spouse, a resource disregard is allowed under 42 U.S.C. 1396r-5(c).
- E.** Trusts are evaluated in accordance with federal and state laws to determine eligibility.
- F.** A person shall provide information and verification necessary to determine the countable value of resources.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-407. Resource Criteria for Eligibility

- A.** The following Medicaid-eligible persons shall be deemed to meet the resource requirements for ALTCS eligibility unless ineligible due to federal and state laws regarding trusts.
 - 1. A person receiving Supplemental Security Income (SSI);
 - 2. A person receiving Title IV-E Foster Care Maintenance payment; or
 - 3. A person receiving a Title IV-E Adoption Assistance.
- B.** Except as provided in subsection (C), if a person's ALTCS eligibility is most closely related to SSI and is not included in subsection (A), the Administration shall determine eligibility using resource criteria in 42 U.S.C. 1382(a)(1)(B), 42 U.S.C. 1382b, and 20 CFR 416 Subpart L. The resource limit for an individual is \$2,000 or \$3,000 for a couple under 20 CFR 416.1205.
- C.** The Administration permits the following exceptions to the resource criteria for a person identified in subsection (B):
 - 1. Resources of the spouse or parent of a minor child are disregarded beginning the first day in the month the person is institutionalized.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-408. Income Criteria for Eligibility

- A.** The following Medicaid-eligible persons shall be deemed to meet the income requirements for ALTCS eligibility unless ineligible due to federal and state laws regarding trusts.
 - 1. A person receiving Supplemental Security Income (SSI);
 - 2. A person receiving Title IV-E Foster Care Maintenance Payments; or
 - 3. A person receiving Title IV-E Adoption Assistance.
- B.** If the person is not included in subsection (A), the Administration shall count the income described in 42 U.S.C. 1382a and 20 CFR 416 Subpart K to determine eligibility with the following exceptions:
 - 1. Income types excluded by 42 U.S.C. 1382a(b) for determining net income are also excluded in determining gross income to determine eligibility;

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2. Income of the parent or spouse of a minor child is counted as part of income under 42 CFR 435.602, except that the income of the parent or spouse is disregarded for the month beginning when the person is institutionalized;
 3. In-kind support and maintenance, under 42 U.S.C. 1382a(a)(2)(A), are excluded for both net and gross income tests;
 4. The income exceptions under A.A.C. R9-22-1503(B) apply to the net income test; and
 5. Income described in subsection (C) is excluded.
- C.** The following are income exceptions:
1. Disbursements from a trust are considered in accordance with federal and state law; and
 2. For an institutionalized spouse, a person defined in 42 U.S.C. 1396r-5(h)(1), income is calculated in accordance with 42 U.S.C. 1396r-5(b).
- D.** Income eligibility. Except as provided in R9-28-406(B)(2)(b), countable income shall not exceed 300 percent of the FBR.
- E.** The Administration shall determine the amount a person shall pay for the cost of ALTCS services and the post-eligibility treatment of income (share-of-cost) under A.R.S. § 36-2932(L) and 42 CFR 435.725 or 42 CFR 435.726. The Administration shall consider the following in determining the share-of-cost:
1. Income types excluded by 42 U.S.C. 1382a(b) for determining net income are excluded in determining share-of-cost.
 2. SSI benefits paid under 42 U.S.C. 1382(e)(1)(E) and (G) to a person who receives care in a hospital or nursing facility are not included in calculating the share-of-cost.
 3. The share-of-cost of a person with a spouse is calculated as follows:
 - a. If an institutionalized person has a community spouse under 42 U.S.C. 1396r-5(h), share-of-cost is calculated under R9-28-410 and 42 U.S.C. 1396r-5(b) and (d); and
 - b. If an institutionalized person does not have a community spouse, share of cost is calculated solely on the income of the institutionalized person.
 4. Income assigned to a trust is considered in accordance with federal and state law.
 5. The following expenses are deducted from the share-of-cost of an eligible person to calculate the person's share-of-cost:
 - a. A personal-needs allowance (PNA) equal to 300 percent of the FBR for a person who receives or intends to receive HCBS or who resides in a medical institution for less than the full calendar month. A personal-needs allowance equal to 15 percent of the FBR for a person residing in a medical institution for a full calendar month, except:
 - i. The PNA shall be increased above 15% of the FBR by the amount of income garnished for child support under a court order, including administrative fees garnished for collection efforts, but only to the extent that the amount garnished is not deducted as a monthly allowance for the dependent under any other provision of the post-eligibility process. The increase to the PNA due to the garnishment shall not exceed the actual garnishment paid in the month for which the PNA is calculated; and
 - ii. The PNA shall be increased above 15% of the FBR by the amount of income garnished for spousal maintenance under a judgment and decree for dissolution of marriage, including administrative fees garnished for collection efforts, but only to the extent that the amount garnished is not deducted as a monthly allowance for the spouse under any other provision of the post-eligibility process. The increase to the PNA due to the garnishment shall not exceed the actual garnishment paid in the month for which the PNA is calculated.
 - b. A spousal allowance, equal to the FBR minus the income of the spouse, if a spouse but no children remain at home;
 - c. A household allowance equal to the standard specified in Section 2 of the Aid for Families with Dependent Children (AFDC) State Plan as it existed on July 16, 1996 for the number of household members minus the income of the household members if a spouse and children remain at home;
 - d. Expenses for medical and remedial care services if the expenses were for services rendered to the applicant or beneficiary and prescribed by a health care practitioner acting within the scope of practice as defined by State law. The applicant or recipient must have, or have had, a legal obligation to pay the medical or remedial expense. Deductions do not include the cost of services to the extent a third party paid for, or is liable for, the service. Deductions for expenses incurred prior to application are limited to expenses incurred during the three months prior to the filing of an application. Documents shall be submitted within a reasonable time as determined by the Director.
 - e. An amount determined by the Director for the maintenance of a single person's home for not longer than six months if a physician certifies that the person is likely to return home within that period; or
 - f. An amount for Medicare and other health insurance premiums, deductibles, or coinsurance not subject to third-party reimbursement; and
 6. The deductible expense under subsection (5)(d) shall not include any amount for a service covered under the Title XIX State Plan.
- F.** A person shall provide information and verification of income under A.R.S. § 36-2934(G) and 20 CFR 416.203.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 667, effective March 6, 2018 (Supp. 18-1).

R9-28-409. Transfer of Assets

- A.** The provisions in this Section apply to an institutionalized person who has, or whose spouse has, transferred assets and received less than the fair market value (uncompensated value) as specified in A.R.S. § 36-2934(B) and 42 U.S.C. 1396p(c)(1)(A), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732

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N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

- B.** A person shall report transfer of assets. The Administration shall evaluate all transfers made during or after the look-back period under 42 U.S.C. 1396p(c)(1)(B), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The person shall provide verification of any transfer.
- C.** Certain transfers are permitted under 42 U.S.C. 1396p(c)(2), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- D.** If the Administration determines a disqualification period applies due to a transfer, and the person is otherwise eligible, the person may remain eligible for ALTCS acute care services but shall be disqualified for receiving ALTCS coverage under 42 U.S.C. 1396p(c)(1)(E), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- E.** Period of disqualification for transfers.
 - 1. Calculating a period of disqualification at application. The uncompensated value of all transfers shall be divided by the monthly private pay rate. The result of this calculation equals the number of months of ineligibility.
 - 2. Calculating a period of disqualification after approval:
 - a. For one or more transfers occurring in one calendar month or in consecutive months, the period of disqualification is determined under subsection (E)(1). The period of disqualification begins with the month that the first transfer was made.
 - b. For transfers occurring in nonconsecutive calendar months, the period of disqualification for each transfer of assets shall be determined separately under subsection (E)(1) to determine if the periods of disqualification overlap.
 - i. Periods of disqualification that overlap shall be added together and shall run consecutively, beginning with the month the first transfer was made.
 - ii. Periods of disqualification that do not overlap are each applied separately beginning the month that the transfer was made.
- F.** Transfers of assets for less than fair market value are presumed to have been made to establish eligibility for ALTCS services.
- G.** Rebuttal of disqualification.
 - 1. A person found ineligible for ALTCS services by reason of a transfer of assets for uncompensated value shall have the right to rebut the disqualification for reasons stated under 42 U.S.C. 1396p(c)(2)(C), July 1, 2009, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 - 2. The person shall have the burden of rebutting the presumption.

- 3. If a person rebuts a transfer on the basis of debt repayment, the Administration shall determine the validity of the debt and payment amount under A.R.S. § 44-101.

- H.** Undue hardship. The transfer penalty period may be waived if denial of eligibility for long term care services creates an undue hardship.
 - 1. The Administration shall consider whether the transfer penalty period can be waived when:
 - a. The individual is otherwise eligible for ALTCS benefits and application of the transfer of assets provision would deprive the individual of medical care such that the individual's life or health would be endangered, or
 - b. The individual is otherwise eligible for ALTCS benefits and is deprived of food, clothing, shelter or other necessities of life as evidenced by the fact that the individual's income is less than or equal to the Federal Poverty Level (FPL);
 - 2. The transfer penalty period shall be waived when:
 - a. The individual is incapacitated as established by the Court or by a physician; and
 - b. The individual who had the legal authority to handle the applicant's finances has violated the terms of that legal authority; and
 - c. An individual acting on the applicant's behalf has exhausted all legal remedies to regain the asset, such as but not limited to, filing a police report and seeking recovery through civil court.
 - 3. The transfer penalty period shall not be waived when:
 - a. The applicant was mentally competent and would have been aware of the consequences of the transfers at the time the transfers occurred; or
 - b. The applicant gave another person specific legal authority to make the transfers, such as a conservator, or a person granted the applicant's financial power of attorney when the applicant was competent to do so, and the person did not violate the limits of that authority in making the transfers.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-410. Community Spouse

- A.** The methodology in this Section applies to an institutionalized person who has a community spouse.
- B.** If the institutionalized person's most current period of continuous institutionalization began on or after September 30, 1989, the Administration shall use the methodology for the treatment of resources under 42 U.S.C. 1396r-5(c).
 - 1. The following resource criteria shall be used in addition to the criteria specified in R9-28-407 to be eligible:
 - a. Resources owned by a couple at the beginning of the first continuous period of institutionalization from and after September 30, 1989, shall be computed from the first day of institutionalization. The total value of resources owned by the institutionalized spouse and the community spouse, and a spousal share equal to one-half of the total value, are computed under 42 U.S.C. 1396r-5(c)(1).
 - b. The Community Spouse Resource Deduction (CSRD) is calculated under 42 U.S.C. 1396r-5(f)(2).

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- c. The CSRD is subtracted from the total resources of the couple to determine the amount of the couple's resources considered available to the institutionalized spouse at the time of application under 42 U.S.C. 1396r-5(c)(2).
 - i. Resources in excess of the CSRD must be equal to or less than the standard for a person specified in R9-28-407.
 - ii. The CSRD is allowed as a deduction for 12 consecutive months beginning with the first month in which the institutionalized spouse is eligible for ALTCS benefits. Beginning with the 13th month, the separate property of the institutionalized spouse must be within the resource standard for a person specified in R9-28-407.
 - iii. If a person who was previously eligible for ALTCS as an institutionalized person with a community spouse reapplies for ALTCS after a break in institutionalization of more than 30 days, the CSRD will be allowed as a deduction from resources for a 12-month period in addition to the period in subsection (c)(ii).
 - 2. Resources are excluded as specified in R9-28-407, except that one vehicle is totally excluded regardless of its value, and any additional vehicles are included using equity value.
 - 3. The Director may grant eligibility if the Administration determines that a denial of eligibility would create an undue hardship for the institutionalized spouse.
- C. This Section applies to the income eligibility and post-eligibility treatment of income beginning September 30, 1989, regardless of when the first period of institutionalization began.
 - 1. Income payments are attributed to the institutionalized person and the community spouse under 42 U.S.C. 1396r-5(b)(2).
 - 2. Income is excluded as specified in R9-28-408.
 - 3. The institutionalized spouse's income eligibility is determined by combining the income of the institutionalized person and the community spouse and dividing by two. If the institutionalized person is not eligible using this method, the income eligibility shall be based on the income received in the person's name.
 - 4. The following allowances described in 42 U.S.C. 1396r-5(d)(1) and (2) are allowed as deductions from the institutionalized spouse's income in determining share-of-cost:
 - a. A personal-needs allowance specified in R9-28-408(E)(5);
 - b. A community spouse monthly income allowance, but only to the extent that the institutionalized spouse's income is made available to or for the benefit of the community spouse;
 - c. A family allowance for each family member equal to one-third of the amount remaining after deducting the countable income of the household member from a Minimum Monthly Maintenance Needs Allowance (MMMNA);
 - d. An amount for medical or remedial services as specified in R9-28-408; and
 - e. An amount for Medicare and other health insurance premiums, deductibles, or coinsurance not subject to third-party reimbursement.
- D. Transfers.
 - 1. The institutionalized spouse may transfer to any of the following an amount of resources equal to the CSRD without affecting eligibility under 42 U.S.C. 1396r-5(f). The institutionalized spouse may transfer resources to:
 - a. The community spouse; or
 - b. Someone other than the community spouse if the resources are for the sole benefit of the community spouse.
 - 2. The institutionalized spouse is allowed a period of 12 consecutive months, beginning with the first month of eligibility, to transfer resources in excess of the resource standard in R9-28-407 to the persons listed in subsection (D)(1).
 - 3. All other transfers by the institutionalized person or transfers by the community spouse are treated under the provisions in R9-28-409.
- E. Specific hearing rights as described under 9 A.A.C. 34 apply to a person whose eligibility is determined under this Section.
 - 1. The institutionalized spouse or the community spouse is entitled to a fair hearing if dissatisfied with the determination of any of the following:
 - a. The community spouse monthly income allowance,
 - b. The amount of monthly income allocated to the community spouse,
 - c. The computation of the spousal share of resources,
 - d. The attribution of resources, or
 - e. The CSRD.
 - 2. The hearing officer may increase the amount of the MMMNA if either the community spouse or institutionalized spouse establishes that the community spouse needs income above the established MMMNA due to exceptional circumstances.
 - 3. The hearing officer may increase the amount of the CSRD to allow the community spouse to retain enough resources to generate income to meet the MMMNA. The hearing officer may allow the community spouse to retain an amount of resources necessary to purchase a single premium life annuity that would furnish monthly income sufficient to bring the community spouse's total monthly income up to the MMMNA.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-411. Changes, Redeterminations, and Notices**A. Reporting and verifying changes.**

- 1. A person shall report to the ALTCS eligibility office the following changes for a person, a person's spouse, or a person's dependent children under 42 CFR 435.916:
 - a. A change of address;
 - b. An admission to or discharge from a medical facility, public institution, or private institution;
 - c. A change in the household's composition;
 - d. A change in income;
 - e. A change in resources;
 - f. A determination of eligibility for other benefits;
 - g. A death;
 - h. A change in marital status;
 - i. An improvement in the person's medical condition;
 - j. A change in school attendance;
 - k. A change in Arizona state residency;

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- l. A change in citizenship or alien status;
 - m. Receipt of an SSN under R9-22-305;
 - n. A transfer of assets under R9-28-409;
 - o. A change in trust income and disbursements in accordance with state and federal law;
 - p. A change in first- or third-party liability that may be responsible for payment of all or a portion of the person's medical costs;
 - q. A change in first-party medical insurance premiums;
 - r. A change in the household expenses used to calculate the community spouse monthly income allowance described in R9-28-410;
 - s. A change in the amount of the community spouse monthly income allowance that is provided to the community spouse by the institutionalized spouse under R9-28-410; and
 - t. Any other change that may affect the person's eligibility or share-of-cost.
2. A change shall be reported either orally or in writing as described under R9-22-306.
- B. Processing of changes and redeterminations.** A person's eligibility shall be redetermined at least one time every 12 months and when changes occur, under 42 CFR 435.916. A person's share-of-cost, specified in R9-28-408, shall be redetermined whenever a change occurs that may affect the post-eligibility computation of income.
- C. Actions that may result from a redetermination or change.** Processing a redetermination or change shall result in one of the following findings:
1. No change in eligibility or the post-eligibility computation of income;
 2. Discontinuance of eligibility if a condition of eligibility is no longer met;
 3. Suspension of eligibility if a condition of eligibility is temporarily not met;
 4. A change in the post-eligibility computation of income and the person's share-of-cost; or
 5. A change in service from ALTCS to ALTCS acute care services, or from ALTCS acute care services to ALTCS, caused by changes in a person's living arrangement, specified in R9-28-406, or a transfer of assets specified in R9-28-409.
- D. Notices.**
1. Contents of notice. The Administration shall issue a notice when an action is taken regarding a person's eligibility or computation of share-of-cost. The notice shall contain the following information:
 - a. A statement of the action being taken;
 - b. The effective date of the action;
 - c. The specific reason for the intended action;
 - d. The actual figures used in the eligibility determination and specify the amount by which the person exceeds income standards if eligibility is being discontinued because either a person's resources exceed the resource limit, or a person's income exceeds the income limit;
 - e. The specific law or regulation that supports the action, or a change in federal or state law that requires an action;
 - f. An explanation of a person's right to request an evidentiary hearing as described under 9 A.A.C. 34; and
 - g. An explanation of the date by which a request for hearing must be received so that eligibility or the current share-of-cost may be continued.
 2. Advance notice of changes in eligibility or share-of-cost. "Advance notice" means a notice that is issued to a person at least 10 days before the effective date of change. Except as specified in subsection (D)(3), advance notice shall be issued whenever the following adverse action is taken:
 - a. To discontinue or suspend eligibility if an eligible person no longer meets a condition of eligibility, either ongoing or temporarily;
 - b. To affect post-eligibility computation of income and increase a person's share-of-cost; or
 - c. To reduce benefits from ALTCS to ALTCS acute care services due to a change from a long-term care living arrangement to an acute care living arrangement, specified in R9-28-406(B), or due to a transfer with uncompensated value, specified in R9-28-409.
 3. Adverse actions. An applicant or member may appeal, as described under 9 A.A.C. 34, by requesting a hearing from the Administration or its designee concerning any of the adverse actions if:
 - a. A person provides a clear, written statement, signed by the person, that a person no longer desires services;
 - b. A person provides information that requires termination of eligibility or an increase in the share-of-cost and the person signs a clear written statement waiving advance notice;
 - c. A person cannot be located and mail sent to that person has been returned as undeliverable;
 - d. A person has been admitted to a public institution where the person is ineligible for ALTCS under R9-28-406; or
 - e. A person has been approved for Medicaid in another state;
 - f. The Administration has information that confirms the death of the person;
 - g. The person's primary care provider has prescribed a change in the level of medical care; or
 - h. The notice involves an adverse determination regarding the PAS, specified in A.R.S. § 36-2936.
- E. Transitional.** HCBS services may be provided to a person who is no longer at risk of institutionalization but who continues to require significant long-term care services under A.R.S. § 36-2936(D).

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-412. General Enrollment

- A. Program contractors.** The Administration shall enroll each ALTCS member with:
1. An elderly and physically disabled (EPD) program contractor;
 2. The developmentally disabled (DD) program contractor;
 3. A tribal program contractor; or
 4. The AHCCCS fee-for-service program.
- B. Enrollment choice.** An ALTCS member may choose a program contractor:
1. At the time of application, or

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2. If the ALTCS member establishes a home outside of the GSA.
- C. Annual enrollment. If an ALTCS member is elderly or physically disabled and lives in a GSA served by more than one program contractor, a member may change to an available program contractor during the annual enrollment choice period.
- D. A program contractor is responsible for the enrolled ALTCS member as described in R9-28-712, County-of-Fiscal Responsibility.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 369, effective January 6, 1999 (Supp. 99-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2).

R9-28-413. Enrollment with an Elderly and Physically Disabled (EPD) Program Contractor

- A. A member's enrollment with an EPD program contractor. The Administration shall enroll an ALTCS elderly or physically disabled member with an EPD program contractor assigned to that GSA.
- B. New member makes a choice of an EPD program contractor. The Administration shall provide a new member an opportunity to choose an EPD program contractor, if an ALTCS member is elderly or physically disabled, and lives in a GSA served by more than one EPD program contractor.
- C. New member who makes no choice of an EPD program contractor. The Administration shall enroll an elderly or physically disabled new member that lives in a GSA with more than one EPD program contractor and who makes no choice of an EPD program contractor under the following:
 1. Criteria. The Administration will prioritize enrollment based on continuity of care and enroll a member with an EPD program contractor chosen under the following criteria, including but not limited to:
 - a. A member's living arrangement, and
 - b. A member's primary care practitioner.
 2. Algorithm. The Administration shall enroll a member through an algorithm as specified in contract, when a member has a choice of more than one EPD program contractor and the criteria in subsection (C)(1) does not apply.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-414. Enrollment with the DD Program Contractor

A member's DD program contractor. The Administration shall enroll a member including an American Indian with the DES Division of Developmental Disabilities as specified in A.R.S. § 36-2940, if the ALTCS member is eligible for services for the developmentally disabled.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-415. Enrollment with a Tribal Program Contractor

- A. On-reservation. Notwithstanding R9-28-412, the Administration shall enroll an American Indian ALTCS member who is elderly or physically disabled with the ALTCS tribal program contractor as specified in A.R.S. § 36-2932 if the person:
 1. Lives on-reservation of a tribe participating as an ALTCS tribal program contractor, or
 2. Lived on-reservation of a tribe participating as an ALTCS tribal program contractor immediately prior to placement in an off-reservation NF or alternative HCBS setting.
- B. Off-reservation. The Administration shall enroll an American Indian ALTCS member who is elderly or physically disabled with an EPD program contractor under R9-28-413, if the member lives off-reservation, and does not have on-reservation status as specified in subsection (A)(2).

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-416. Enrollment with the Fee-for-Service (FFS) Program

- A. No tribal or EPD program contractor in GSA. The Administration shall enroll an ALTCS elderly or physically disabled member who resides in an area with no ALTCS tribal program contractor or EPD program contractor in the AHCCCS FFS program under A.R.S. § 36-2945.
- B. Prior period coverage. The Administration shall enroll a member in AHCCCS fee-for-service program if a member is eligible for ALTCS services only during prior period coverage.
- C. The Administration shall enroll a member in the AHCCCS fee-for-service program if the member is eligible for ALTCS services during the prior quarter period.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

R9-28-417. Notification Requirements

- A. Administration responsibilities. The Administration shall notify a member's program contractor when a member is enrolled or disenrolled from the ALTCS program. The Administration shall include the following in the notification:
 1. The member's name,
 2. The member's identification number,
 3. The member's effective date of enrollment or disenrollment, and
 4. The member's share-of-cost on a monthly enrollment roster.
- B. Program contractor's responsibilities. The program contractor shall notify the Administration if an ALTCS member has any change that may affect eligibility including but not limited to:
 1. A change in residential address,
 2. A change in medical or functional condition,
 3. A change in living arrangement including:
 - a. Alternative HCBS setting,
 - b. Home,
 - c. Nursing facility, or
 - d. Other living arrangement not specified in this subsection,
 4. Change in resource or income, or

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5. Death.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

R9-28-418. Disenrollment

The Administration shall disenroll an ALTCS member on the last day of the month following receipt of appropriate notification under R9-28-411 except:

1. The Administration shall disenroll an ALTCS member who dies. A member's last day of enrollment shall be the date of death.
2. The Administration shall disenroll a member immediately when the member voluntarily withdraws from the ALTCS program.
3. If ALTCS benefits have been continued pending an eligibility appeal decision and the discontinuance is upheld as specified in 9 A.A.C. 34, the Administration shall disenroll a member effective on the date of the hearing decision.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 14 A.A.R. 2090, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 234, effective January 7, 2014 (Supp. 14-1).

ARTICLE 5. PROGRAM CONTRACTOR AND PROVIDER STANDARDS**R9-28-501. Program Contractor and Provider Standards – Related Definitions**

Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings unless the context of the Chapter explicitly requires another meaning:

“Certification” means a voluntary process by which a federal or state regulatory entity grants recognition to a person, facility, or organization that has met certain qualifications specified by the regulatory entity, allowing the person, facility, or organization to use the word “certified” in a title or designation.

“Therapeutic leave” means that a member leaves an institutional facility for a period that does not exceed nine days per contract year.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). New Section made by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4406, effective January 3, 2009 (Supp. 08-4).

R9-28-501.01. Pre-Existing Conditions

A program contractor shall comply with the pre-existing condition requirements in A.A.C. R9-22-502.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4406, effective January 3, 2009 (Supp. 08-4).

R9-28-502. Long-term Care Provider Requirements

- A. A provider shall obtain any necessary authorization from the program contractor or the Administration for services provided to a member.
- B. A provider shall maintain and make available to a program contractor and to the Administration, financial, and medical records for not less than five years from the date of final payment, or for records relating to costs and expenses to which the Administration has taken exception, five years after the date of final disposition or resolution of the exception. The provider shall maintain records that meet uniform accounting standards and generally accepted practices for maintenance of medical records, including detailed specification of all patient services delivered, the rationale for delivery, and the service date.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsection (E) effective June 6, 1989 (Supp. 89-2). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

R9-28-503. Licensure and Certification for Long-term Care Institutional Facilities

- A. A nursing facility shall not provide services to a member unless the facility is licensed by Arizona Department of Health Services, Medicare- and Medicaid-certified, and meets the requirements in 42 CFR 442, as of October 1, 2004, and 42 CFR 483, as of October 1, 2004, incorporated by reference, on file with the Administration, and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- B. An ICF-MR shall not provide services to a member unless the ICF-MR is Medicaid-certified and meets the requirements in A.R.S. § 36-2939(B)(1) and 42 CFR 442, Subpart C, as of October 1, 2004, and 42 CFR 483, as of October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C. A nursing facility or ICF-MR that provides services to a member shall register as a provider with the Administration to receive reimbursement. The Administration shall not register a provider unless the provider meets the licensure and certification requirements of subsection (A) or (B).

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective November 5, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4406, effective January 3, 2009 (Supp. 08-4).

R9-28-504. Standards of Participation, Licensure, and Certification for HCBS Providers

- A. A noninstitutional long-term care provider shall not register with the Administration unless the provider meets the requirements of the Arizona Department of Health Services' rules for licensure, if applicable.
- B. Additional qualifications to provide services to a member:
 1. A community residential setting and a group home for a person with developmental disabilities shall be licensed

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- by the appropriate regulatory agency of the state as described in A.A.C. R9-33-107 and A.A.C. R6-6-714;
2. An adult foster care home shall be certified or licensed under 9 A.A.C. 10;
 3. A home health agency shall be Medicare-certified and licensed under 9 A.A.C. 10;
 4. A person providing a homemaker service shall meet the requirements specified in the contract between the person and the Administration;
 5. A person providing a personal care service shall meet the requirements specified in the contract between the person and the Administration;
 6. An adult day health care provider shall be licensed under 9 A.A.C. 10;
 7. A therapy provider shall meet the following requirements:
 - a. A physical therapy provider shall meet the requirements in 4 A.A.C. 24;
 - b. A speech therapist provider shall meet the applicable requirements under 9 A.A.C. 16, Article 2.
 - c. An occupational therapy provider shall meet the requirements in 4 A.A.C. 43; and
 - d. A respiratory therapy provider shall meet the requirements in 4 A.A.C. 45;
 8. A respite provider shall meet the requirements specified in contract;
 9. A hospice provider shall be Medicare-certified and licensed under 9 A.A.C. 10;
 10. A provider of home-delivered meal service shall comply with the requirements in 9 A.A.C. 8;
 11. A provider of non-emergency transportation shall be licensed by the Arizona Department of Transportation, Motor Vehicle Division;
 12. A provider of emergency transportation shall meet the licensure requirements in 9 A.A.C. 13;
 13. A day care provider for the developmentally disabled under A.R.S. § 36-2939 shall meet the licensure requirements in 6 A.A.C. 6;
 14. A habilitation provider shall meet the requirements in A.A.C. R6-6-1523 or the therapy requirements in this Section;
 15. A service provider, other than a provider specified in subsections (B)(1) through (B)(14), approved by the Director shall meet the requirements specified in a program contractor's contract with the Administration;
 16. A behavioral health provider shall have all applicable state licenses or certifications and meet the service specifications in A.A.C. R9-22-1205; and
 17. An assisted living home or a residential unit shall meet the requirements as defined in A.R.S. § 36-401 and as authorized in A.R.S. § 36-2939.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

R9-28-505. Standards, Licensure, and Certification for Providers of Hospital and Medical Services

A provider shall not provide hospital services to a member unless the hospital is licensed by the Arizona Department of Health Services, and meets the requirements in 42 CFR 441 and 482, as of October 1, 2004, and 42 CFR 456, Subpart C, as of October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments. An Indian Health Service (IHS) hospital and a Veterans Administration hospital shall not provide services to a member unless accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4406, effective January 3, 2009 (Supp. 08-4).

R9-28-506. Requirements for Spouse as Paid Caregiver

- A. For purposes of this Section, the following definitions apply:
 1. "Extraordinary care" means care that exceeds the range of activities that a spouse would ordinarily perform in the household on behalf of the ALTCS member if the member did not have a disability or chronic illness, and that is necessary to ensure the health and welfare of the member and avoid institutionalization.
 2. "Personal care or similar services" means assistance provided to an ALTCS member with a disability or chronic illness to enable the member to perform Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) that the member would normally perform for himself or herself if the member did not have a disability or chronic illness. Assistance may involve performing a personal care task for the member or cuing the member so that the member performs the task for himself or herself.
- B. As authorized by the Section 1115 Waiver, a member may choose to have personal care or similar services provided by the member's spouse as a paid caregiver if the following conditions and limitations are met:
 1. The member resides in his or her own home;
 2. The Administration or a Program Contractor offers the member the choice of a provider of personal care or similar services other than the member's spouse;
 3. The personal care or similar services is described in the member's plan of care prepared by the member's case manager;
 4. The case manager records at least annually in the member's plan of care the member's choice to have personal care or similar services provided by the member's spouse as a paid caregiver;
 5. The personal care or similar services provided by the spouse are extraordinary care;
 6. The spouse is one of the following:
 - a. Employed by a provider that subcontracts with the member's Program Contractor;
 - b. If the member is developmentally disabled, the spouse is either employed by a provider that subcontracts with the member's Program Contractor, or registered with AHCCCS as an independent provider; or
 - c. If the member is a Native American enrolled in FFS, the spouse is either employed by an AHCCCS regis-

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tered provider or registered with AHCCCS as an independent provider;

7. The spouse meets the training and other qualifications that apply to other providers of personal care or similar services registered with AHCCCS;
 8. The Program Contractor does not pay a spouse providing personal care or similar services at a rate that exceeds the rate that would be paid to a provider of personal care or similar services who is not a spouse and the Administration does not pay a spouse providing personal care or similar services at a rate that exceeds the capped fee-for-service payment for personal care or similar services; and
 9. A spouse providing personal care or similar services as a paid caregiver is not paid for more than 40 hours of services in a seven-day period.
- C. For a member who elects to have the member's spouse provide personal care or similar services as a paid caregiver, personal care or similar services in excess of 40 hours in a seven-day period are not covered. If a spouse elects to provide less than the hours authorized by the Administration or Program Contractor, the remaining hours of medically necessary personal care or similar services may be provided by another personal caregiver, but the total hours of care provided by the spouse and any other personal caregiver shall not exceed 40 hours in a seven-day period.
- D. By electing to have the member's spouse provide personal care and similar services as a paid caregiver, the member is not precluded from receiving medically necessary, cost effective home and community based services other than personal care or similar services.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 3587, effective October 2, 2007 (Supp. 07-4).

R9-28-507. Program Contractor General Requirements

- A. To participate in the ALTCS program, through a program contractor or directly through the Administration, a provider of ALTCS-covered services shall be registered with the Administration.
- B. An ALTCS program contractor shall ensure that providers of service meet the requirements of this Article.
- C. Each ALTCS program contractor shall maintain member service records for five years, that include, at a minimum, a case management plan, medical records, encounter data, grievances, complaints, and service information for each ALTCS member.
- D. An ALTCS program contractor shall produce and distribute informational materials that are approved by the Administration to each enrolled ALTCS member or designated representative within 12 business days after the program contractor receives notification of enrollment from the Administration. The program contractor shall ensure that the informational materials include:
 1. A description of all covered services as specified in contract;
 2. An explanation of service limitations and exclusions;
 3. An explanation of the procedure for obtaining services, including a notice stating that the program contractor is liable only for those services authorized by an ALTCS member's case manager;
 4. An explanation of the procedure for obtaining emergency services;
 5. An explanation of the procedure for filing a grievance and appeal; and

6. An explanation of when plan changes may occur as specified in contract.

- E. A subcontractor shall collect the member's share of cost and report to the program contractor the amount collected as specified in the subcontractor contract. The program contractor shall report the share of cost collected to the Administration.
- F. An ALTCS program contractor shall monitor a trust fund account for an institutionalized ALTCS member to verify that expenditures from the member's trust fund account are in compliance with federal regulations 42 U.S.C. 1396p(d)(4) and A.R.S. § 36-2934.01.
- G. A program contractor shall ensure that an institutionalized ALTCS member transferred to an acute care facility to receive services is, whenever possible, returned to the original institution upon completion of acute care.
- H. A program contractor shall ensure that an institutionalized ALTCS member granted therapeutic leave is, whenever medically appropriate, returned to the same bed in the original institution upon completion of the therapeutic leave.
- I. A program contractor shall ensure that services are paid under A.A.C. R9-22-705.
- J. A program contractor shall comply with the marketing provisions in A.A.C. R9-22-504.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

R9-28-508. Self-directed Attendant Care (SDAC)

- A. For purposes of this Article the following terms are defined:

"Competent member" means a person who is oriented, exhibits evidence of logical thought, and can provide directions.

"Fiscal and Employer Agent" or "FEA" is a company specified by the program contractor or the Administration in contract to serve as an employment/payroll processing center for attendant care workers employed by the member to provide SDAC services.

"Medically stable" means the member's skilled-care medical needs are routine and not subject to frequent change because of health issues.

"Personal care" means activities of daily life such as dressing, bathing, eating and mobility.
- B. In lieu of receiving other attendant care services a competent member who meets the requirements of A.R.S. § 36-2951 or the member's legal guardian may choose to employ through the FEA a person to provide Self-directed Attendant Care (SDAC) services. A paid caregiver described under R9-28-506 and a parent of a minor child shall not receive reimbursement for SDAC services.
- C. The attendant care worker chosen to provide SDAC services does not need to be a registered provider. The attendant care worker shall have, at a minimum, hands-on training in First Aid, CPR, Universal Precautions, and state and federal laws regarding privacy of health information or training of similar efficacy as approved by the Administration.
- D. The Administration or Program Contractor shall cover SDAC services only if the member resides in the member's home, and shall not cover SDAC services if the member is institutionalized or residing in an alternative residential setting. If the

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member has a legal guardian, the legal guardian shall be present when SDAC services are provided.

- E. A member who chooses to receive SDAC services is not precluded from receiving medically necessary, cost-effective home health services from other agencies or providers if the services provided are not duplicative of the specific attendant care or skilled service already received through the program contractor.
- F. A competent member or legal guardian may employ an SDAC attendant care worker to provide personal care, homemaker and general supervision services.
- G. A competent member, who is medically stable, or the member's legal guardian may employ an attendant care worker to also provide the following skilled services:
 1. Bowel care, including suppositories, enemas, manual evacuation, and digital stimulation;
 2. Bladder catheterizations (non-indwelling) that do not require a sterile procedure;
 3. Wound care (non-sterile);
 4. Glucose monitoring;
 5. Glucagon as directed by the health care provider;
 6. Insulin by subcutaneous injection only if the member is not able to self-inject;
 7. Permanent gastrostomy tube feeding; and
 8. Additional services requested in writing with the approval of the Director and the Arizona State Board of Nursing.
- H. The Administration or program contractor shall not cover services under subsection (G) unless:
 1. For each SDAC attendant care worker employed by a member or legal guardian, a registered nurse licensed under A.R.S. Title 32, Chapter 15 visits the member and SDAC attendant care worker before a skilled service is provided. The registered nurse will assess, educate, and train the member and SDAC attendant care worker regarding the specific skilled service that the member requires; and
 2. The registered nurse determines in writing that the attendant care worker understands how and demonstrates the skill to perform the processes or procedures required to provide the specific skilled service.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). New Section made by final rulemaking at 16 A.A.R. 2386, effective January 16, 2011 (Supp. 10-4). Amended by final rulemaking at 18 A.A.R. 2344, effective November 11, 2012 (Supp. 12-3).

R9-28-509. Agency with Choice

- A. Definitions. The following words and phrases, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, have the following meanings specific to this Section:

“Agency” means a provider of home and community based services, other than an individual, that has a co-employment relationship with one or more members for purposes of this Section.

“Co-employment relationship” means a situation where the Agency serves as the legal employer of record and the ALTCS member or authorized representative assumes

certain responsibilities related to directing and or managing care.

“Individual’s representative” means a parent, family member, guardian, advocate, or other person authorized by the member to serve as a representative in connection with the provision of services and supports. This authorization should be in writing, when feasible, or by another method that clearly indicates the individual’s free choice. An individual’s representative may not also be a paid caregiver of an individual receiving services and supports.

“Standardized training” means minimum training standards required of all paid caregivers by the Administration as specified in contract.

- B. Purpose. The Agency with Choice program is an ALTCS member directed service model for the provision of home and community based services. Under this model, the ALTCS member or individual’s representative and the agency enter into a co-employment relationship.
- C. In lieu of receiving HCBS services under a traditional service model, a member or the member’s individual’s representative may choose to participate in the Agency with Choice service model. Under the Agency with Choice service model, the agency shall maintain the authority to hire and fire paid caregivers and provide standardized training to the caregiver, and the member or individual representative may elect to recruit, select, dismiss, determine duties, schedule, specify training to meet the unique needs of the member, and supervise the paid caregivers on a day-to-day basis.
- D. Setting. This program is applicable to ALTCS members who reside in their own home.
- E. A member who chooses to receive services under the Agency with Choice service model is not precluded from receiving medically necessary, cost-effective services and supports from other agencies or providers if the services provided are not duplicative of the specific attendant care or skilled service already received through the contractor.

Historical Note

Section made by final rulemaking at 18 A.A.R. 3380, effective January 1, 2013 (Supp. 12-4).

R9-28-510. Case Management

- A. A program contractor shall assign to each member a case manager to identify, plan, coordinate, monitor, and reassess the need for and provision of long-term care services.
- B. A case manager shall:
 1. Ensure that appropriate ALTCS placement and services are provided for a member within 30 days of enrollment;
 2. Develop a service plan by:
 - a. Completing a case management plan when a member is enrolled in ALTCS and authorizing services for a member who continues to be financially and medically eligible for services;
 - b. Ensuring that a member participates in the preparation of the member’s case management plan;
 - c. Specifying the paid and natural support services to be received by the member, including the duration, scope of services, units of service, frequency of service delivery, provider of services, and effective time period; and
 - d. Coordinating with the primary care provider in determining the necessary services for the member, including hospital and medical services;

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3. Submit a written justification to the case manager's supervisor to include HCBS in the case management plan if the services exceed 80 percent of the institutional cost;
4. Manage a case management plan by:
 - a. Re-evaluating and revising the case management plan when the member transfers to another facility, transfers to a hospital, has a change in level of care; and
 - b. Monitoring receipt of services by a member;
5. Assist the member to maintain or progress toward the highest level of functioning;
6. Ensure that records are transferred when the member is transferred from a facility or provider to a new facility or provider;
7. Perform additional monitoring of a member with rehabilitation potential and whose condition is fragile or unstable, whose case management plan is marginally cost effective, or whose use of medical and hospital services is unusual;
8. Arrange behavioral health services, if necessary. The case manager shall have initial and quarterly consultation and collaboration with a behavioral health professional to review the treatment plan, unless the case manager meets the definition of a behavioral health professional under A.A.C. R9-20-101.

- C. A program contractor shall submit a service plan and other information related to the case management plan upon request to the Administration.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective July 13, 1992 (Supp. 92-3). Amended effective November 5, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 18 A.A.R. 3380, effective January 1, 2013 (Supp. 12-4).

R9-28-511. Quality Management/Utilization Management (QM/UM) Requirements

A program contractor shall:

1. Comply with all requirements specified in A.A.C. R9-22-522; and
2. Submit a quarterly utilization control report within time lines specified in contract, and meet the requirements in 42 CFR 456 Subparts C, D, and F, October 1, 2004, incorporated by reference in R9-28-505.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 1, 1993 (Supp. 93-1). Amended effective November 5, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

R9-28-512. Expired**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997

(Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

R9-28-513. Program Compliance Audits

The Administration shall meet the requirements specified under A.A.C. R9-22-521 for a program contractor.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

R9-28-514. Release of Safeguarded Information by the Administration and Contractors

The Administration, program contractors, providers, and noncontracting providers shall meet the requirements specified under A.A.C. R9-22-512 for an ALTCS applicant, or member.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

R9-28-515. Repealed**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed by final rulemaking at 11 A.A.R. 4286, effective December 5, 2005 (Supp. 05-4).

ARTICLE 6. RFP AND CONTRACT PROCESS

Article 6, consisting of Sections R9-28-601 through R9-28-610, repealed; new Article 6, consisting of Sections R9-28-601 through R9-28-608, adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

R9-28-601. General Provisions

- A. The Director has full operational authority to adopt rules for the RFP process and the award of contract under A.R.S. § 36-2944.
- B. The Administration shall follow the provisions under 9 A.A.C. 22, Article 6 for members, subject to limitations and exclusions under that Article, unless otherwise specified in this Chapter.
- C. The Administration shall award contracts under A.R.S. § 36-2932 to provide services under A.R.S. § 36-2939.
- D. The Administration is exempt from the procurement code under A.R.S. § 41-2501.
- E. The Administration and contractors shall retain all records relating to contract compliance for five years under A.R.S. § 36-2932 and dispose of the records under A.R.S. § 41-2550.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

R9-28-602. RFP

The ALTCS RFP for a program contractor serving members who are EPD shall meet the requirements of A.R.S. §§ 36-2944, A.R.S.

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§ 36-2939, A.A.C. R9-22-602, and Articles 2 and 11 of this Chapter.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

R9-28-603. Contract Award

The Administration shall award a contract under A.R.S. § 36-2944 and A.A.C. R9-22-603.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

R9-28-604. Contract or Proposal Protests; Appeals

Contract or proposal protests or appeals shall be under A.A.C. R9-22-604 and 9 A.A.C. 34.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2502, effective November 13, 2012 (Supp. 12-3).

R9-28-605. Waiver of Contractor's Subcontract with Hospitals

A contractor's subcontract with hospitals may be waived under A.A.C. R9-22-605.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

R9-28-606. Contract Compliance Sanction

- A. The Administration shall follow sanction provisions under A.A.C. R9-22-606.
- B. The Administration shall apply remedies found in 42 CFR 488, Subpart F, effective January 1, 2012, incorporated by reference and on file with the Administration and the Office of the Secretary of State, for a nursing facility that does not meet requirements of participation under 42 U.S.C. 1396r. This incorporation by reference contains no future editions or amendments.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective August 11, 1997

(Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2502, effective November 13, 2012 (Supp. 12-3).

R9-28-607. Repealed**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Amended effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

R9-28-608. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Section repealed by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

R9-28-609. Repealed**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

R9-28-610. Repealed**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 1, 1993 (Supp. 93-1). Section repealed by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1).

ARTICLE 7. STANDARDS FOR PAYMENTS**R9-28-701. Standards for Payment Related Definitions**

Definitions. In this Article, in addition to definitions contained in A.R.S. §§ 36-2901 and 36-2931, and 9 A.A.C. 22, Article 1, the following phrase has the following meaning unless the context of the Article explicitly requires another meaning:

"County of fiscal responsibility" means the county that is financially responsible for the state's share of ALTCS funding.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3).

R9-28-701.10. General Requirements

The following Sections of A.A.C. Chapter 22, Articles 2 and 7, are applicable to reimbursement for services provided under the ALTCS program, except that the term "program contractor" shall be substituted for "contractor."

1. Scope of the Administration's and Contractor's Liability, R9-22-701.10;
2. Charges to Members, R9-22-702;

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3. Payments by the Administration or by a program contractor, R9-22-703 and R9-22-705;
4. Contractor's Liability to Hospitals for the Provision of Emergency and Post-stabilization Care, R9-22-709;
5. Payment for Non-hospital services, R9-22-710;
6. Specialty Contracts, R9-22-712(G)(3), R9-22-712.01 (10) and Article 2;
7. Payments by the Administration for Hospital Services Provided to an Eligible Person, R9-22-712; R9-22-712.01 and R9-22-712.10;
8. Overpayment and Recovery of Indebtedness, R9-22-713;
9. Payments to Providers, R9-22-714;
10. Hospital Rate Negotiations, R9-22-715; and
11. Reinsurance, R9-22-720.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-702. Nursing Facility Assessment

- A.** For purposes of R9-28-702 and R9-28-703, in addition to the definitions under A.R.S. § 36-2999.51, the following terms have the following meaning unless the context specifically requires another meaning:

"820 transaction" means the standard health care premium payments transaction required by 45 CFR 162.1702.

"Assessment year" means the 12 month period beginning October 1st each year.

"Medicaid patient days" means patient days reported on the Nursing Care Institution Uniform Accounting Report (UAR) as attributable to AHCCCS and its contractors as the primary payor.

"Medicare days" means resident days where the Medicare program, a Medicare advantage or special needs plan, or the Medicare hospice program is the primary payor.

"Medicare patient days" means patient days reported on the Nursing Care Institution UAR as Skilled Medicare Patient Days or Part C/Advantage/Medicare Replacement Days.

"Nursing Care Institution UAR" means the Nursing Care Institution Uniform Accounting Report described by R911-204.

- B.** Subject to Centers for Medicare and Medicaid Services (CMS) approval, effective October 1, 2012, nursing facilities shall be subject to a provider assessment payable on a quarterly basis.
- C.** All nursing facilities licensed in the state of Arizona shall be subject to the provider assessment except for:
1. A continuing care retirement community,
 2. A facility with 58 or fewer beds, according to the Arizona Department of Health Services, Division of Licensing Services, Provider & Facility Database,
 3. A facility designated by the Arizona Department of Health Services as an Intermediate Care Facility for the Intellectually Disabled,
 4. A tribally owned or operated facility located on a reservation,
 5. Arizona Veteran's Homes, or
 6. Facilities located outside of the State of Arizona.
- D.** The Administration shall calculate the prospective nursing facility provider assessment for qualifying nursing facilities as follows:
1. In September of each year, the Administration shall obtain from the Arizona Department of Health Services

- the most recently published Nursing Care Institution UAR and the information required in subsection (C)(2). At the request of the Administration, a nursing facility shall provide the Administration with any additional information necessary to determine the assessment.
2. The Administration shall use the information obtained under subsection (D)(1) to determine:
 - a. Each nursing facility's total annual Medicaid patient days,
 - b. Each nursing facility's total annual Medicare patient days,
 - c. Each nursing facility's total annual patient days,
 - d. The aggregate net patient service revenue of all assessed providers, and
 - e. The slope described under 42 CFR 433.68(e)(2).
3. For each nursing facility, other than a nursing facility exempted in subsection (C) or described in subsection (D)(4), the provider assessment is calculated by multiplying the nursing facility's total annual patient days, other than Medicare patient days, by \$20.80.
4. For a nursing facility, other than a nursing facility exempted in subsection (C), with the number of total annual Medicaid patient days greater than or equal to the number required to achieve a slope of at least 1 applying the uniformity tax waiver test described in 42 CFR 433.68(e)(2), the provider assessment is calculated by multiplying the nursing facility's total annual patient days, other than Medicare patient days, by \$2.40.
5. For each assessment year the slope described under 42 CFR 433.68(e)(2) shall be recalculated.
6. The assessment calculated under subsections (D)(3), (D)(4) and (D)(5), shall not exceed 3.5 percent of the aggregate net patient service revenue of all assessed providers as reported on the Nursing Care Institution UAR obtained under subsection (D)(1). If the rates listed in (D)(3) and (D)(4) produce a total annual assessment that exceeds 3.5 percent of the aggregate net patient service revenue of all assessed providers as reported on the Nursing Care Institution UAR obtained under subsection (D)(1), the rates listed in (D)(3) and (D)(4) will be reduced to not exceed the 3.5 percent limit.
7. All calculations and determinations necessary for the provider assessment shall be based on information possessed by the Administration on or before November 1 of the assessment year.
8. The Administration will forward the provider assessment by facility to the Arizona Department of Revenue on or before December 1 of the assessment year.
9. In the event a nursing facility closes during the assessment year, the nursing facility shall cease to be responsible for the portion of the assessment applied to the dates the nursing facility is not operating.
10. In the event a nursing facility begins operation during the assessment year, that facility will have no responsibility for the assessment until such time as the facility has submitted to the Arizona Department of Health Services the report required by R9-11-204(A) covering a full year of operation.
11. In the event a nursing facility has a change of ownership such that the facility remains open and the ownership of the facility changes, the assessment liability transfers with the change in ownership.

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Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3244, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1). New Section made by final rulemaking at 19 A.A.R. 137, effective January 8, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 4168, effective February 1, 2014 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1989, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 3332, effective January 3, 2017 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3298 (October 14, 2022), with an immediate effective date of September 22, 2022 (Supp. 22-3).

R9-28-703. Nursing Facility Supplemental Payments**A. Determination of amounts available for payment.**

1. Using Medicaid resident bed day information from the most recent and complete 12 months of paid claim and adjudicated encounter data, for every facility eligible for a supplemental payment, the Administration shall determine annually:
 - a. A ratio equal to the number of bed days paid by the Administration's contractors divided by the total number of bed days paid, and
 - b. A ratio equal to the number of bed days paid by the Administration divided by the total number of bed days paid.
2. The Administration shall determine quarterly the amount available in the nursing facility assessment fund established by A.R.S. § 36-2999.53 plus the corresponding federal financial participation and divide the total amount as follows:
 - a. The total amount multiplied by the ratio determined in subsection (A)(1)(a) shall be distributed according to subsection (B).
 - b. The total amount multiplied by the ratio determined in subsection (A)(1)(b) shall be distributed according to subsection (C).

B. Payments to facilities by contractors.

1. The Administration shall distribute quarterly to its contractors an amount equal to the total amount of Nursing Facility Enhanced Payments made by the Administration's contractors for the period of October 1, 2015 through September 30, 2016 divided by 4, which shall be paid to eligible facilities as follows:
 - a. Using the adjudicated encounter data described in subsection (A)(1), the Administration shall determine annually for each facility a ratio equal to the number of bed days for the facility paid by each contractor divided by the total number of bed days paid to all facilities by all contractors.
 - b. Each contractor shall make payments quarterly to each facility in an amount equal to 98% of the amounts identified as Nursing Facility Enhanced Payments in the 820 transaction sent by the Administration to the contractor for the quarter multiplied by the ratio determined in subsection (B)(1)(a) applicable to the contractor and to each facility. In the event the Administration does not produce an 820 transaction, each contractor shall distribute

quarterly an amount equal to 98% of the payment received from AHCCCS for Nursing Facility Enhanced Payments.

- c. Contractors shall not be required to make quarterly payments to a facility until the Administration has made a retroactive adjustment to the capitation rates paid to contractors to correct the Nursing Facility Enhanced Payments based on actual member months for the specified quarter.
 - d. Beginning October 1, 2018, any amounts that would otherwise have been distributed under subsection (B)(1) shall be distributed under subsection (B)(2).
2. Subject to annual approval by CMS in accordance with 42 CFR § 438.6(c), the Administration shall distribute quarterly to its contractors an amount equal to the amount determined in subsection (A)(2)(a) minus the amount distributed under subsection (B)(1), which shall be paid to eligible facilities as follows:
 - a. Using the Medicaid resident bed day information described by subsection (A)(1), the Administration shall determine quarterly a per bed day enhanced support uniform increase by dividing the quarterly distribution amount by one fourth of the total resident bed days paid by the Administration's contractors. Using the same Medicaid resident bed day information, the Administration shall determine the quarterly bed days paid to each facility by each contractor by summing the total bed days paid to each facility by each contractor and dividing by 4.
 - b. The Administration shall communicate to the contractors quarterly the per bed day enhanced support uniform increase and the quarterly bed days paid to each facility by the contractor.
 - c. Each contractor shall distribute quarterly an amount equal to 98% of the payment received from AHCCCS, to be paid to each facility in an amount equal to the per bed day enhanced support uniform increase multiplied by the number of bed days paid by the contractor to the facility.
 3. Each contractor must pay each eligible facility the amounts required under subsections (B)(1) and (B)(2) within 20 calendar days of receiving the Nursing Facility Enhanced Payment from the Administration. The contractors must confirm each payment and payment date to the Administration within 20 calendar days from receipt of the funds.
- C. Payments to facilities by the Administration.
 1. Using the paid claim data described in subsection (A)(1), the Administration shall determine annually for each facility a ratio equal to the number of bed days for the facility paid by the Administration divided by the total number of bed days paid to all facilities by the Administration.
 2. The Administration shall make payments quarterly to each eligible facility in an amount equal to 99% of the amount determined in subsection (A)(2)(b) multiplied by the ratio determined in subsection (C)(1) applicable to the facility.
 3. The Administration shall make the supplemental payments to the eligible facilities within 20 calendar days of determining the amounts required under subsection (C)(2).
 - D. Assurance of sufficient funds for payments. Neither the Administration nor its contractors shall be required to make

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quarterly payments to facilities otherwise required by subsections (B) and (C) until the amount available in the nursing facility assessment fund established by A.R.S. § 36-2999.53, plus the corresponding federal financial participation, is equal to or greater than 101% of the amount necessary to make such payments in full.

E. General requirements for all payments.

1. A facility must be open on the date the supplemental payment is made in order to receive a payment. In the event a nursing facility closes during the assessment year, the nursing facility shall cease to be eligible for supplemental payments.
2. In the event a nursing facility begins operation during the assessment year, that facility shall not receive a supplemental payment until such time as the facility has claim and encounter data that falls within the collection period for the payment calculation.
3. In the event a nursing facility has a change of ownership, payments shall be made to the owner of the facility as of the date of the supplemental payment.
4. Subsection (E)(3) shall not be interpreted to prohibit the current and prior owner from agreeing to a transfer of the payment from the current owner to the prior owner.
5. The Arizona State Veterans' Homes are not eligible for supplemental payments.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1). New Section made by final rulemaking at 19 A.A.R. 137, effective January 8, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 4168, effective February 1, 2014 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1989, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 191, effective January 9, 2018 (Supp. 18-1).

R9-28-704. Repealed

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-705. Repealed

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective November 5, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 874, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-706. Repealed

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsections (A) and (B) effective June 6, 1989 (Supp. 89-2). Amended effective April 25, 1990 (Supp. 90-2). Amended effective November 5, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 10 A.A.R. 4658, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3852, effective November 12, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-707. Repealed

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that the amendment was not reviewed by the Governor's Regulatory Review Council; the agency did not submit a notice of proposed rulemaking for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rulemaking; and the Attorney General has not certified the rule. This Section was subsequently amended through the regular rulemaking process.

R9-28-708. Repealed

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 26, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective November 5, 1993 (Supp. 93-4). Amended by final rulemaking at 11 A.A.R. 3852, effective November 12, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-709. Repealed

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsection (B) effective June 6, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-710. Repealed

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended subsections (C) and (D) effective June 6, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by

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final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1).

R9-28-711. Repealed**Historical Note**

Adopted effective November 5, 1993 (Supp. 93-4).
Amended effective September 22, 1997 (Supp. 97-3).
Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-712. County of Fiscal Responsibility**A. General requirements.**

1. The Administration shall determine the county of fiscal responsibility under A.R.S. § 36-2913 for an applicant or member who is elderly or physically disabled.
2. A program contractor shall cover services and provisions specified in 9 A.A.C. 22, Articles 2 and 7 and Article 11 of this Chapter.

B. Criteria for determining county of fiscal responsibility for an applicant.

1. If the applicant resides in the applicant's own home, the county of fiscal responsibility is the county where the applicant currently resides.
2. This applies only if subsection (B)(3) does not apply. If the applicant is residing in a NF or alternative HCBS setting, the county of fiscal responsibility is the county in which the applicant last resided in the applicant's own home.
3. If the applicant moves from another state directly into a NF or alternative HCBS setting in this state, the county of fiscal responsibility is the county in which the person currently resides.
4. If the applicant moves from the Arizona State Hospital (ASH) into a NF or alternative HCBS setting, or is an inmate of a public institution moving from the public institution into a NF or alternative HCBS setting, the county of fiscal responsibility is the county in which the applicant resided in the applicant's own home prior to admission to ASH or the public institution.

C. Criteria for determining if there is a change in county of fiscal responsibility for a member moving from one county to another county.

1. No change in the county of fiscal responsibility. There is no change in the county of fiscal responsibility for a member if:
 - a. The member moves from a NF to another NF in a different county,
 - b. The member moves from a NF to an alternative HCBS setting in a different county,
 - c. The member moves from an alternative HCBS setting to another alternative HCBS setting in a different county,
 - d. The member moves from an alternative HCBS setting to a NF in a different county,
 - e. The member moves from the member's own home to an alternative HCBS setting in a different county,
 - f. The member moves from the member's own home to a NF in a different county,
 - g. The member moves from a NF or alternative HCBS setting into ASH, or
 - h. The member moves from ASH to a NF or alternative HCBS setting.

2. Change in the county of fiscal responsibility. If a member moves from one county to another, the county of fiscal responsibility changes to the new county if the member moves from:
 - a. An alternative HCBS setting to the member's own home in a different county,
 - b. A NF to the member's own home in a different county,
 - c. The member's own home to the member's own home in a different county, or
 - d. ASH to the member's own home.

3. Transfers between program contractors. The county of fiscal responsibility changes if the Administration transfers a member from one program contractor to a different program contractor and if:
 - a. Both program contractors agree, or
 - b. The Administration determines that it is in the best interest of the member.

Historical Note

Adopted effective November 4, 1998 (Supp. 98-4).
Amended by final rulemaking at 8 A.A.R. 3340, effective July 15, 2002 (Supp. 02-3).

R9-28-713. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 896, effective February 8, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 3165, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-714. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

R9-28-715. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 444, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 458, effective April 7, 2007 (Supp. 07-1).

ARTICLE 8. TEFRA LIENS AND RECOVERIES**R9-28-801. Definitions Related to TEFRA Liens**

In addition to the definitions in A.R.S. §§ 36-2901 and 36-2931, 9 A.A.C. 22, Article 1, and 9 A.A.C. 28, Article 1, the following definitions apply to this Article:

"Consecutive days" means days following one after the other without an interruption resulting from a discharge.

"File" means the date that AHCCCS receives a request for a State Fair Hearing under R9-28-805, as established by a date stamp on the request or other record of receipt.

"Home" means property in which a member has an ownership interest and that serves as the member's principal place of residence. This property includes the shelter in which a member resides, the land on which the shelter is located, and related outbuildings.

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“Recover” means that AHCCCS takes action to collect from a claim.

“TEFRA lien” means a lien under 42 U.S.C. 1396p of the Tax Equity and Fiscal Responsibility Act of 1982. This type of lien is placed on an AHCCCS member’s interest in any real property before the member is deceased.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

R9-28-801.01. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3). Repealed by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

R9-28-802. TEFRA Liens – Filings

- A. Except for members under R9-28-803, AHCCCS shall file a TEFRA lien against the real property of all members who are:
 1. Receiving ALTCS services, and
 2. Permanently institutionalized.
- B. A rebuttable presumption exists that a member is permanently institutionalized if the member has continually resided in a nursing facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or other medical institution defined in 42 CFR 435.1010 for 90 or more consecutive days. A member may rebut the presumption by providing a written opinion from a treating physician, rendered to a reasonable degree of medical certainty, that the member’s condition is likely to improve to the point that the member will be discharged from the medical institution and will be capable of returning home by a date certain.
- C. A TEFRA lien may also be imposed against the property of a member where a court judgment determined that benefits were incorrectly paid on behalf of the member.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Section repealed; new Section adopted effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

R9-28-803. TEFRA Liens – Prohibitions

AHCCCS shall not file a TEFRA lien against a member’s home if one of the following individuals is lawfully residing in the member’s home:

1. Member’s spouse;
2. Member’s child who is under the age of 21;

3. Member’s child who is blind or disabled under 42 U.S.C. 1382c; or
4. Member’s sibling who has an equity interest in the home and who was residing in the member’s home for at least one year immediately before the date the member was admitted to a nursing facility, ICF/IID, or other medical institution as defined under 42 CFR 435.1010.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Section repealed; new Section adopted effective August 11, 1997 (Supp. 97-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

R9-28-804. TEFRA Liens – AHCCCS Notice of Intent

- A. Time-frame. At least 30 days before filing a TEFRA lien, AHCCCS shall send the member or member’s representative a Notice of Intent.
- B. Content of the Notice of Intent. The Notice of Intent shall include the following information:
 1. A description of a TEFRA lien and the action that AHCCCS intends to take,
 2. How a TEFRA lien affects a member’s property,
 3. The legal authority for filing a TEFRA lien,
 4. The time-frames and procedures involved in filing a TEFRA lien, and
 5. The member’s right to request an exemption.
- C. Request for exemption. A member or a member’s representative may request an exemption. To request an exemption the member or the member’s representative shall submit a written statement to AHCCCS within 30 days from the receipt of the Notice of Intent describing the factual basis for a claim that the property should be exempt from placement of a TEFRA lien or from recovery of lien based on R9-28-802, R9-28-803, or R9-28-806. AHCCCS shall respond to the member or member’s representative in writing within 30 days of receiving a request for exemption, unless the parties mutually agree to a longer period of time.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective April 25, 1990 (Supp. 90-2). Section repealed effective August 11, 1997 (Supp. 97-3). New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-805. TEFRA Liens and Estate Recovery – Member’s Request for a State Fair Hearing

- A. If the member or member’s representative does not request an exemption under R9-28-804(C), the Administration shall send the member or representative a Notice of TEFRA Lien. The member or representative may file a request for a State Fair Hearing within 30 days of the receipt of the Notice of TEFRA Lien.
- B. If the member requests an exemption and the request is denied, the Administration shall send the member or representative a Denial of a Request for Exemption. The member or representative may file a request for a State Fair Hearing within 30 days of the receipt of the Denial of Request for Exemption.

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After the 30-day time-frame to file a State Fair Hearing, the member or representative is sent a Notice of a TEFRA Lien.

- C. Hearings regarding TEFRA liens shall be conducted under 9 A.A.C. 34.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-806. TEFRA Liens – Recovery

- A. AHCCCS shall seek to recover a TEFRA lien for the amount of the medical assistance provided up to the amount of the sale upon the sale or transfer of the real property subject to the lien made prior to the member's death.
- B. After the member's death, AHCCCS shall seek to recover a TEFRA lien for the amount of the medical assistance received by the member at the age of 55 years or older from the member's estate after the sale or transfer of the real property subject to the lien. However, AHCCCS shall not seek to recover the TEFRA lien or attempt recovery against any real property subject to the TEFRA lien so long as the member is survived by the member's:
1. Spouse;
 2. Child under the age of 21; or
 3. Child who receives benefits under either Title II or Title XVI of the Social Security Act as blind or disabled, as defined under 42 U.S.C. 1382c.
- C. AHCCCS shall not seek to recover a TEFRA lien on an individual's home if the member is survived by:
1. A sibling of the member who currently resides in the deceased member's home and who has resided in the member's home on a continuous basis since at least one year immediately before the date of the member's admission to the nursing facility, ICF/IID, or other medical institution as defined under 42 CFR 435.1010 and has; or
 2. A child of the member who resides in the deceased member's home and who:
 - a. Was residing in the member's home for a period of at least two years immediately before the date of the member's admission to the nursing facility, ICF/IID, or other medical institution as defined under 42 CFR 435.1010;
 - b. Provided care to the member that allowed the member to reside at home rather than in an institution; and
 - c. Has resided in the member's home on a continuous basis since the admission of the deceased member to the medical institution.
- D. To determine whether a child of the member provided care under subsection (B)(2), AHCCCS shall require the following information:
1. A physician's written statement that describes the member's physical condition and service needs for the previous two years before the member's death;
 2. Verification that the child actually lived in the member's home;
 3. A written statement from the child providing the services that describes and attests to the services provided;
 4. A written statement, if any, made by the member prior to death regarding the services received; and
 5. A written statement from physician, friend, or relative as witness to the care provided.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

R9-28-807. TEFRA Liens – Release

AHCCCS shall issue a release of a TEFRA lien within 30 days of:

1. Satisfaction of the lien; or
2. Notice that the member has been discharged from the nursing facility, ICF/IID, or other medical institution, defined under 42 CFR 435.1010, and the member has returned home and is physically residing in the home with the intention of remaining in the home. Discharge to an alternative HCBS setting defined at R9-28-101 does not constitute a return to the home.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

Amended by final rulemaking at 24 A.A.R. 670, effective May 5, 2018 (Supp. 18-1).

ARTICLE 9. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES**R9-28-901. Definitions**

In addition to the definitions in A.R.S. §§ 36-2901 and 36-2931, 9 A.A.C. 22, Article 1, and 9 A.A.C. 28, Article 1, the following definitions apply to this Article:

"Estate" has the meaning in A.R.S. § 14-1201.

"Member" means a person eligible for AHCCCS-covered services under A.R.S. Title 36, Chapter 29, Article 2.

"Recover" means that AHCCCS takes action to collect from a claim.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-902. General Provisions

The provisions in A.A.C. R9-22-1002 apply to this Section.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended effective November 7, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-903. Cost Avoidance

The provisions in A.A.C. R9-22-1003 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-904. Member Participation

The provisions in A.A.C. R9-22-1004 apply to this Section.

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Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-905. Collections

The provisions in A.A.C. R9-22-1005 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-906. AHCCCS Monitoring Responsibilities

The provisions in A.A.C. R9-22-1006 apply to this Section.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-907. Notification for Perfection, Recording, and Assignment of AHCCCS Liens

The provisions in A.A.C. R9-22-1007 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-908. Notification Information for Liens

The provisions in A.A.C. R9-22-1008 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-909. Notification of Health Insurance Information

The provisions in A.A.C. R9-22-1009 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-910. Recoveries

AHCCCS shall recover funds paid before or after the death of a member for ALTCS benefits including: capitation payments, Medicare Parts A and B premium payments, coinsurance and deductibles paid by AHCCCS, fee-for-service payments, and reinsurance payments from:

1. The estate of a member who was 55 years of age or older when the member received benefits; or
2. The estate or the property of a member under A.R.S. §§ 36-2935, 36-2956, and 42 U.S.C. 1396p.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-911. Estate Recovery and Undue Hardship

A. Any recovery of a claim by AHCCCS against a member's estate shall be made only after the death of the member's surviving spouse and only at a time:

1. When there exists no surviving minor child under age 21; and
2. When there exists no surviving child who receives benefits under either Title II or Title XVI of the Social Security Act because the child is blind or disabled as defined in 42 U.S.C. 1382c.

B. Undue hardship exemption request. A member's representative may request an undue hardship exemption. If the member's representative wishes to request an undue hardship exemption, the member's representative shall submit the request within 30 days from the receipt of the notification of the AHCCCS claim against the estate. The member's representative shall submit a written statement to AHCCCS describing the factual basis for a claim that the property should be exempt from estate recovery as provided under this Section. AHCCCS shall respond to the member or member's representative in writing within 30 days of receiving an undue hardship exemption request, unless the parties mutually agree to a longer period of time.

C. AHCCCS shall waive a claim against a member's estate because of undue hardship if any of the following situations exist:

1. The estate consists only of real property that is listed as residential property by the Arizona Department of Revenue or County Assessor's Office, and the heir or devisee:
 - a. Owns a business that is located at the residential property and:
 - i. The business was in operation at the residential property for at least 12 months preceding the death of the member,
 - ii. The business provides more than 50 percent of the heir's or devisee's livelihood, and
 - iii. The recovery of the property would result in the heir or devisee losing the heir's or devisee's means of livelihood; or
 - b. Currently resides in the residence and:
 - i. Resided there at the time of the member's death,
 - ii. Made the residence his or her primary residence for the 12 months immediately before the death of the member, and
 - iii. Owns no other residence; or
2. The estate consists only of personal property and:
 - a. The heir's or devisee's gross annual income for the household size is less than 100 percent of the Federal Poverty Level (FPL). New sources of income such as employment or Social Security that may not have yet been received are included in determining the household's annual gross income; and
 - b. The heir or devisee does not own a home, land, or other real property.

D. When the estate consists of both personal property and real property that qualify for the undue hardship exemption criteria under subsections (B) and (C), AHCCCS shall not grant an undue hardship waiver; however, AHCCCS shall adjust its claim to the value of the personal property.

E. AHCCCS shall exempt the following income, resources, and property of Native Americans (NA) and Alaska Natives (AN) from estate recovery:

1. Income and resources from tribal land and other resources currently held in trust and judgment funds from the Indian Claims Commission or U.S. Claims Court;
2. Ownership interest in trust or non-trust property;
3. Ownership interests left as a remainder in an estate in rents, leases, royalties, or usage rights related to natural resources;
4. Any other ownership interests or rights in a property that has unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional

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life style according to applicable Tribal law or custom; and

5. Income left as a remainder in an estate derived from any property listed in subsection (E)(1) through (4), that was either collected by a NA, or by a Tribe or Tribal organization and distributed to a NA.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-912. Partial Recovery

AHCCCS shall use the following factors in determining whether to seek a partial recovery of funds when an heir or devisee does not meet the requirements of R9-28-911 and requests a partial recovery:

1. Financial and medical hardship to the heir or devisee;
2. Income of the heir or devisee and whether the heir or devisee's household gross annual income is less than 100 percent of the FPL;
3. Resources of the heir or devisee;
4. Value and type of assets;
5. Amount of AHCCCS' claim against the estate; and
6. Whether other creditors have filed claims against the estate or have foreclosed on the property.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1308, effective May 1, 2004 (Supp. 04-1).

R9-28-913. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-914. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-915. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-916. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-917. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3).

Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-918. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

R9-28-919. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3013, effective September 11, 2004 (Supp. 04-3). Repealed by final rulemaking at 14 A.A.R. 3791, effective November 8, 2008 (Supp. 08-3).

ARTICLE 10. CIVIL MONETARY PENALTIES AND ASSESSMENTS**R9-28-1001. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims**

AHCCCS shall use the provisions in 9 A.A.C. 22, Article 11 for the determination and collection of penalties and assessments.

Historical Note

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective June 6, 1989 (Supp. 89-2). Amended effective June 9, 1998 (Supp. 98-2). Amended by final rulemaking at 10 A.A.R. 3065, effective September 11, 2004 (Supp. 04-3). Amended by final expedited rulemaking at 30 A.A.R. 928 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

R9-28-1002. Repealed**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Repealed effective June 9, 1998 (Supp. 98-2).

R9-28-1003. Repealed**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Amended effective November 5, 1993 (Supp. 93-4). Repealed effective June 9, 1998 (Supp. 98-2).

R9-28-1004. Repealed**Historical Note**

Adopted effective October 1, 1988, filed September 1, 1988 (Supp. 88-3). Repealed effective June 9, 1998 (Supp. 98-2).

ARTICLE 11. BEHAVIORAL HEALTH SERVICES**R9-28-1101. General Requirements**

General requirements. The following general requirements apply to behavioral health services provided under this Article, and Chapter 22 subject to all exclusions and limitations.

1. Definitions. The definitions in A.A.C. R9-22-1201 and R9-22-101 apply to this Article, in addition to the following definitions:

"Case manager" means an individual responsible for coordinating the physical health services or behav-

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ioral health services provided to a patient at the health care institution.

“Contractor” means an ALTCS contractor or as previously known as program contractor.

“Cost avoid” means the same as in A.A.C. R9-22-1201.

“Intergovernmental agreement” or “IGA” means an agreement for services or joint or cooperative action between the Administration and a tribal contractor.

“Qualified behavioral health service provider” means a behavioral health service provider that meets the requirements of R9-28-1106.

“Tribal contractor” means a tribal organization (The Tribe) or urban Indian organization defined in 25 U.S.C. 1603 and recognized by CMS as meeting the requirements of 42 U.S.C. 1396d(b), that provides or is accountable for providing the services or delivering the items described in the intergovernmental agreement.

2. Case management. A tribal contractor shall provide case management services to FFS American Indian members living on or off-reservation as delineated in the IGA.
3. Reimbursement. For FFS American Indians, the Administration is exclusively responsible for providing reimbursement for covered behavioral health services that are authorized by a tribal contractor or the Administration under the intergovernmental agreement as specified in this Article. A contractor is exclusively responsible for providing reimbursement for covered behavioral health services that are authorized by a contractor as specified in this Article.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

R9-28-1102. ALTCS Contractor or Tribal Contractor Responsibilities

- A. ALTCS contractor. A contractor shall arrange for behavioral health services to all enrolled members, including American Indian members who are not enrolled with a tribal contractor.
- B. Tribal contractor. A tribal contractor shall provide behavioral health services to an American Indian member who is enrolled with a tribal contractor as prescribed in R9-28-1101. When a tribal contractor determines that an EPD American Indian member residing on a reservation needs behavioral health services under R9-28-415, the member shall receive services as authorized by the Administration or a tribal contractor under A.A.C. R9-22-1205 from any AHCCCS-registered provider.
- C. A program or tribal contractor shall cooperate when a transition of care occurs and ensure that medical records are transferred in accordance with A.R.S. §§ 36-2932, 36-509, and R9-28-514 when a member transitions from:

1. A behavioral health provider to another behavioral health provider,
2. A RBHA or TRBHA to a contractor,
3. A contractor or tribal contractor to a RBHA or TRBHA, or
4. A contractor to a tribal contractor or vice versa.

- D. The Administration, a tribal contractor, or a contractor, as appropriate, shall authorize medical necessary behavioral health services for American Indian members.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Office of the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

R9-28-1103. Eligibility for Covered Services

- A. Eligibility for covered services. A member determined eligible under A.R.S. § 36-2934 shall receive medically necessary covered services specified under Chapter 22, Article 2 and 12.
- B. Behavioral health services are covered as specified in Chapter 22, Article 2 and 12.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Office of the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

R9-28-1104. General Service Requirements

- A. Services. Behavioral health services include both mental health and substance abuse services and are subject to the provisions under Chapter 22, Article 2 and 12.
- B. Enrollment of American Indian member. The Administration shall enroll an EPD American Indian member with a tribal contractor on a FFS basis if:
 1. The member lives on-reservation of an American Indian tribal organization that is an ALTCS tribal contractor, or
 2. The member lived on-reservation of an American Indian tribal organization that is an ALTCS tribal contractor

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immediately before placement in an off-reservation Nursing Facility or an alternative HCBS setting.

- C. Services. A tribal contractor or the Administration may authorize behavioral health services for FFS American Indian members enrolled with a tribal contractor as delineated in the intergovernmental agreement.
- D. Enrollment of American Indian members off-reservation. Except as provided in R9-28-1104(B)(2), an EPD American Indian who resides off-reservation shall be enrolled with an ALTCS contractor to receive behavioral health services, including case management, under R9-28-415.
- E. Enrollment of developmentally disabled American Indian member. A developmentally disabled American Indian member who resides on or off-reservation shall be enrolled with the Department of Economic Security's Division of Developmental Disabilities under R9-28-414 and shall receive behavioral health services from the Department of Economic Security's Division of Developmental Disabilities.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993; amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective January 1, 1996; filed with the Office of the Secretary of State December 22, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

R9-28-1105. Scope of Behavioral Health Services

Scope of Services. The provisions of A.A.C. R9-22-1205 are the scope of behavioral health services for a member under this Article.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Office of the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 8 A.A.R. 933, effective February 12, 2002 (Supp. 02-1). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by

final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

R9-28-1106. Standards for Service Providers

- A. Applicability. The provisions of A.A.C. R9-22-1206 are the general provisions and standards for service providers. References in A.A.C. R9-22-1206 to ADHS/DBHS or to a RBHA apply to a contractor.
- B. The Administration or a contractor shall cost avoid any behavioral health service claims if the Administration or the contractor establishes the probable existence of first-party liability or third-party liability.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61, effective July 1, 1993 (Supp. 93-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4691, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

R9-28-1107. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1). Repealed by final rulemaking at 20 A.A.R. 3122, effective January 4, 2015 (Supp. 14-4).

R9-28-1108. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 200, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 13 A.A.R. 1090, effective May 5, 2007 (Supp. 07-1).

ARTICLE 12. REPEALED

Article 12, consisting of Section R9-28-1201, repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004. The subject matter of Article 12 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-28-1201. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3365, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 820, effective April 3, 2004 (Supp. 04-1).

ARTICLE 13. FREEDOM TO WORK

Article 13, consisting of Sections R9-28-1301 through R9-28-1324, made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

R9-28-1301. General Freedom to Work Requirements

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The Administration shall determine eligibility for AHCCCS medical services under Article 2 of this Chapter and A.A.C. R9-22-1901.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1302. General Administration Requirements

The Administration shall comply with the confidentiality rule under A.A.C. R9-22-512(C).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1303. Application for Coverage

- A. A person may apply by submitting an application to an Administration office.
- B. The application date is the date the application is received at an Administration office.
- C. The provisions of A.A.C. R9-22-1406(B) and (D) apply to this Section.
- D. An applicant or representative who files an application may withdraw the application either orally or in writing. The Administration shall send an applicant withdrawing an application a denial notice under R9-28-1304.
- E. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 45 days.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5138, effective January 3, 2004 (Supp. 03-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1304. Notice of Approval or Denial

The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the action and:

1. If approved:
 - a. The effective date of eligibility,
 - b. The amount the person shall pay, and
 - c. An explanation of the person's hearing rights specified in 9 A.A.C. 34; or
2. If denied, the information required by R9-28-401.01(G)(2).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1305. Reporting and Verifying Changes

An applicant or member shall report and verify changes as described under R9-28-411(A), to the Administration, including any changes in the spouse's income that may affect the share of cost.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended

by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1306. Actions that Result from a Redetermination or Change

The processing of a redetermination or change shall result in one of the following actions:

1. No change in eligibility, share-of-cost, or premium,
2. Discontinuance of eligibility if a condition of eligibility is no longer met,
3. A change in the person's share-of-cost,
4. A change in premium amount, or
5. A change in the coverage group under which a person receives AHCCCS medical coverage.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

R9-28-1307. Notice of Adverse Action

- A. The requirements under R9-28-411(D)(1) apply.
- B. Advance notice of a change in eligibility, share of cost, or premium amount. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (C), advance notice shall be issued whenever an adverse action is taken to:
 1. Discontinue eligibility,
 2. Increase a person's share-of-cost,
 3. Increase the premium amount, or
 4. Reduce benefits from ALTCS to acute care services.
- C. Exceptions from advance notice. A notice shall be issued to the member to discontinue eligibility no later than the effective date of action if:
 1. A member provides a clearly written statement, signed by that member, that services are no longer wanted;
 2. A member provides information that requires termination of eligibility or reduction of services, indicates that the member understands that termination of eligibility or reduction of services will be the result of supplying the information and signs a written statement waiving advance notice;
 3. A member cannot be located and mail sent to the member's last known address has been returned as undeliverable. A member whose eligibility is discontinued under this subsection is subject to reinstatement of discontinued services under 42 CFR 431.231(d);
 4. A member has been admitted to a public institution where a person is ineligible for coverage;
 5. A member has been approved for Medicaid in another state; or
 6. The Administration receives information confirming the death of a member.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1308. Request for Hearing

An applicant or member may request a hearing under 9 A.A.C. 34.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended

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by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1309. Conditions of Eligibility

An applicant or member shall meet the following conditions to qualify for the Freedom to Work program:

1. Furnish a valid Social Security Number (SSN);
2. Be a resident of Arizona;
3. Be a citizen of the United States, or meet requirements for a qualified alien under A.R.S. § 36-2903.03(B);
4. Be at least 16 years of age, but less than 65 years of age;
5. Have countable income that does not exceed 250 percent of FPL. The Administration shall count income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions:
 - a. The unearned income of the applicant or member shall be disregarded,
 - b. The income of a spouse or other family members shall be disregarded, and
 - c. The deduction for a minor child shall not apply;
6. Reside in a living arrangement specified under R9-28-406(A);
7. Be determined as physically disabled by meeting the medical criteria under Article 3 of this Chapter; and
8. Comply with the member responsibility provisions under A.A.C. R9-22-1502(D) and (F).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed; new Section made by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1310. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1311. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1312. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1313. Premium Requirements

- A. As a condition of eligibility, an applicant or member shall:
 1. Pay the premium required under subsection (B).
 2. Not have any unpaid premiums that exceed the premium amount for one month.
- B. The Administration shall process premiums under 9 A.A.C. 31, Article 14 with the following exceptions:
 1. A member who has countable income:
 - a. Under \$500, the monthly premium payment shall be \$0.

- b. Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.
2. The premium for a member shall be increased by \$5 for each \$250 increase in countable income above \$750.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1314. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1315. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1316. Institutionalized Person

A person is not eligible for AHCCCS medical coverage if the person is:

1. An inmate of a public institution and federal financial participation (FFP) is not available, or
2. Older than age 20 but younger than age 65 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except when allowed under the Administration's Section 1115 IMD waiver or allowed under a managed care contract approved by CMS.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1317. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1318. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1319. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1320. Additional Eligibility Criteria for the Basic Coverage Group

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As a condition of eligibility, an applicant or member shall be employed. Employed means that an applicant or member is paid for working and Social Security or Medicare taxes are paid on the applicant's or member's income.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section amended by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1321. Share of Cost

The Director shall determine the amount a person shall pay for the cost of ALTCS services (share-of-cost) under A.R.S. § 36-2932(L) and 42 CFR 435.725 or 42 CFR 435.726. Share of cost shall be calculated for people who reside in a medical institution for an entire calendar month under R9-28-408(G) and R9-28-410(C) except that the personal-needs allowance shall be increased by 50 percent of the member's earned income.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

R9-28-1322. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4). Section repealed

by final rulemaking at 15 A.A.R. 269, effective March 7, 2009 (Supp. 09-1).

R9-28-1323. Enrollment

The Administration shall enroll members under R9-28-412 through R9-28-418.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

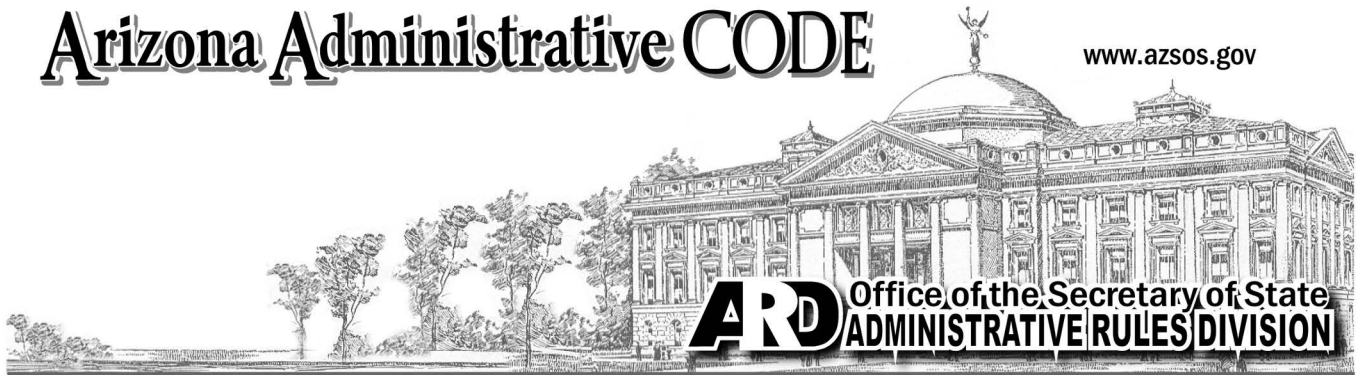
R9-28-1324. Redetermination of Eligibility

- A. Redetermination. Except as provided in subsection (B), the Administration shall complete a redetermination of eligibility at least once a year.
- B. Change in circumstance. The Administration may complete a redetermination of eligibility if there is a change in the member's circumstances, including a change in disability or employment that may affect eligibility.
- C. Medical Improvement. If a member is no longer disabled under Article 3 of this Chapter, the Administration shall determine if the member is eligible under other coverage groups.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 99, effective January 1, 2003 (Supp. 02-4).

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The table of contents on page one contains links to the referenced page numbers in this Chapter.
Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

[R9-31-1101.](#) [Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims 19](#)

Questions about these rules? Contact:

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The release of this Chapter in Supp. 24-2 replaces Supp. 22-3, 1-28 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 9. HEALTH SERVICES

CHAPTER 31. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - CHILDREN'S HEALTH INSURANCE PROGRAM

Authority: A.R.S. § 36-2986

Supp. 24-2

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Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-3).

Editor's Note: Articles 1 through 13, and Article 16 were adopted under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session. Although exempt from certain provisions of the rulemaking process, AHCCCS submitted a notice of docket opening with the Secretary of State for publication in the Arizona Administrative Register. Exemption from A.R.S. Title 41, Chapter 6 means AHCCCS was not required to submit these rules to the Governor's Regulatory Review Council for review; they did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and they were not required to hold public hearings on these rules. Because this Chapter contains rules that are exempt from the regular rulemaking process, it is printed on blue paper.

ARTICLE 1. DEFINITIONS

Article 1, consisting of Sections R9-31-101 thru R9-31-116, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

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ARTICLE 2. SCOPE OF SERVICES

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Article 4, consisting of Sections R9-31-401 through R9-31-407, repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

Article 4, consisting of Sections R9-31-401 thru R9-31-407, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

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Article 7, consisting of Sections R9-31-701 thru R9-31-717, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

Section

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ARTICLE 8. REPEALED

Article 8, consisting of Sections R9-31-801 through R9-31-803 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

Article 8, consisting of Sections R9-31-801 thru R9-31-804, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

Section

R9-31-801.	Repealed	18
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ARTICLE 9. REPEALED

Article 9, consisting of Section R9-31-901, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

Section

R9-31-901.	Repealed	18
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ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES

Article 10, consisting of Sections R9-31-1001 and R9-31-1002, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

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ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS

Article 11, consisting of Sections R9-31-1101 thru R9-31-1104, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

Section

R9-31-1101.	Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims	19
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ARTICLE 12. BEHAVIORAL HEALTH SERVICES

Article 12, consisting of Sections R9-31-1201 through R9-31-1207, repealed; new Article 12, consisting of Sections R9-31-1201 through R9-31-1208, adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4).

Article 12, consisting of Sections R9-31-1201 through R9-31-1207, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

Section

R9-31-1201.	Requirements	19
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R9-31-1203.	Repealed	19
R9-31-1204.	Repealed	19
R9-31-1205.	Repealed	20
R9-31-1206.	Repealed	20
R9-31-1207.	Repealed	20
R9-31-1208.	Repealed	20

ARTICLE 13. REPEALED

Article 13, consisting of Sections R9-31-1301 through R9-31-1309, repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).

Article 13, consisting of Sections R9-31-1301 thru R9-31-1309, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

Section

R9-31-1301.	Repealed	20
R9-31-1302.	Repealed	20
R9-31-1303.	Repealed	20
R9-31-1304.	Repealed	20
R9-31-1305.	Repealed	20
R9-31-1306.	Repealed	20
R9-31-1307.	Repealed	21
R9-31-1308.	Repealed	21
R9-31-1309.	Repealed	21

ARTICLE 14. PREMIUMS FOR A CHILD DETERMINED ELIGIBLE UNDER ARTICLE 3

Article 14, consisting of Sections R9-31-1401 through R9-31-1406, adopted effective September 10, 1999, under an exemption from the Administrative Procedure Act (Supp. 99-3).

Section

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R9-31-1402.	Premium Amount for a Member who is a Child Determined Eligible Under Article 3 of this Chapter	21

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ARTICLE 15. RESERVED**ARTICLE 16. SERVICES FOR AMERICAN INDIANS**

Article 16, consisting of Sections R9-31-1601 thru R9-31-1625, adopted effective October 23, 1998, under an exemption from the Administrative Procedure Act. (Supp. 98-4).

Section

R9-31-1601.	General Requirements	24
R9-31-1602.	Repealed	24
R9-31-1603.	Repealed	24
R9-31-1604.	Repealed	24
R9-31-1605.	Repealed	24
R9-31-1606.	Repealed	24
R9-31-1607.	Repealed	24
R9-31-1608.	Repealed	24
R9-31-1609.	Repealed	24
R9-31-1610.	Repealed	24
R9-31-1611.	Repealed	25
R9-31-1612.	Repealed	25
R9-31-1613.	Repealed	25
R9-31-1614.	Repealed	25
R9-31-1615.	Repealed	25
R9-31-1616.	Repealed	25
R9-31-1617.	Repealed	25
R9-31-1618.	Repealed	25
R9-31-1619.	Repealed	25
R9-31-1620.	Repealed	25
R9-31-1621.	Repealed	25
R9-31-1622.	Repealed	25
R9-31-1623.	Repealed	26
R9-31-1624.	Repealed	26
R9-31-1625.	Repealed	26

ARTICLE 17. REPEALED

Article 17, consisting of Sections R9-31-1701 through R9-31-1713 and Sections R9-31-1716 through R9-31-1732, repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

Article 17, consisting of Sections R9-31-1701 through R9-31-1724, made by exempt rulemaking at 8 A.A.R. 5007, effective Janu-

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ary 1, 2003 (Supp. 02-4).

Section

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R9-31-1702.	Repealed	26	R9-31-1719.	Repealed	27
R9-31-1703.	Repealed	26	R9-31-1720.	Repealed	27
R9-31-1704.	Repealed	26	R9-31-1721.	Repealed	27
R9-31-1705.	Repealed	26	R9-31-1722.	Repealed	27
R9-31-1706.	Repealed	26	R9-31-1723.	Repealed	27
R9-31-1707.	Repealed	26	R9-31-1724.	Repealed	27
R9-31-1708.	Repealed	26	R9-31-1725.	Repealed	27
R9-31-1709.	Repealed	26	R9-31-1726.	Repealed	27
R9-31-1710.	Repealed	26	R9-31-1727.	Repealed	27
R9-31-1711.	Repealed	26	R9-31-1728.	Repealed	27
R9-31-1712.	Repealed	26	R9-31-1729.	Repealed	28
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R9-31-1714.	Repealed	27	R9-31-1731.	Repealed	28
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R9-31-1716.	Repealed	27	R9-31-1733.	Repealed	28
R9-31-1717.	Repealed	27	R9-31-1734.	Repealed	28
			R9-31-1735.	Repealed	28

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ARTICLE 1. DEFINITIONS

R9-31-101. Location of Definitions

- A. Location of definitions. Definitions applicable to 9 A.A.C. 31 are found in the following.

Definition	Section or Citation	
"ADHS"	R9-22-102	"Hearing aid"
"Administration"	A.R.S. § 36-2901	"Home health services"
"Adverse action"	R9-34-102	"Hospital"
"Aggregate"	R9-22-701	"Household income"
"AHCCCS"	R9-31-101	"ICU"
"AHCCCS registered provider"	R9-22-101	"IGA"
"Ambulance"	A.R.S. § 36-2201	"IHS"
"Applicant"	R9-31-101	"IHS" or "Tribal Facility Provider"
"Application"	R9-31-101	"Information"
"Behavior management service"	R9-31-1201	"Institution for Mental Diseases"
"Behavioral health evaluation"	R9-31-1201	or "IMD"
"Behavioral health medical practitioner"	R9-31-1201	42 CFR 435.1010 and R9-22-102
"Behavioral health professional"	R9-31-1201	"Inmate of a public institution"
"Behavioral health service"	R9-31-1201	42 CFR 435.1010
"Behavioral health technician"	R9-31-1201	"Inpatient hospital services"
"Billed charges"	R9-22-701	R9-31-101
"Capital costs"	R9-22-701	"License" or "licensure"
"Certified nurse practitioner"	R9-31-102	R9-22-101
"Certified psychiatric nurse practitioner"	R9-31-1201	"Medical record"
"Child"	42 U.S.C. § 1397jj	"Medical review"
"Chronically ill"	A.R.S. § 36-2983	R9-31-107
"Clean claim"	A.R.S. § 36-2904	"Medical services"
"Clinical supervision"	R9-22-102	R9-22-101
"CMDP"	R9-31-103	"Medical supplies"
"Continuous stay"	R9-22-101	R9-22-102
"Contract"	R9-22-101	"Member"
"Contractor"	A.R.S. § 36-2901	A.R.S. § 36-2981
"Contract year"	R9-31-101	"Mental disorder"
"Cost avoid"	R9-22-1201	A.R.S. § 36-501
"Cost-to-Charge"	R9-22-701	"Native American"
"Covered charges"	R9-31-107	R9-31-101
"Covered services"	R9-22-102	"New hospital"
"CPT"	R9-22-701	R9-22-701
"CRS"	R9-31-103	"NF" or "nursing facility"
"Date of eligibility posting"	R9-22-701	42 U.S.C. § 1396r(a)
"Day"	R9-22-101	"NICU"
"De novo hearing"	42 CFR 431.201	R9-22-701
"Dentures" and "Denture services"	R9-22-102	"Noncontracting provider"
"DES"	R9-31-103	A.R.S. § 36-2981
"Determination"	R9-31-103	"Occupational therapy"
"Diagnostic services"	R9-22-102	R9-22-102
"Director"	A.R.S. § 36-2981	"Offeror"
"DME"	R9-22-102	R9-31-106
"DRI inflation factor"	R9-22-701	"Operating costs"
"Emergency medical condition"	42 U.S.C. § 1396b(v)	R9-22-701
"Emergency medical services for the non-FES"		"Outlier"
member	R9-22-102	R9-31-107
"Encounter"	R9-22-701	"Outpatient hospital service"
"Enrollment"	R9-31-103	R9-22-701
"Experimental services"	R9-22-101	"Ownership change"
"Facility"	R9-22-101	R9-22-1201
"Factor"	R9-22-101	"Partial care"
"Federal Poverty Level" or "FPL"	A.R.S. § 36-2981	R9-22-701
"First-party liability"	R9-22-1001	"Peer group"
"Grievance"	R9-34-202	R9-22-701
"Group Health Plan"	42 U.S.C. § 1397jj	"Pharmaceutical service"
"GSA"	R9-22-101	R9-22-102
"Head of Household"	R9-31-103	"Physical therapy"
"Health care practitioner"	R9-31-1201	R9-22-102
		"Physician"
		A.R.S. § 36-2981
		"Post stabilization care services"
		42 CFR 438.114
		"Practitioner"
		R9-22-102
		"Prepaid capitated"
		A.R.S. § 36-2981
		"Prescription"
		R9-22-102
		"Primary care physician"
		A.R.S. § 36-2981
		"Primary care practitioner"
		A.R.S. § 36-2981
		"Primary care provider (PCP)"
		R9-22-102
		"Primary care provider services"
		R9-22-102
		"Prior authorization"
		R9-22-102
		"Program"
		A.R.S. § 36-2981
		"Proposal"
		R9-31-106
		"Prospective rates"
		R9-22-701
		"Provider"
		A.R.S. § 36-2931
		"Psychiatrist"
		A.R.S. § 36-501
		"Psychologist"
		A.R.S. § 36-501
		"Psychosocial rehabilitation"
		R9-22-102
		"Qualified alien"
		A.R.S. § 36-2903.03
		"Qualifying plan"
		A.R.S. § 36-2981
		"Quality management"
		R9-22-501
		"Radiology"
		R9-22-102
		"Rebase"
		R9-22-701
		"Redetermination"
		R9-31-103
		"Referral"
		R9-22-101
		"Regional Behavioral Health Authority" or
		"RBHA"
		A.R.S. § 36-3401
		"Rehabilitation services"
		R9-22-102
		"Reinsurance"
		R9-22-701
		"Remittance advice"
		R9-22-701

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"RFP"	R9-31-106
"Respiratory therapy"	R9-22-102
"Scope of services"	R9-22-102
"Seriously ill"	R9-31-101
"Service location"	R9-22-101
"Service site"	R9-22-101
"SMI" or "Seriously mentally ill"	A.R.S. § 36-550
"Specialist"	R9-22-102
"Speech therapy"	R9-22-102
"Spouse"	R9-31-103
"SSI-MAO"	R9-31-103
"Stabilize"	42 U.S.C. § 1395dd
"Standard of care"	R9-22-101
"Sterilization"	R9-22-102
"Subcontract"	R9-22-101
"Subcontractor"	R9-31-101
"Third-party"	R9-22-1001
"Third-party liability"	R9-22-1001
"Tier"	R9-22-701
"Tiered per diem"	R9-31-107
"TRBHA" or "Tribal Regional Behavioral Health Authority"	R9-31-1201
"Tribal facility"	A.R.S. § 36-2981
"Utilization management"	R9-22-501

B. General definitions. The words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"ADHS" has the same meaning as in A.A.C. R9-22-102.

"AHCCCS" means the Arizona Health Care Cost Containment System, which is composed of the Administration, contractors, and other arrangements through which health care services are provided to a member.

"Applicant" means a person who submits, or whose representative submits, a written, signed, and dated application for Title XXI medical coverage.

"Application" means an official request for Title XXI medical coverage made under this Chapter.

"Contract year" means the period beginning on October 1 and continuing until September 30 of the following year.

"Inpatient hospital services" means medically necessary services that require an inpatient stay in an acute care hospital and that are provided by or under the direction of a physician or other health care practitioner upon referral from a member's primary care provider.

"Native American" means Indian as specified in 42 CFR 137.10.

"Seriously ill" means a medical or psychiatric condition manifesting itself by acute symptoms that left untreated may result in:

Death,
Disability,
Disfigurement, or
Dysfunction.

"Subcontractor" means a person, agency, or organization that enters into an agreement with a contractor or subcontractor to provide services.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Ses-

sion, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1). Amended by final expedited rulemaking at 28 A.A.R. 3314 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-31-102. Scope of Services-related Definitions

Definitions. The words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"Certified nurse practitioner" means a registered nurse practitioner as certified by the Arizona Board of Nursing according to A.R.S. Title 32, Ch. 15.

"Psychosocial rehabilitation services" means the same as in R9-22-102.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1).

R9-31-103. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Repealed by final expedited rulemaking at 28 A.A.R. 3314 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-31-104. Reserved

R9-31-105. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-106. Request for Proposal (RFP) Related Definitions

Definitions. The words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

1. "Offeror" means a person or other entity that submits a proposal to the Administration in response to an RFP.

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2. "Proposal" means all documents including best and final offers submitted by an offeror in response to a Request for Proposals by the Administration.
3. "RFP" means Request for Proposals including all documents, whether attached or incorporated by reference, which are used by the Administration for soliciting a proposal according to this Article.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3).

R9-31-107. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-108. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-109. Reserved**R9-31-110. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-111. Reserved**R9-31-112. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1).

R9-31-113. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3).

R9-31-114. Reserved**R9-31-115. Reserved****R9-31-116. Services for Native Americans Related Definitions**

Definitions. The words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"IGA" means intergovernmental agreement.

"IHS" means Indian Health Service.

"IHS or Tribal Facility Provider" means a person who is authorized by the IHS or Tribal Facility to provide covered services to members and:

Is an AHCCCS registered provider, and

Is certified by the IHS or Tribal Facility as meeting all applicable federal and state requirements.

"TRBHA" means a Tribal Regional Behavioral Health Authority operated by a tribal government through an IGA with ADHS for the provision of behavioral health services to a Native American member residing on reservation.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3).

ARTICLE 2. SCOPE OF SERVICES**R9-31-201. General Requirements**

- A. The Administration shall administer the Children's Health Insurance Program under A.R.S. § 36-2982.
- B. Scope of services for American Indian fee-for-service members is under Article 16 of this Chapter.
- C. A contractor or RBHA shall provide behavioral health services under Articles 12 and 16.
- D. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply:
 1. Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services.
 2. The Administration or a contractor may waive the covered services referral requirements of this Article.
 3. Except as authorized by a contractor, a primary care provider, practitioner, or dentist shall provide or direct the member's covered services. Delegation of the provision of care to a practitioner does not diminish the role or responsibility of the primary care provider.
 4. A contractor shall offer a female member direct access to preventive and routine services from gynecology providers within the contractor's network without a referral from a primary care provider.
 5. A member may receive behavioral health services as specified in 9 A.A.C. 22, Articles 2 and 12.
 6. A member may receive treatment that is considered the standard of care, or that is approved by the AHCCCS Chief Medical Officer after appropriate input from providers who are considered experts in the field by the professional medical community.
 7. An AHCCCS registered provider shall provide covered services within the provider's scope of practice.

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8. In addition to the specific exclusions and limitations otherwise specified under this Article, the following are not covered:
 - a. A service that is determined by the AHCCCS Chief Medical Officer to be experimental or provided primarily for the purpose of research;
 - b. Services or items furnished gratuitously; and
 - c. Personal care items, except as specified in R9-31-212.
9. Medical or behavioral health services are not covered if provided to:
 - a. An inmate of a public institution;
 - b. A person who is a resident of an institution for the treatment of tuberculosis; or
 - c. A person who is in an IMD at the time of application, unless provided under Article 12 of this Chapter.
- E. The Administration or a contractor may deny payment if a provider fails to obtain prior authorization as specified in this Article and Article 7 of this Chapter for non-emergency services. The Administration or a contractor shall not provide prior authorization for services unless the provider submits documentation of the medical necessity of the treatment along with the prior authorization request.
- F. Prior authorization is not required for services necessary to evaluate and stabilize an emergency medical condition.
- G. Under A.R.S. § 36-2989, a member shall receive covered services outside of the GSA only if one of the following applies:
 1. A member is referred by a primary care provider for medical specialty care out of the contractor's area. If the member is referred outside of the GSA to receive an authorized medically necessary service, a contractor shall also provide all other medically necessary covered services for the member;
 2. There is a net savings in service delivery costs as a result of going outside the GSA that does not require undue travel time or hardship for a member or the member's family; or
 3. The contractor authorizes placement in a nursing facility located outside of the GSA;
- H. If a member is traveling or temporarily residing outside of the GSA, covered services are restricted to emergency care services, unless otherwise authorized by the contractor.
- I. A contractor shall provide at a minimum, directly or through subcontracts, the covered services specified in this Chapter and in contract.
- J. The restrictions, limitations, and exclusions in this Article do not apply to a contractor if the contractor elects to provide noncovered services.
 1. The Administration shall not consider the costs of providing a noncovered service to a member in the development or negotiation of a capitation rate.
 2. A contractor shall pay for noncovered services from administrative revenue or other contractor funds that are unrelated to the provision of services under this Chapter.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by

final rulemaking at 11 A.A.R. 3246, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 3276, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-202. Reserved**R9-31-203. Reserved****R9-31-204. Inpatient General Hospital Services**

A contractor, fee-for-service provider, or noncontracting provider shall render inpatient general hospital services including:

1. Hospital accommodations and appropriate staffing, supplies, equipment, and services for:
 - a. Maternity care, including labor, delivery, recovery room, birthing center, and newborn nursery;
 - b. Neonatal intensive care unit (NICU);
 - c. Intensive care unit (ICU);
 - d. Surgery, including surgery room and recovery room;
 - e. Nursery and related services;
 - f. Routine care; and
 - g. Emergency behavioral health services under 9 A.A.C. 31, Article 12.
2. Ancillary services as specified by the Director and included in contract:
 - a. Laboratory services;
 - b. Radiological and medical imaging services;
 - c. Anesthesiology services;
 - d. Rehabilitation services;
 - e. Pharmaceutical services and prescription drugs;
 - f. Respiratory therapy;
 - g. Blood and blood derivatives; and
 - h. Central supply items, appliances, and equipment not ordinarily furnished to all patients which are customarily reimbursed as ancillary services.
3. Providers are not required to obtain prior authorization from the Administration for the following inpatient hospital services:
 - a. Dialysis shunt placement,
 - b. Arteriovenous graft placement for dialysis,
 - c. Angioplasties or thrombectomies of dialysis shunts,
 - d. Angioplasties or thrombectomies of arteriovenous graft for dialysis,
 - e. Hospitalization for vaginal delivery that does not exceed 48 hours,
 - f. Hospitalization for cesarean section delivery that does not exceed 96 hours, and
 - g. Other services identified by the Administration through the Provider Participation Agreement.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-205. Attending Physician, Practitioner, and Primary Care Provider Services

- A. A primary care provider shall provide primary care provider services within the provider's scope of practice under A.R.S. Title 32. A member may receive primary care provider services in an inpatient or outpatient setting including at a minimum:
 1. Periodic health examination and assessment,

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2. Evaluation and diagnostic workup,
3. Medically necessary treatment,
4. Prescriptions for medication and medically necessary supplies or equipment,
5. Referral to a specialist or other health care professional if medically necessary as specified in A.R.S. § 36-2989,
6. Patient education,
7. Home visits if medically necessary,
8. Covered immunizations, and
9. Covered preventive health services.

B. As specified in A.R.S. § 36-2989, a second opinion procedure may be required to determine coverage for surgery. Under this procedure, documentation must be provided by at least two physicians as to the need for the proposed surgery for the member.

C. The following limitations and exclusions apply to physician and practitioner services and primary care provider services:

1. Specialty care and other services provided to a member upon referral from a primary care provider are limited to the services or conditions for which the referral is made, or for which authorization is given by the contractor;
2. A member's physical examination is not a covered service if the physical examination is to obtain one or more of the following:
 - a. Qualification for insurance,
 - b. Pre-employment physical evaluation,
 - c. Qualification for sports or physical exercise activities,
 - d. Pilot's examination (Federal Aviation Administration),
 - e. Disability certification to establish any kind of periodic payments,
 - f. Evaluation to establish third-party liabilities, or
 - g. Physical ability to perform functions that have no relationship to primary objectives of the services listed in subsection (A).
3. The following services are excluded from AHCCCS coverage:
 - a. Infertility services, reversal of surgically induced infertility (sterilization), and gender reassignment surgery;
 - b. Pregnancy termination counseling services;
 - c. A pregnancy termination, unless authorized under federal law;
 - d. A service or item furnished solely for cosmetic purposes;
 - e. A hysterectomy, unless determined to be medically necessary; and
 - f. Licensed midwife services for prenatal care and home birth.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-206. Organ and Tissue Transplantation Services

The following organ and tissue transplantation services shall be covered for a member as specified in A.R.S. § 36-2989 if prior authorized and coordinated with a member's contractor:

1. Kidney transplantation;
2. Simultaneous Kidney/Pancreas transplant;
3. Cornea transplantation;

4. Heart transplantation;
5. Liver transplantation;
6. Autologous and allogeneic bone marrow transplantation;
7. Lung transplantation;
8. Heart-lung transplantation;
9. Other organ transplantation if the transplantation is required by federal law and if other statutory criteria are met; and
10. Immunosuppressant medications, chemotherapy, and other related services.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4).

R9-31-207. Dental Services

Medically necessary dental services are provided for children under age 19 under A.R.S. § 36-2989 and R9-22-213.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-208. Laboratory, Radiology, and Medical Imaging Services

An AHCCCS-registered provider shall provide laboratory, radiology, and medical imaging services for children under age 19, under A.R.S. § 36-2989 and R9-22-208.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-209. Pharmaceutical Services

Pharmaceutical services are provided for children under age 19 under R9-22-209.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-210. Emergency Medical Services

A. Emergency medical services shall be provided based on the prudent layperson standard to a member by licensed providers registered with AHCCCS to provide services under A.R.S. § 36-2989.

B. The provider of emergency services shall verify eligibility and enrollment status through the Administration to determine the need for notification to a contractor or a RBHA for a member and to determine the party responsible for payment of services rendered.

C. Access to an emergency room and emergency medical services shall be available 24 hours per day, seven days per week in each contractor's service area. The use of examining or treatment rooms shall be available when required by a physician or practitioner for the provision of emergency services.

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- D. Behavioral Health Evaluation provided by a psychiatrist or psychologist shall be covered as an emergency service, so long as it meets the requirements of 9 A.A.C. 31, Article 12.
- E. Emergency services do not require prior authorization but providers shall comply with the following notification requirements:
 1. Providers and noncontracting providers furnishing emergency services to a member shall notify the member's contractor within 12 hours of the time the member presents for services;
 2. If a member's medical condition is determined not to be an emergency medical condition under Article 1 of this Chapter, the provider shall notify the member's contractor before initiation of treatment and follow the prior authorization requirements and protocol of the contractor regarding treatment of the member's nonemergent condition. Failure to provide timely notice or comply with prior authorization requirements of the contractor constitutes cause for denial of payment.
- F. A provider and a noncontracting provider shall request authorization from a contractor for post stabilization services. A contractor shall pay for the post stabilization services if:
 1. The service is pre-approved by a contractor, or
 2. A contractor does not respond to an authorization request within the time-frame under 42 CFR 438.114.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3).

R9-31-211. Transportation Services

The Administration shall provide transportation services under A.A.C. R9-22-211.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4).

R9-31-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies

As specified in A.R.S. § 36-2989, DME, orthotic and prosthetic devices, and medical supplies, including incontinence briefs, are covered services if provided in compliance with requirements of this Chapter and A.A.C. R9-22-212. For purposes of this Section, where the term "AHCCCS services" is used in R9-22-212, it is replaced with the term "Title XXI services."

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3276, effective September 11, 2007 (Supp. 07-3).

R9-31-213. Health Risk Assessment and Screening Services

- A. As authorized by A.R.S. § 36-2989, the following services shall be covered for a member:
 1. Screening services, including:
 - a. Comprehensive health, behavioral health and developmental histories;

- b. Comprehensive unclothed physical examination;
 - c. Appropriate immunizations according to age and health history; and
 - d. Health education, including anticipatory guidance.
- 2. Vision services including:
 - a. Diagnosis and treatment for defects in vision,
 - b. Eye examinations for the provision of prescriptive lenses, and
 - c. Provision of prescriptive lenses.
- 3. Hearing services, including:
 - a. Diagnosis and treatment for defects in hearing,
 - b. Testing to determine hearing impairment, and
 - c. Provision of hearing aids.
- B. All providers of services shall meet the following standards:
 1. Provide services by or under the direction of, the member's primary care provider or dentist.
 2. Perform tests and examinations as specified in contract and under 42 CFR 441, Subpart B, January 29, 1985, which is incorporated by reference and on file with the Office of the Secretary of State and the Administration. This incorporation by reference contains no future editions or amendments.
 3. Refer members as necessary for dental diagnosis and treatment, and necessary specialty care.
 4. Refer members as necessary for behavioral health evaluation and treatment services as specified in 9 A.A.C. 31, Article 12.
- C. A contractor shall meet the following additional conditions for members:
 1. Provide information to members and their parents or guardians concerning services; and
 2. Notify members and their parents or guardians regarding the initiation of screening and subsequent appointments according to the AHCCCS Administration Periodicity Schedule.
- D. A contractor, primary care provider, attending physician, or practitioner shall refer a member with special health care needs under A.A.C. R9-7-301 to CRS.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4).

R9-31-214. Reserved**R9-31-215. Other Medical Professional Services**

- A. The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office setting:
 1. Dialysis;
 2. The following family planning services if provided to delay or prevent pregnancy:
 - a. Medications,
 - b. Supplies,
 - c. Devices, and
 - d. Surgical procedures.
 3. Family planning services are limited to:
 - a. Contraceptive counseling, medication, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package

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of sexually transmitted disease tests provided with a family planning service; and

- b. Natural family planning education or referral;
 4. Midwifery services provided by a nurse practitioner certified in midwifery;
 5. Podiatry services if ordered by a member's primary care provider as specified in A.R.S. § 36-2989;
 6. Respiratory therapy;
 7. Ambulatory and outpatient surgery facilities services;
 8. Home health services in A.R.S. § 36-2989;
 9. Private or special duty nursing services;
 10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology provided under this Article;
 11. Total parenteral nutrition services, (which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract);
 12. Inpatient chemotherapy;
 13. Outpatient chemotherapy; and
 14. Hospice care under R9-22-213.
- B.** Prior authorization from the Administration for a member is required for services listed in subsections (A)(4) through (11) and (14); except for:
1. Dialysis shunt placement,
 2. Arteriovenous graft placement for dialysis,
 3. Angioplasties or thrombectomies of dialysis shunts,
 4. Angioplasties or thrombectomies of arteriovenous grafts for dialysis,
 5. Eye surgery for the treatment of diabetic retinopathy,
 6. Eye surgery for the treatment of glaucoma,
 7. Eye surgery for the treatment of macular degeneration,
 8. Home health visits following an acute hospitalization (limited up to five visits),
 9. Hysteroscopies, (up to two, one before and one after, when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization),
 10. Physical therapy subject to the limitation in subsection A.A.C. R9-22-215(C),
 11. Facility services related to wound debridement,
 12. Apnea management and training for premature babies up to the age of 1, and
 13. Other services identified by the Administration through the Provider Participation Agreement.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-216. NF, Alternative HCBS Setting, or HCBS

Services provided in a NF, including room and board, alternative HCBS setting, or HCBS shall be covered as specified in A.A.C. R9-22-216.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3276, effective September 11, 2007 (Supp. 07-3).

ARTICLE 3. ELIGIBILITY AND ENROLLMENT**R9-31-301. Expenditure Limit and Enrollment**

- A.** Title XXI will accept enrollees subject to the availability of federal funds. If the Director determines that monies may be insufficient for the program, the Administration shall stop processing applications for the program as specified in A.R.S. § 36-2985.
- B.** After the Administration has verified that federal funding is sufficient, it will resume processing applications as specified in A.R.S. § 36-2985.
- C.** The Administration shall immediately stop processing all applications and shall provide advance notice to a member that the program will terminate under A.R.S. § 36-2985.
- D.** A child is not entitled to a hearing under Chapter 34, if the program is suspended or terminated.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1). Amended by final expedited rulemaking at 28 A.A.R. 3314 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-31-302. General Requirements

- A.** Administration. The Administration or its designee shall administer the program as specified in A.R.S. § 36-2982. The requirements described under Chapter 22, Article 3, except for R9-22-303, R9-22-305(1), R9-22-306(A)(4)(a) and (b), R9-22-306(B)(2)(b) and (c), R9-22-306(B)(3)(c)(iv), (vii) and (xi), R9-22-306(B)(4), R9-22-306(B)(5) and R9-22-307, apply to this Chapter.
- B.** Eligibility determination processing time. When an application is complete, the Administration or its designee shall mail notification to the applicant regarding the eligibility determination no more than 30 days from the date of application except when there is an emergency beyond the Administration's or its designee's control.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5150, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-303. Eligibility Criteria

Eligibility. To be eligible for the program, an applicant shall meet all the following eligibility requirements in addition to R9-31-302:

1. Age. Is less than 19 years of age. A child's coverage shall continue through the month in which a child turns age 19 if the child is otherwise eligible;
2. Income. Meets the income requirements in R9-31-304;
3. Cost sharing. Pays the cost sharing premium amount when premiums are required as specified in A.R.S. §§ 36-2982 and 36-2903.01;

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4. Other federal program. Is not eligible for Medicaid or other federally operated or financed health care insurance program, except the Indian Health Service as specified in A.R.S. § 36-2983;
5. Patient in an institution for mental disease. Is not a patient in an institution for mental disease at the time of application, or at the time of redetermination, as specified in A.R.S. § 36-2983;
6. Other health coverage. Is not covered under:
 - a. An employer's group health insurance plan,
 - b. Family or individual health insurance, or
 - c. Other health insurance;
7. State health benefits. Is not eligible for health benefits coverage under a state health benefit plan based on a family member's employment with a public agency in the state of Arizona;
8. Prior health insurance coverage. Has not been covered by health insurance during the previous 90 days unless that health insurance was discontinued due to the involuntary loss of employment or other involuntary reason as specified in A.R.S. § 36-2983. The 90 days of ineligibility due to previous insurance coverage shall not apply to a child if:
 - a. Following the loss of eligibility for and enrollment in Medicaid or another insurance affordability program;
 - b. The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income;
 - c. The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Exchange because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v);
 - d. The cost of family coverage that includes the child exceeds 9.5 percent of the household income;
 - e. The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan;
 - f. A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA);
 - g. The child has special health care needs; or
 - h. The child lost coverage due to the death or divorce of a parent.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by exempt rulemaking at 9 A.A.R. 4560, effective October 1, 2003 (Supp. 03-4). Amended by final rulemaking at 9 A.A.R. 5150, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-304. Income Eligibility

- A.** Income standard. The combined gross income of the household income group members as specified in subsection (C)

shall not exceed the percentage of the appropriate FPL under A.R.S. § 36-2981 for the Title XXI household income group size.

- B.** Calculating monthly income. The Administration or its designee shall calculate monthly income under R9-22-1423.
- C.** The Administration or its designee shall include the income of persons described under R9-22-1420(B).
- D.** Income disregards. When determining gross income of the household, the Administration or its designee shall disregard income as described under R9-22-1421(A).
- E.** Effective date of initial eligibility.
1. For an eligibility determination completed by the 25th day of the month, eligibility shall begin on the first day of the month following the determination of eligibility.
 2. For an eligibility determination completed after the 25th day of the month, eligibility shall begin on the first day of the second month following the determination of eligibility.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5150, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-305. Verification

Verification. An applicant or a member shall provide the Administration or its designee with verification or authorize the release of verification to the Administration or its designee of all information necessary to complete the determination of eligibility as described under R9-22-304.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-306. Enrollment

Enrollment requirements applicable to the KidsCare program are described under Chapter 22, Article 17.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-307. Guaranteed Enrollment

- A.** Guaranteed Enrollment. A child who is determined eligible for Title XXI shall be guaranteed a one-time, 12-month period of continuous coverage unless a child:
1. Attains age 19,
 2. Is no longer a resident of the state,
 3. Is an inmate of a public institution,
 4. Is determined to have been ineligible at the time of approval,
 5. Obtains private or group health coverage,

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6. Is adopted and the new household does not meet the qualifications of this program,
7. Is a patient in an institution for mental diseases,
8. Has whereabouts that are unknown, or
9. Has a head of household who:
 - a. Does not pay cost sharing premium amount when premiums are required as specified in A.R.S. §§ 36-2982 and 36-2903.01 and as specified in this Chapter,
 - b. Voluntarily withdraws from the program, or
 - c. Fails to cooperate in meeting the requirements of the program.
- B. The 12-month guaranteed period shall begin with the month an applicant is initially enrolled.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by exempt rulemaking at 9 A.A.R. 4560, effective October 1, 2003 (Supp. 03-4).

R9-31-308. Changes and Redeterminations

- A. Reporting Changes. A member or a member's parent or guardian shall report the following changes to the Administration or its designee:
 1. Any increase in income that will begin or continue into the following month,
 2. Any change of address,
 3. The addition or departure of a household member,
 4. Any health coverage under private or group health insurance,
 5. Employment of a member or a parent with a state agency,
 6. Incarceration of a member, and
 7. Any other changes that may impact eligibility or premiums.
- B. Verification. If required verification is needed and requested as a result of a change specified in subsection (A) to determine the impact on eligibility or premiums and is not received within 15 days, the Administration or its designee shall send a notice to discontinue eligibility for a member unless a member is within the guaranteed enrollment period as specified in R9-31-307.
- C. Redeterminations. The renewal eligibility requirements described under R9-22-306 for a KidsCare program member shall be followed.
- D. Termination. The termination notice requirements as described under R9-22-307 for a KidsCare program member shall be followed.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1). Amended by final expedited rulemaking at 28 A.A.R. 3314 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-31-309. Newborn Eligibility

- A. Eligibility. A child born to a Title XXI member, is eligible for 12 months of coverage without filing an application under Title XXI provided:
 1. The child continues to live with the child's mother during the 12-month period; and
 2. One of the events as specified in R9-31-307(A) does not occur.
- B. Deemed Coverage. A newborn's deemed newborn coverage shall begin effective with a newborn's date of birth and end with the last day of the month in which a newborn turns age 1. Deemed newborn status does not preclude a child from being approved for Title XIX.
- C. Enrollment choice for a newborn. A newborn shall be enrolled with a mother's enrollment choice as specified in contract.
- D. Notification of enrollment. The Administration or its designee shall notify a mother of a newborn's enrollment and provide a mother an opportunity to select an enrollment choice as specified in Chapter 22, Article 17.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-310. Notice Requirements

Notice Requirements. The notice requirements as described in R9-22-312 apply to this Chapter.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-311. Children's Rehabilitative Services (CRS) Eligibility Requirements

Beginning October 1, 2013, an enrolled KidsCare member who is determined to need active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be enrolled with the CRS contractor as described under Chapter 22, Article 13.

Historical Note

New Section R9-31-311 made by final rulemaking at 19 A.A.R. 2965, effective November 10, 2013 (Supp. 13-3).

ARTICLE 4. KIDSCARE II PROGRAM**R9-31-401. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1). New Section made by exempt rulemaking at 18 A.A.R. 1141, effective May 1, 2012 (Supp. 12-2). Amended by exempt rulemaking at 18 A.A.R. 1975,

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effective August 1, 2012 (Supp. 12-3). Amended by final expedited rulemaking at 28 A.A.R. 3314 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-31-402. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-403. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-404. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-405. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-406. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-407. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

ARTICLE 5. GENERAL PROVISIONS AND STANDARDS**R9-31-501. General Provisions and Standards - Related Definitions**

Definitions. In this Chapter, unless the context explicitly requires another meaning terms are defined in R9-31-101 or cross-referenced to the location of the definition.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended

by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4408, effective January 3, 2009 (Supp. 08-4).

R9-31-502. Pre-existing Conditions

A contractor shall comply with the pre-existing condition requirements in A.A.C. R9-22-502.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4). Error to Section heading corrected to reflect amendment made at 11 A.A.R. 4295 (Supp. 08-3). Amended by final rulemaking at 14 A.A.R. 4408, effective January 3, 2009 (Supp. 08-4).

R9-31-503. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Section repealed by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3).

R9-31-504. Marketing; Prohibition Against Inducements; Misrepresentations; Discrimination; Sanctions

A contractor or any person or entity acting as the contractor's marketing representative shall follow the requirements in A.A.C. R9-22-504.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-505. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-506. Reserved**R9-31-507. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

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R9-31-508. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-509. Transition and Coordination of Member Care
The Administration or a contractor shall conduct transition and coordination of member care as described in A.A.C. R9-22-509.**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-510. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-511. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-512. Release of Safeguarded Information

The Administration, a contractor, provider, and noncontracting provider shall meet the requirements specified in A.A.C. R9-22-512 regarding release of safeguarded information for an applicant or member.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-513. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-514. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-515. Reserved**R9-31-516. Reserved****R9-31-517. Reserved****R9-31-518. Information to Enrolled Members**

A contractor shall provide information to enrolled members as described under R9-22-518.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-519. Reserved**R9-31-520. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-521. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-522. Quality Management/Utilization Management (QM/UM) Requirements

A contractor shall comply with Quality Management/Utilization Management (QM/UM) requirements as described under A.A.C. R9-22-522.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-523. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-524. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Ses-

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sion, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-525. Reserved

R9-31-526. Reserved

R9-31-527. Reserved

R9-31-528. Reserved

R9-31-529. Reserved

ARTICLE 6. RFP AND CONTRACT PROCESS**R9-31-601. General Provisions**

- A. The Director has full operational authority to adopt rules and to use the appropriate rules for contract administration and oversight of contractors under A.R.S. § 36-2986. The Administration shall administer the program under A.R.S. § 36-2982.
- B. The Administration shall award contracts under A.R.S. § 36-2986 to provide services under A.R.S. § 36-2989.
- C. The Administration shall follow the provisions under 9 A.A.C. 22, Article 6 for members, unless otherwise specified in this Chapter.
- D. The Administration is exempt from the procurement code under A.R.S. § 36-2988 and § 41-2501.
- E. The Administration and contractors shall retain all contract records for five years under A.R.S. § 36-2986 and dispose of the records under A.R.S. § 41-2550.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-602. RFP

The RFP for a contractor serving members who qualify for the program shall be under A.R.S. § 36-2986 and A.A.C. R9-22-602.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-603. Contract Award

The contract award shall be under A.R.S. § 36-2986 and A.A.C. R9-22-603.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-604. Contract or Proposal Protests; Appeals

Contract or proposal protests or appeals shall be under A.A.C. R9-22-604.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-605. Waiver of Contractor's Subcontract with Hospitals

A waiver of a contractor's subcontract with a hospital shall be under A.A.C. R9-22-605.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-606. Contract Compliance Sanction

The Administration shall follow sanction provisions under A.A.C. R9-22-606.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

ARTICLE 7. STANDARDS FOR PAYMENTS**R9-31-701. Standards for Payments Related Definitions**

Definitions. The words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:

"Covered charges" means billed charges that represent medically necessary, reasonable, and customary items of expense for Title XXI-covered services that meet medical review criteria of the Administration or contractor.

"Medical review" means a review involving clinical judgment of a claim or a request for a service before or after it is paid or rendered to ensure that the services provided to the member are medically necessary and covered services and that the provider obtains required authorizations. The criteria for medical review are established by the contractor based on medical practice standards that are updated periodically to reflect changes in medical care.

"Outlier" means a hospital claim or encounter in which the Title XXI inpatient hospital days of care have operating costs per day that meet the criteria in A.A.C. R9-22-712.

"Tiered per diem" means a payment structure in which payment is made on a per-day basis depending upon the tier into which the Title XXI inpatient hospital day of care is assigned.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-701.10. General Requirements

The following Sections of A.A.C. Chapter 22, Articles 2 and 7 are applicable to reimbursement for AHCCCS-covered services provided to a member under the KidsCare program, except that the term "Children's Health Insurance Program Fund" shall be substituted for "AHCCCS fund" and "A.R.S. § 36-2986" shall be substituted for "A.R.S. § 36-2903:"

1. Scope of the Administration's and Contractor's Liability, R9-22-701.10;
2. Charges to Members, R9-22-702;
3. Payments by the Administration and Payments by Contractors, R9-22-703 and R9-22-705;
4. Payments for Newborns, R9-22-707;
5. Contractor's Liability to Hospitals for the Provision of Emergency and Post-stabilization Care, R9-22-709;
6. Payments for Non-hospital Services, R9-22-710;
7. Copayments, R9-22-711;
8. Specialty Contracts, R9-22-712(G)(3), R9-22-712.01(10) and Article 2;

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9. Overpayment and Recovery of Indebtedness, R9-22-713;
10. Payments to Providers, R9-22-714;
11. Hospital Rate Negotiations, R9-22-715;
12. Contractor Performance Measure Outcomes, R9-22-719; and
13. Reinsurance, R9-22-720.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-702. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3246, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-703. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-704. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-705. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 11 A.A.R. 3171, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-706. Reserved**R9-31-707. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-708. Reserved**R9-31-709. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-710. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3854, effective November 12, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-711. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4560, effective October 1, 2003 (Supp. 03-4). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-712. Reserved**R9-31-713. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-714. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-715. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 11 A.A.R. 3171, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-716. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Ses-

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sion, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-717. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Section repealed by final rulemaking at 11 A.A.R. 3171, effective October 1, 2005 (Supp. 05-3).

R9-31-718. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-719. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

ARTICLE 8. REPEALED

Article 8, consisting of Sections R9-31-801 through R9-31-803 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-31-801. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-802. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-803. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Sec-

tion repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-804. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3).

Exhibit A. Repealed**Historical Note**

New Exhibit adopted by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Exhibit repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

ARTICLE 9. REPEALED**R9-31-901. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 12 A.A.R. 4494, effective January 6, 2007 (Supp. 06-4).

ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES**R9-31-1001. Definitions**

The definitions in A.R.S. § 36-2981, A.A.C. R9-22-1001, and A.A.C. R9-31-101 apply to this Article.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1002. General Provisions

AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1003. Cost Avoidance

The provisions in A.A.C. R9-22-1003 apply to this Section except:

1. Replace the reference to "Article 2," with 9 A.A.C. 31, Article 2; and
2. This Section applies to Title XXI covered services.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1004. Member Participation

The provisions in A.A.C. R9-22-1004 apply to this Section.

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New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1005. Collections

The provisions in A.A.C. R9-22-1005 apply to this Section except:

1. Replace the reference to "Article 2," with 9 A.A.C. 31, Article 2;
2. This Section applies to Title XXI fee-for-service and reinsurance payments.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1006. AHCCCS Monitoring Responsibilities

With the exception of long-term care insurance, the provisions in A.A.C. R9-22-1006 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1007. Notification for Perfection, Recording, and Assignment of Title XXI liens

The provisions in A.A.C. R9-22-1007 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1008. Notification Information for Liens

The provisions in A.A.C. R9-22-1008 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1009. Notification of Health Insurance Information

The provisions in A.A.C. R9-22-1009 apply to this Section.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS**R9-31-1101. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims**

AHCCCS shall use the provisions in 9 A.A.C. 22, Article 11 for the determination and collection of penalties and assessments.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3). Amended by final expedited rulemaking 30 A.A.R. 929 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

R9-31-1102. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3).

R9-31-1103. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3).

R9-31-1104. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3).

ARTICLE 12. BEHAVIORAL HEALTH SERVICES**R9-31-1201. Requirements**

The requirements, services and definitions under Chapter 22, Article 2 and Article 12 apply to behavioral health services provided under this Article.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3128, effective January 4, 2015 (Supp. 14-4).

R9-31-1202. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 20 A.A.R. 3128, effective January 4, 2015 (Supp. 14-4).

R9-31-1203. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 20 A.A.R. 3128, effective January 4, 2015 (Supp. 14-4).

R9-31-1204. Repealed**Historical Note**

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Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 20 A.A.R. 3128, effective January 4, 2015 (Supp. 14-4).

R9-31-1205. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 20 A.A.R. 3128, effective January 4, 2015 (Supp. 14-4).

R9-31-1206. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 20 A.A.R. 3128, effective January 4, 2015 (Supp. 14-4).

R9-31-1207. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 20 A.A.R. 3128, effective January 4, 2015 (Supp. 14-4).

R9-31-1208. Repealed**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 282, effective December 16, 1999 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 13 A.A.R. 1103, effective May 5, 2007 (Supp. 07-1).

ARTICLE 13. REPEALED

Article 13, consisting of Sections R9-31-1301 through R9-31-1309, repealed by final rulemaking at 10 A.A.R. 822, effective April

3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-31-1301. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-1302. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-1303. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-1304. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-1305. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-1306. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

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R9-31-1307. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-1308. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-1309. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

ARTICLE 14. PREMIUMS FOR A CHILD DETERMINED ELIGIBLE UNDER ARTICLE 3

R9-31-1401. Purpose

This Article contains the requirements for the payment of a premium for a child determined eligible under Article 3 of this Chapter to the Administration by a member and the processing of a premium by the Administration.

Historical Note

New Section adopted by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1402. Premium Amount for a Member who is a Child Determined Eligible Under Article 3 of this Chapter

- A.** For the purposes of this Article, a premium is a monthly amount that an enrolled member pays to the Administration to remain eligible for Title XXI.
- B.** When the household income is greater than the income limit described under R9-22-1427(D) and less than or equal to 150 percent of the FPL, the monthly premium is \$10 for one eligible child and \$15 for two or more eligible children.
- C.** When household income is greater than 150 percent of the FPL and less than or equal to 175 percent of the FPL, the monthly premium payment is \$40 for one eligible child and \$60 for two or more eligible children.
- D.** When household income is greater than 175 percent of the FPL and less than or equal to 200 percent of the FPL, the monthly premium is \$50 for one eligible child and \$70 for two or more eligible children.

- E.** A household's premium payments as specified in this Section shall not exceed five percent of a household's gross income.
- F.** A member's newborn is enrolled immediately upon the Administration receiving notification of the child's birth. Upon enrollment, the household's premium is redetermined.
- G.** To remain eligible, the premium amount shall be paid according to this Article.
- H.** American Indians are exempt from paying premiums.

Historical Note

New Section adopted by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 9 A.A.R. 4560, effective October 1, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 504, effective February 1, 2004 (Supp. 04-1). Amended by exempt rulemaking at 10 A.A.R. 2887, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Amended by exempt rulemaking at 12 A.A.R. 4900, effective January 1, 2007 (Supp. 06-4). Amended by exempt rulemaking at 15 A.A.R. 876, effective June 1, 2009 (Supp. 09-2). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1403. Repealed**Historical Note**

New Section adopted by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1404. Hardship Exemption for a Member who is a Child Determined Eligible Under Article 3 of This Chapter

- A.** Definitions. The following definitions apply to this Section:
 1. "Major expense" means the expense is more than 10 percent of the household's countable income under R9-31-304.
 2. "Medically necessary" has the same meaning as defined in A.A.C. R9-22-101.
- B.** Hardship exemption. The Administration shall provide information to the head of household regarding the request for a hardship exemption. The Administration shall grant a hardship exemption from the disenrollment requirements under A.R.S. § 36-2982 for a household who:
 1. Is no longer able to pay the premium due to one of the hardship criteria in subsection (C), and
 2. Submits a written request for a hardship exemption and provides all necessary written information at the time of request.
- C.** Hardship criteria. To be eligible for a hardship exemption, a household shall have:
 1. Medically necessary expenses or health insurance premiums that:
 - a. Are not covered under Medicaid or other insurance, and
 - b. Exceed 10 percent of the household's countable income under R9-31-304;
 2. Unanticipated major expense, related to maintaining a residence for the household or transportation for work;

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3. A combination of medically necessary expenses under subsection (C)(1) and unanticipated major expenses under subsection (C)(2) that exceed 10 percent of the household's countable income under R9-31-304; or
 4. Experienced the death of a household member during the month the premium was not paid.
- D.** Written hardship exemption request. The Administration shall not consider a hardship exemption unless the Administration receives the written request and information under subsection (C) by the due date specified in the Administration's notice that explains the undue hardship exemption requirements.
- E.** Notification. The Administration shall notify the head of household of the approval or denial of the request for exemption and discontinuance under R9-31-310, no later than 10 days from the date the Administration received the request.
- F.** Appeal and Request for hearing. The head of household may appeal and request a hearing concerning the discontinuance and denial of the hardship exemption.

Historical Note

New Section adopted by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Former Section R9-31-1404 renumbered to R9-31-1405; new Section R9-31-1404 made by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1405. Repealed**Historical Note**

New Section adopted by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Former Section R9-31-1405 renumbered to R9-31-1406; new Section R9-31-1405 renumbered from R9-31-1404 and amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1406. Repealed**Historical Note**

New Section adopted by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Former Section R9-31-1406 renumbered to R9-31-1407; new Section R9-31-1406 renumbered from R9-31-1405 and amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1407. Repealed**Historical Note**

Renumbered from R9-31-1406 and amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1408. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Section

repealed by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1409. Payment Due Date for Current Month

The monthly premium payment is due on the 15th day of the month for coverage of that month. This would be considered a current payment.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1410. Payment Received Date

A payment is considered received on the date that the Administration receives and credits the payment to the member's account.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1411. Past Due Payment

- A.** Past due payment date. A payment is considered past due if the Administration receives the payment after the 15th day of the month.
- B.** Payment not received. If payment for a month is not received in full by the last working day of the month in which the payment is due, the Administration shall include the past and current due amounts in the next billing statement.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1412. Payment Type

A premium shall be paid to the Administration by a:

1. Cashier's check,
2. Personal check,
3. Money order,
4. Electronic debit, or
5. Other form approved by the Administration.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1413. Returned Check

The Administration shall not accept a personal check when the premium has been previously paid with a personal check that was returned to the Administration because of insufficient funds.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1414. Payment In Advance

A premium may be paid in advance.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

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R9-31-1415. Reimbursement of a Premium

- A. A premium paid in advance is nonrefundable, unless the member is disenrolled at least 15 days prior to the month of coverage.
- B. A premium paid during an appeal and request for hearing process is applied as specified in R9-31-1419.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 9 A.A.R. 4560, effective October 1, 2003 (Supp. 03-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1416. Allocation of Payment for an Eligible Member

Except for payments specified in R9-31-1419 of this Article, all payments received for eligible members shall first be applied to any past due amounts for prior months owed to the Administration for a child determined eligible under Article 3 of this Chapter. Any remaining amounts shall then be applied to the amount due for the current month for a child eligible under Article 3 of this Chapter.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1417. Change in Premium Amount

- A. When there is a decrease in the premium amount and the change is processed by the 25th day of the month, then the effective date of the change shall begin on first day following the month in which the amount of the premium change is processed.
- B. When there is a decrease in the premium amount and the change is processed after the 25th day of the month, then the effective date of the change shall begin on the first day of the second month in which the amount of the premium change is processed.
- C. When there is an increase in the premium amount, the effective date of the change shall begin with the first month following advance notice of at least ten days.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1418. Discontinuance for Failure to Pay Premium

- A. Discontinuance notice. The Administration shall send an adverse action notice to discontinue eligibility if the Administration does not receive the past and current due premium amounts by the 15th day of the current month. The Administration shall follow the discontinuance notice requirements under R9-31-310(B).
- B. Discontinuance rescinded. The Administration shall rescind the discontinuance and continue eligibility if the past due amount for at least one prior month is received by the Administration in full before the effective date of the discontinuance.
- C. Discontinuance of eligibility. Except as provided in R9-31-1419, the Administration shall discontinue eligibility on the effective date of the discontinuance if the past due amount for at least one prior month is not received by the Administration in full before the effective date of the discontinuance.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 10 A.A.R. 3895, effective August 30, 2004 (Supp. 04-3). Amended by exempt rulemaking at 10 A.A.R. 4268, effective October 1, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 3314 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

R9-31-1419. Premium Payment During the Appeal and Request for Hearing Process

- A. Discontinuance of eligibility. To receive coverage from the time an appeal and request for hearing is filed for a discontinuance of eligibility until a Director's decision is made.
1. A member shall:
 - a. File an appeal and request for hearing prior to the effective date of the discontinuance.
 - b. Submit the full monthly premium amount to the Administration prior to the date of the discontinuance, and
 - c. Continue to pay the full monthly premium amount each month during the hearing process.
 2. Failure of the member to pay the full premium shall result in the loss of eligibility effective the first of the next month.
 3. If the decision is upheld, the Administration shall not refund any premium amounts that have been paid during the hearing process.
- B. Increase in premium amount. To stop the Administration from increasing the premium amount from the time an appeal and request for hearing is filed until a Director's decision is made.
1. A member shall file an appeal and request for hearing prior to the effective date of the action. The member shall pay the lower premium amount until the decision is made.
 2. If the decision to increase the premium is upheld, the member shall be responsible for paying the higher premium retroactively from the proposed effective date of the increase in the premium amount that is being appealed.
- C. Imposition of a premium. To receive coverage from the time an appeal and request for hearing is filed for an imposition of a premium until a Director's decision is made.
1. A member shall file an appeal and request for hearing in accordance with the time-frame as specified in R9-34-107.
 2. A member shall pay the premium as billed by the Administration.
 3. If the decision determines the imposition of the premium is incorrect then the premium will be refunded to the member.
- D. Method of payment. To continue coverage a member shall pay the premium by:
1. Cashier's check,
 2. Money order, or
 3. Other form approved by the Administration.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

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R9-31-1420. Payment of a Premium

When a member was discontinued with an unpaid premium, the parent or other responsible person shall pay the past due premium amounts for a child to the Administration or the child will remain ineligible for 60 days before the person can attain eligibility again.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1). Amended by final expedited rulemaking at 28 A.A.R. 3314 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3).

ARTICLE 15. RESERVED**ARTICLE 16. SERVICES FOR AMERICAN INDIANS****R9-31-1601. General Requirements**

- A. An American Indian who is a member may receive:
1. Covered acute care services specified in this Chapter from:
 - a. Indian Health Service (IHS) under A.R.S. § 36-2982 if IHS has a signed agreement with the Administration,
 - b. A Tribal Facility under A.R.S. § 36-2982,
 - c. A contractor under A.R.S. § 36-2901, or
 - d. An AHCCCS registered provider.
 2. Covered behavioral health care services as specified in this Chapter from:
 - a. IHS under A.R.S. § 36-2982 if IHS has a signed agreement with the Administration,
 - b. A Tribal Facility under A.R.S. § 36-2982, or
 - c. A RBHA or TRBHA.
- B. IHS, a Tribal facility, or a referred provider shall meet the requirements in this Chapter and A.A.C. Chapter 22, Articles 2 and 7 to receive reimbursement for AHCCCS-covered services. Title 9 A.A.C. 22, Articles 2 and 7 are applicable to reimbursement for AHCCCS-covered services provided to an American Indian member under the KidsCare program, except that the term "IHS," "Tribal facility," or "referred provider" is substituted for "provider."

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1602. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1603. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1604. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Subsection labeling in subsection (A) amended to correct manifest typographical error (Supp. 01-3). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1605. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1606. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1607. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1608. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1609. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1610. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective Decem-

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ber 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1611. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3276, effective September 11, 2007 (Supp. 07-3). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1612. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1613. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1614. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4195, effective November 6, 2007 (Supp. 07-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1615. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1616. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 4660, effective January 1, 2005 (04-4). Amended by final rulemaking at 11 A.A.R. 3854, effective November 12, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1617. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1618. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1619. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 11 A.A.R. 3171, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1620. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3246, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1621. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1622. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

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R9-31-1623. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Section repealed by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3).

R9-31-1624. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1625. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

ARTICLE 17. REPEALED

Article 17, consisting of Sections R9-31-1701 through R9-31-1713 and Sections R9-31-1716 through R9-31-1732, repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

Article 17, consisting of Sections R9-31-1701 through R9-31-1724, made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1701. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Amended by exempt rulemaking at 12 A.A.R. 4900, effective January 1, 2007 (Supp. 06-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1702. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5150, effective January 3, 2004 (Supp. 03-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1703. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1704. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Amended by exempt rulemaking at 12 A.A.R. 4900, effective January 1, 2007 (Supp. 06-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1705. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1706. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1707. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1708. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1709. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1710. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1711. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1712. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed

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by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1713. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1714. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Section repealed by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1715. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 9 A.A.R. 730, effective March 1, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4).

R9-31-1716. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1717. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1718. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1719. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1720. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1721. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1722. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1723. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1724. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4). Amended by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Amended by exempt rulemaking at 12 A.A.R. 4900, effective January 1, 2007 (Supp. 06-4). Amended by exempt rulemaking at 15 A.A.R. 876, effective June 1, 2009 (Supp. 09-2). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1725. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1726. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1727. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1728. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

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CHAPTER 31. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - CHILDREN'S HEALTH INSURANCE PROGRAM

R9-31-1729. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1730. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1731. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1732. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1733. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1734. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

R9-31-1735. Repealed**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 477, effective January 1, 2005 (Supp. 04-4). Repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).



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TITLE 9. HEALTH SERVICES

CHAPTER 33. DEPARTMENT OF HEALTH SERVICES - GROUP HOMES FOR INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY

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Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
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The release of this Chapter in Supp. 24-2 replaces Supp. 12-4, 1-8 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 9. HEALTH SERVICES

CHAPTER 33. DEPARTMENT OF HEALTH SERVICES - GROUP HOMES FOR INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY

Authority: A.R.S. §§ 36-132(A)(21) and 36-591

Supp. 24-2

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CHAPTER 33. DEPARTMENT OF HEALTH SERVICES - GROUP HOMES FOR INDIVIDUALS WITH A DEVELOPMENTAL

ARTICLE 1. LICENSURE REQUIREMENTS**R9-33-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-551 and 36-591.01, the following definitions apply in this Chapter unless otherwise specified:

1. "Accreditation" means recognition as having met the operating standards and criteria of a nationally recognized accreditation organization.
2. "Applicant" means an individual or business organization requesting a license under R9-33-104 to open a group home or behavioral-supported group home.
3. "Application packet" means the forms, documents, and additional information the Department requires to be submitted by an applicant.
4. "Business organization" means the same as "entity" in A.R.S. § 10-140.
5. "Controlling person" means a person who, with respect to a business organization:
 - a. Through ownership, has the power to vote at least 10% of the outstanding voting securities of the business organization;
 - b. If the business organization is a partnership, is a general partner, or is a limited partner who holds at least 10% of the voting rights of the partnership;
 - c. If the business organization is a corporation, association, or limited liability company, is the president, the chief executive officer, the incorporator, an agent, or any person who owns or controls at least 10% of the voting securities; or
 - d. Holds a beneficial interest in 10% or more of the liabilities of the business organization.
6. "Day" means a calendar day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, or state holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, or state holiday.
7. "Department" means the Arizona Department of Health Services.
8. "Documentation" means information in written, photographic, electronic, or other permanent form.
9. "Facility" means the building or buildings used for operating a group home or behavioral-supported group home.
10. "Fire risk prevention level" means a designation applied to a group home by the Division based on a formula aggregating safety factors existing at the group home or behavioral-supported group home.
11. "Hazard" means an object, equipment, situation, or condition that may result in physical injury or illness to an individual.
12. "Licensee" means the individual or business organization to which the Department has issued a license to operate a group home or behavioral-supported group home.
13. "Modification" means the substantial improvement, enlargement, reduction, alteration, or other substantial change in the facility or another structure on the premises at a group home or behavioral-supported group home.
14. "Plumbing system" means fixtures, pipes, and related parts, including a septic apparatus, assembled to carry clean water into a structure and to carry sewage out of a structure.
15. "Premises" means:
 - a. A facility; and

- b. The grounds surrounding the facility that are owned, leased, or controlled by the licensee, including other structures.
16. "Private residential swimming pool" means the same as in A.A.C. R18-5-201.
17. "Resident" means an individual who is accepted by a licensee under the terms of a contract with the Division to live at the licensee's group home or behavioral-supported group home.
18. "Safety-approved" means tested and designated as meeting applicable safety standards by one or more of the following organizations:
 - a. Underwriters Laboratories,
 - b. Canadian Standards Association, or
 - c. Factory Mutual Insurance Company Global.
19. "Service provider contract" means the entirety of an applicant's or licensee's qualified vendor agreement with the Division.
20. "Spa" means the same as in A.A.C. R18-5-201.
21. "Staff" means the employees or volunteers who provide habilitation to residents at a group home or behavioral-supported group home.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-102. Requirement for Licensure

- A. An applicant shall obtain a license to operate a group home or behavioral-supported group home from the Department before providing supervision or habilitation to an individual with a cognitive disability, developmental disability, dual diagnosis, or challenging behavior in a group home or behavioral-supported group home.
- B. A license to operate a group home or behavioral-supported group home is valid for the following, as indicated on the license:
 1. Address of the group home or behavioral-supported group home;
 2. Name of the licensee;
 3. Name of the group home or behavioral-supported group home, if applicable;
 4. Fire risk prevention level; and
 5. Licensing period for the group home or behavioral-supported group home.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-103. Individuals to Act for Applicant or Licensee

When an applicant or licensee is required by this Chapter to provide information on or sign an application form or other document, the following shall satisfy the requirement on behalf of the applicant or licensee:

1. If the applicant or licensee is an individual, the individual; and

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2. If the applicant or licensee is a business organization, the individual who the business organization has designated to act on the business organization's behalf for purposes of this Chapter and who:

- a. Is a controlling person of the business organization,
- b. Is a U.S. citizen or legal resident, and
- c. Has an Arizona address.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). R9-33-103 renumbered to R9-33-104; new R9-33-103 made by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4).

R9-33-104. Application and Inspection

- A. For a license to operate a group home or behavioral-supported group home, an applicant shall submit to the Department a completed application that contains:

1. An application in a Department provided format that includes:
 - a. The applicant's name;
 - b. The proposed group home's or behavioral-supported group home's name, if any;
 - c. The address and telephone number of the proposed group home or behavioral-supported group home;
 - d. The applicant's address and telephone number, if different from the address or telephone number of the proposed group home or behavioral-supported group home;
 - e. The applicant's email address;
 - f. The name and contact information of an individual acting on behalf of the applicant according to R9-33-103, if applicable;
 - g. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-33-108(C)(4);
 - h. Whether the applicant is a current service provider or intends to become a service provider;
 - i. The fire risk prevention level at which the applicant anticipates operating the group home or behavioral-supported group home; and
 - j. The applicant's signature and the date signed;
2. A copy of the applicant's:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status;
3. A copy of the applicant's:
 - a. Current service provider contract with the Division indicating that services are to be provided at the address of the proposed group home or behavioral-supported group home; or
 - b. Documentation from the Division demonstrating that the applicant has a service provider contract pending for providing services at the address of the proposed group home or behavioral-supported group home; and
4. A copy of the applicant's accreditation report issued by a nationally recognized accreditation organization, if applicable.

- B. An applicant or licensee shall allow the Department immediate access to all areas of the premises, a resident, record, or vehicle used to transport a resident, according to A.R.S. § 41-1009.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). R9-33-104 renumbered to R9-33-105; new R9-33-104 renumbered from R9-33-103 and amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-105. License Renewal

- A. At least 60 days before the expiration date indicated on a license to operate a group home or behavioral-supported group home, for renewal of the license to operate a group home or behavioral-supported group home, a licensee shall submit to the Department the information and documents in R9-33-104(A)(3)(a) and R9-33-104(A)(4).
- B. The Department shall renew or deny renewal of a license to operate a group home or behavioral-supported group home as provided in R9-33-108.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). R9-33-105 renumbered to R9-33-106; new R9-33-105 renumbered from R9-33-104 and amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-106. Changes Affecting a License

- A. A licensee shall notify the Department in writing at least 30 days before the effective date of:
 1. Termination of operation of a group home or behavioral-supported group home;
 2. Termination of a service provider contract with the Division;
 3. A change in the ownership of the group home or behavioral-supported group home;
 4. A change in the name of the group home or behavioral-supported group home;
 5. If the licensee is an individual, a legal change of the licensee's name;
 6. Construction or modification of the facility or another structure on the premises other than construction or modification undertaken, in accordance with R9-33-203(A); or
 7. If approved by the Division, a change in the group home's or behavioral-supported group home's fire risk prevention level.
- B. If the Department receives the notification in subsection (A)(1), the Department shall void the licensee's license to operate a group home or behavioral-supported group home as of the termination date specified by the licensee.
- C. If the Department receives the notification in subsection (A)(2), the Department shall take the applicable action in R9-33-109.
- D. If the Department receives the notification in subsection (A)(3), the Department may void the licensee's license to operate a group home or behavioral-supported group home upon issuance of a new license to operate a group home or behavioral-supported group home to the entity assuming ownership of the group home or behavioral-supported group home.
- E. If the Department receives the notification in subsection (A)(4) or (5), the Department shall issue to the licensee an amended license that incorporates the change but retains the expiration date of the existing license.

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- F. If the Department receives the notification in subsection (A)(6) or (7), the Department shall conduct an inspection of the premises as indicated in R9-33-104(B), and, if the group home or behavioral-supported group home is in compliance with A.R.S. Title 36, Chapter 5.1 and this Chapter, if applicable, issue to the licensee an amended license that incorporates the change but retains the expiration date of the existing license.
- G. An individual or business organization planning to assume operation of an existing group home or behavioral-supported group home shall obtain a new license as required in R9-33-102(A) before beginning operation of the group home or behavioral-supported group home.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). R9-33-106 renumbered to R9-33-107; new R9-33-106 renumbered from R9-33-105 and amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-107. Investigation of Complaints

- A. Upon receipt of a complaint or information indicating that a group home or behavioral-supported group home may not be in compliance with A.R.S. Title 36, Chapter 5.1 or this Chapter, the Department may:
 1. Investigate the complaint or information about noncompliance within 30 days after receipt of the complaint or information about noncompliance;
 2. Develop a written report documenting the investigation;
 3. Provide the licensee with the written report in subsection (A)(2); and
 4. If the complaint or information about noncompliance was substantiated, notify the Division of the outcome of the investigation.
- B. If the Department substantiates a complaint or information about noncompliance at a group home or behavioral-supported group home, the licensee of the group home or behavioral-supported group home shall:
 1. Establish a plan of correction, if applicable, for correction of a deficiency;
 2. Agree to carry out the plan of correction by signing the written report in subsection (A)(2); and
 3. Ensure that a deficiency listed on the plan of correction is corrected within 30 days after the date of the plan of correction or within a time period the Department and the licensee agree upon in writing.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). R9-33-107 renumbered to R9-33-109; new R9-33-107 renumbered from R9-33-106 and amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-108. Time-frames

- A. The overall time-frame pursuant to A.R.S. § 41-1075(B) for the applicant or licensee, granted by the Department under this Chapter is set forth in Table 1.1. The applicant or licensee and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of

the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.

- B. The administrative completeness review time-frame described in A.R.S. § 41-1072 for a license or renewal granted by the Department under this Chapter is set forth in Table 1.1 and begins on the date that the Department receives an application packet.
 1. The Department shall send a notice of administrative completeness or deficiencies to the applicant or licensee within the administrative completeness review time-frame.
 - a. A notice of deficiencies shall list each deficiency and the information or items needed to complete the application.
 - b. The administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice of deficiencies is sent until the date that the Department receives all of the missing information or items from the applicant or licensee.
 - c. If an applicant or licensee fails to submit to the Department all of the information or items listed in the notice of deficiencies within 120 days after the date that the Department sent the notice of deficiencies or within a time period the applicant or licensee and the Department agree upon in writing, the Department shall consider the application withdrawn.
 2. If the Department issues a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41-1072 is set forth in Table 1.1 and begins on the date of the notice of administrative completeness.
 1. As part of the substantive review of an application for an initial license, the Department shall conduct an inspection that may require more than one visit to the group home or behavioral-supported group home.
 2. As part of the substantive review of an application for a renewal license, the Department shall issue a license for a compliant renewal application.
 3. The Department shall send a license or a written notice of denial of a license within the substantive review time-frame.
 4. Pursuant to A.R.S. § 41-1075, during the substantive review time-frame, the Department may make one comprehensive written request for additional information, unless the applicant or licensee has agreed in writing to allow the Department to submit supplemental requests for information.
 - a. If the Department determines that an applicant or licensee, a group home or behavioral-supported group home, or the premises are not in substantial compliance with A.R.S. Title 36, Chapter 5.1 and this Chapter, the Department shall send a comprehensive written request for additional information that includes a written statement of deficiencies stating each statute and rule upon which noncompliance is based.
 - b. An applicant or licensee shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information, including, if applicable, documentation of the corrections

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required in a statement of deficiencies, within 30 days after the date of the comprehensive written request for additional information or the supplemental request for information or within a time period the applicant or licensee and the Department agree upon in writing.

- c. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested, including, if applicable, documentation of corrections required in a statement of deficiencies.
- d. If an applicant or licensee fails to submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information, including, if applicable, documentation of corrections required in a statement of deficiencies, within the time prescribed in subsection (C)(4)(b), the Department shall deny the application.
5. The Department shall issue a license if the Department determines that the applicant or licensee and the group home or behavioral-supported group home, including the premises, are in substantial compliance with A.R.S. Title 36, Chapter 5.1 and this Chapter.
6. If the Department denies a license, the Department shall send to the applicant or licensee a written notice of denial setting forth the reasons for the denial and all other information required by A.R.S. § 41-1076.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-109. Denial, Revocation, or Suspension of a License

- A. The Department may deny an application or suspend or revoke a license to operate a group home or behavioral-supported group home if:
 1. An applicant or licensee does not meet the application requirements contained in R9-33-104 or R9-33-105(A);
 2. A licensee is not a service provider for the duration of one licensure period;
 3. A licensee does not correct the deficiencies according to the plan of correction contained in R9-33-107 by the time stated in the plan of correction; or
 4. The nature or number of violations revealed by any type of inspection or investigation of a group home or behavioral-supported group home poses a direct risk to the life, health, or safety of a resident.
- B. An applicant or licensee may appeal the Department's determination in subsection (A) according to A.R.S. Title 41, Chapter 6, Article 10.
- C. The Department shall immediately notify the Division when an application is denied and when a license to operate a group home or behavioral-supported group home is suspended or revoked.

Historical Note

New Section renumbered from R9-33-107 and amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

Table 1.1 Time-frames (in days)

Type of approval	Statutory authority	Overall time-frame	Administrative completeness review time-frame	Substantive review time-frame
Application for a license under R9-33-104	A.R.S. § 36-132(A)(21)	120	60	60
Renewal of a license under R9-33-105	A.R.S. § 36-132(A)(21)	60	30	30

Historical Note

Table 1.1 made by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4).

ARTICLE 2. GROUP HOME OR BEHAVIORAL-SUPPORTED GROUP HOME REQUIREMENTS**R9-33-201. Emergency Procedures and Evacuation Drills**

- A. A licensee shall ensure that a written plan for emergencies:
 1. Is developed and implemented;
 2. Is available and accessible to staff and each resident at the facility;
 3. Contains procedures for responding to fire, emergency, severe weather conditions, and other disasters, including:
 - a. Routes of evacuation, location of firefighting equipment, and evacuation devices identified on a floor plan of the facility;
 - b. Instructions on the use of fire alarm systems, firefighting equipment, and evacuation devices;
 - c. Procedures for evacuating each resident, including a resident who is not capable of self-preservation or who has a mobility, sensory, or other physical impairment; and
 - d. Procedures for notifying an emergency response team, law enforcement, and the licensee or the licensee's designee; and

4. Includes procedures for when a resident is missing from the premises.
- B. A licensee shall ensure that:
 1. The facility's street address is painted or posted against a contrasting background so that the group home's or behavioral-supported group home's street address is visible from the street; or
 2. The local emergency response team, such as the local fire department, is notified of the location of the facility in writing at least once every 12 months. The licensee shall make the written notification available for review at the facility for at least two years from the date of the notification.
- C. A licensee shall ensure that:
 1. Except as described in subsection (D), an evacuation drill that includes all residents, except any residents otherwise specifically excluded from evacuation drills as indicated on documentation provided by the Division for the resident, is conducted at least once every six months on each shift; and

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2. Documentation of an evacuation drill is available for review at the facility for at least two years after the date of the evacuation drill that includes:
 - a. The date and time of the evacuation drill;
 - b. The length of time to evacuate or simulate the evacuation of all residents from the facility;
 - c. A summary of the evacuation drill, including a list of the residents and staff who were present at the time of the drill, how the drill was performed, how long the drill took to complete, and, if applicable, a list of residents for whom evacuation was simulated; and
 - d. Except as provided in subsection (D)(2), if the length of time to evacuate all residents from the facility exceeds three minutes, a plan of correction to bring the evacuation time to three minutes or less in case of an actual emergency requiring evacuation.
- D. If a group home or behavioral-supported group home provides services to a resident whom the Division has identified, through the assessment process used to determine the group home's or behavioral-supported group home's fire risk prevention level, as having a condition that could cause a resident to be harmed if the resident participated in an evacuation drill, a licensee shall ensure that:
 1. An evacuation drill:
 - a. Does not include the resident, and
 - b. Simulates the evacuation of the resident according to the plan required in subsection (A)(3)(c), and
 2. The documentation of an evacuation drill required in subsection (C)(2) also includes, if the length of time to evacuate or simulate the evacuation of all residents exceeds five minutes, a plan of correction to bring the evacuation time to five minutes or less in case of an actual emergency requiring evacuation.
- E. A licensee shall ensure that:
 1. A first aid kit is available in the facility that has the following items in a quantity sufficient to meet the needs of residents and staff:
 - a. Adhesive sterile bandages of assorted sizes,
 - b. Sterile gauze pads,
 - c. Sterile gauze rolls,
 - d. Adhesive or self-adhering tape,
 - e. Antiseptic solution or sealed antiseptic wipes,
 - f. Re-closable plastic bags of at least one-gallon size,
 - g. Single-use non-porous gloves,
 - h. Scissors,
 - i. Tweezers, and
 - j. A cardiopulmonary resuscitation mouth guard or mouth shield;
 2. All stairways, hallways, walkways, and other routes of evacuation are free of any obstacle that may prevent the evacuation of a resident in an emergency;
 3. If a window or door contains locks, bars, grills, or other devices that obstruct evacuation, each device contains a release mechanism that is operable from the inside of a facility and that does not require the use of a key, special knowledge, or special effort;
 4. Each facility contains a working non-cellular telephone that is available and accessible to staff and each resident at all times; and
 5. The following are posted at the location of a facility's telephone:
 - a. Instructions to dial 911 or the telephone number of another local emergency response team, and
 - b. The address and telephone number of the group home or behavioral-supported group home.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-202. Fire Safety Requirements

- A. The Department shall issue to an applicant or licensee:
 1. A fire risk prevention level 1 group home or behavioral-supported group home license if the group home or behavioral-supported group home meets the requirements in subsections (B) through (G); and
 2. A fire risk prevention level 2 group home or behavioral-supported group home license if the group home or behavioral-supported group home meets the requirements in subsections (B) through (H).
- B. A licensee shall ensure that the premises are in compliance with all applicable state and local fire safety regulations and that:
 1. Before a license is issued or renewed, a fire inspection is conducted by the local fire department, the Department, or an entity authorized by the Department;
 2. Any repair or correction stated in a fire inspection report is made or corrected according to the requirements and time in the fire inspection report; and
 3. A current fire inspection report is available for review at the group home or behavioral-supported group home.
- C. A licensee shall ensure that the facility has at least one working, portable, all-purpose fire extinguisher labeled as rated at least 2A-10-BC by Underwriters Laboratories, or two co-located working, portable, all-purpose fire extinguishers labeled as rated at least 1A-10-BC by Underwriters Laboratories, installed and maintained in the facility as prescribed by the manufacturer or the fire authority having jurisdiction.
- D. A licensee shall ensure that a fire extinguisher:
 1. Is either:
 - a. Disposable and has a charge indicator showing green or "ready" status; or
 - b. Serviced at least once every 12 months by a fire extinguisher technician certified by the National Fire Protection Agency, the International Code Council, or Compliance Services and Assessments; and
 2. If serviced, is tagged specifying:
 - a. The date of purchase or the date of recharging, whichever is more recent; and
 - b. The name of the organization performing the service, if applicable.
- E. A licensee shall ensure that smoke detectors are:
 1. Working and audible at a level of 75db from the location of each bed used by a resident in the facility;
 2. Capable of alerting all residents in the facility, including a resident with a mobility or sensory impairment;
 3. Installed according to the manufacturer's instructions;
 4. Located in at least the following areas:
 - a. Each bedroom;
 - b. Each room or hallway adjacent to a bedroom, except a bathroom or a laundry room; and
 - c. Each room or hallway adjacent to the kitchen, except a bathroom, a pantry, or a laundry room; and

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5. If the licensee has been cited more than once in the previous four years under subsections (E)(1) through (4), either:
 - a. Hard-wired to the electrical system of the group home or behavioral-supported group home with a battery backup; or
 - b. Connected to an early-warning fire detection system required in subsection (H)(2), if applicable.
 - F. A licensee shall ensure that each bedroom has at least one functional openable window or door to the outside for use as an emergency exit.
 - G. A licensee shall ensure that:
 1. A usable fireplace is covered by a protective screen or covering at all times; and
 2. Combustible or flammable materials are not stored within three feet of a furnace, heater, water heater, or usable fireplace.
 - H. A licensee of a fire risk prevention level 2 group home or behavioral-supported group home shall ensure that:
 1. The facility contains an emergency lighting system that:
 - a. Works without in-house electrical power;
 - b. Illuminates the path of evacuation, and
 - c. Is inspected at least once every 12 months by the manufacturer or an entity that installs and repairs emergency lighting systems;
 2. The facility has an early-warning fire detection system that:
 - a. Is safety-approved;
 - b. Is hard-wired or connected wirelessly, with battery back-up;
 - c. Sounds every alarm in the facility when smoke is detected;
 - d. Is installed in each bedroom, each room or each hallway adjacent to a bedroom, and each room or each hallway adjacent to a kitchen; and
 - e. Is inspected at least once every 12 months by the manufacturer or by an entity that installs and repairs early-warning fire detection systems;
 3. The facility has one of the following:
 - a. Sufficient staff on duty to evacuate all residents present at the facility within three minutes or, if applicable under R9-33-201(D), within five minutes; or
 - b. An automatic sprinkler system installed according to the applicable standard incorporated by reference in A.A.C. R9-1-412 and installed according to NFPA 13, NFPA 13R, or NFPA 13D, as applicable, that:
 - i. Covers every room in the facility; and
 - ii. Is inspected at least once every 12 months by the manufacturer or by an entity that installs and repairs automatic sprinkler systems; and
 4. Documentation is available at the facility for two years after the date of an inspection:
 - a. For:
 - i. The emergency lighting system inspection required in subsection (H)(1)(c);
 - ii. The early-warning fire detection system inspection required in subsection (H)(2)(e); and
 - iii. If applicable, the automatic sprinkler system required in subsection (H)(3)(b)(ii); and
 - b. That includes:
 - i. The date of the inspection,
 - ii. The name of the entity performing the inspection,
- iii. A tag on the system or a written report of the results of the inspection, and
 - iv. A description of any repairs made to the system as a result of the inspection.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-203. Physical Plant Requirements

- A. A licensee shall ensure that:
 1. A group home or behavioral-supported group home is in compliance with applicable federal and state disability laws;
 2. If a group home or behavioral-supported group home has a resident with a mobility, sensory, or other physical impairment, documentation is available for review at the group home or behavioral-supported group home that:
 - a. Is provided by the Division; and
 - b. Identifies modifications, if any, needed to the premises to ensure that the premises are accessible to and usable by the resident;
 3. The premises have been modified as identified by the Division in subsection (A)(2)(b);
 4. Ramps, stairs, or steps on the premises are secured firmly to the ground or a permanent structure and have slip-resistant surfaces;
 5. If handrails and grab bars are installed in a facility, handrails and grab bars are securely attached and stationary;
 6. For behavioral-supported group homes, modifications to the room and closet are based on the behavioral-supported group home's assessment of the individual needs of each resident designed to minimize the opportunity for a resident to cause self-injury or injury towards others;
 7. For behavioral-supported group homes, there is a split floor plan and layout that allows for multiple ways to exit an area within the home and exit the home itself;
 8. For behavioral-supported group homes, furniture that is a tipping hazard or could be used as a weapon must be fixed to the wall or floor;
 9. For behavioral-supported group homes, wall hangings that have protective film when appropriate;
 10. For behavioral-supported group homes, windows have an alarm and a film installed to prevent injury;
 11. For behavioral-supported group homes, there is a designated area to keep all sharps locked at all times when not in use;
 12. For behavioral-supported group homes, all toilets are commercial grade and have a locking toilet tank;
 13. For behavioral-supported group homes, all doors have no slam features;
 14. For behavioral-supported group homes, the backyard is completely enclosed by a fence or block wall with a gate that latches for egress; and
 15. For behavioral-supported group homes, controls or alerts employees of the egress of a resident from the facility.
- B. A licensee shall ensure that:
 1. A method of heating and cooling maintains the facility between 65° F and 85° F in areas of the facility occupied by residents;

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2. Ventilation is provided by an openable window, air conditioning, or other mechanical device;
 3. Working, safe appliances for cooling and cooking food are provided in the facility that:
 - a. Are safety-approved;
 - b. If used to refrigerate food, maintain the food at a temperature of 40° F or below at all times; and
 - c. If used to freeze food, maintain the food at a temperature of 0° F or below at all times;
 4. Hot water temperatures in the facility are maintained between 95° F and 120° F;
 5. Bathtubs and showers contain slip-resistant strips, rubber bath mats, or slip-resistant surfaces; and
 6. For behavioral-supported group homes, a bathroom complies with the following:
 - a. Provides privacy when in use;
 - b. Contains a shatterproof mirror, unless the resident's treatment plan requires otherwise;
 - c. Bathtubs and showers contain slip-resistant strips, rubber bath mats, or slip-resistant surfaces;
 - d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access; and
 - e. Appropriate assistive devices are provided to comply with the resident's treatment plan.
- C.** A licensee shall ensure that:
1. Electrical lighting is contained in each room in the facility;
 2. Electrical devices and equipment on the premises are safety-approved, safe, and in working order;
 3. Electrical outlets on the premises are safe, covered with a faceplate, and installed in accordance with the requirements of the local jurisdiction;
 4. If the facility was built or modified on or after the effective date of this Chapter, any electrical outlet located within 3 feet of a water source includes a ground fault circuit interrupt (GFCI);
 5. An appliance, light, or other device with a frayed or spliced electrical cord is not used on the premises; and
 6. An electrical cord, including an extension cord, on the premises is not:
 - a. Used as a substitute for permanent wiring,
 - b. Run under a rug or carpeting,
 - c. Run over a nail, or
 - d. Run from one room to another.
- D.** A licensee shall ensure that:
1. A facility contains a safe, working plumbing system;
 2. If a facility's plumbing system is connected to a non-municipal sewage disposal system, the plumbing system and connective piping are free of visible leakage; and
 3. The premises do not contain unfenced or uncovered wells, ditches, or holes into which an individual may step or fall.
1. The premises are free of accumulations of garbage or refuse;
 2. Garbage and refuse in the facility are:
 - a. Stored in cleanable containers or in sealable plastic bags; and
 - b. Removed from the facility at least once every seven days;
 3. Cleaning compounds and toxic substances are maintained in labeled containers that:
 - a. Are stored to prevent a hazard;
 - b. Are appropriate to the contents of each container;
 - c. If appropriate based on a resident's disability, are locked; and
 - d. Are stored in a separate location from food or medicine;
 4. Unused furniture, equipment, fabrics, or devices are removed from the facility or maintained in a covered area on the premises that is designated by the licensee for storage in a manner that does not create a hazard; and
 5. There are no firearms or ammunition on the premises;
- B.** A licensee shall ensure that:
1. The facility is maintained free of insects and vermin;
 2. The premises and its structures and furnishings are:
 - a. In a clean condition,
 - b. Free of odors, such as urine or rotting food; and
 - c. In sufficiently good repair that no object, equipment, or condition present constitutes a hazard; and
 3. Standing water is not allowed to accumulate on the premises, except in an area or vessel the purpose of which is to hold standing water.
- C.** A licensee shall ensure that:
1. An unvented space heater or open-flame space heater is not used on the premises;
 2. An electric portable heater or electric radiant heater is not used on the premises unless the electric portable heater or electric radiant heater:
 - a. Has:
 - i. Either a non-porous casing or a grill with a mesh small enough to prevent cloth or a child's finger from entering the casing,
 - ii. A tilt switch that shuts off power to the electric portable heater if the electric portable heater tips over,
 - iii. An automatic shutoff control to prevent overheating, and
 - iv. A thermostat control; and
 - b. Is plugged directly into a wall outlet; and
 3. A vented space heater used on the premises is:
 - a. Safety-approved;
 - b. Professionally installed in accordance with the requirements of the local jurisdiction; and
 - c. Mounted as a permanent fixture in a wall, floor, or ceiling.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).

R9-33-204. Environmental Requirements

A. A licensee shall ensure that:

Historical Note

New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Section repealed; new Section renumbered from R9-33-205 and amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4).

R9-33-205. Vehicle Safety Requirements

A. A licensee shall ensure that a vehicle used to transport a resident:

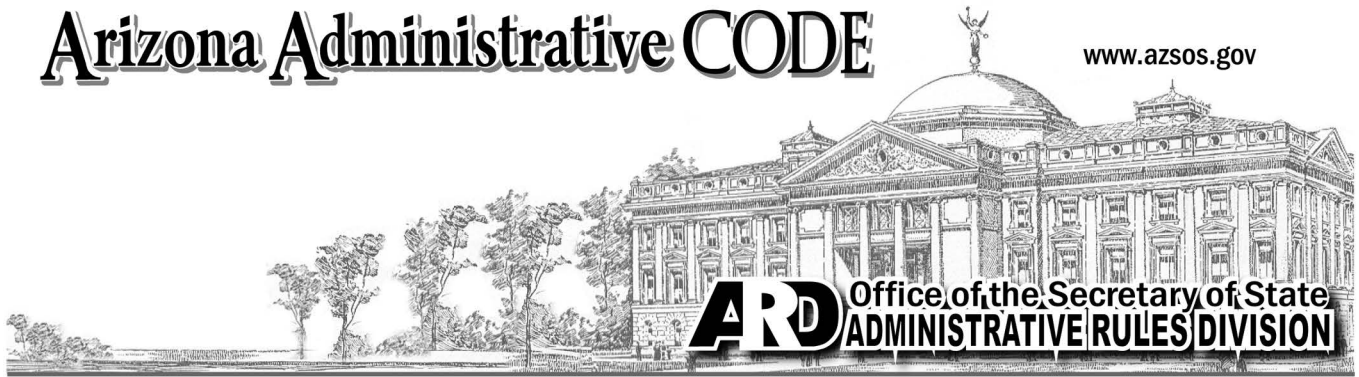
1. Is maintained in safe and working order; and

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2. Is equipped with:
 - a. A working heating and air conditioning system;
 - b. A first aid kit that meets the requirements in R9-33-201(E)(1);
 - c. Working seat belts for the driver and each passenger; and
 - d. Floor mounted seat belts and wheel chair lock-down devices for each wheel chair passenger transported, if the vehicle is used to transport a passenger in a wheelchair.
 - B. A licensee shall ensure that documentation of each maintenance or repair of a vehicle used to transport a resident is available for review at the facility for at least two years after the date of the maintenance or repair.
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Section renumbered to R9-33-204; new Section renumbered from R-33-206 and amended by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4).
- R9-33-206. Swimming Pool Requirements**
- A. Except as provided in subsection (B), a licensee shall ensure that a private residential swimming pool on the premises:
 1. If filled with water, is surrounded by a fence or enclosure constructed of material that:
 - a. Is at least 5 feet high;
 - b. Has no vertical openings greater than 4 inches across;
 - c. Is free of openings for handholds or footholds on the exterior of the fence or enclosure;
 - d. Is at least 20 inches from the edge of the private residential swimming pool;
 - e. Is clear of objects out to a distance of 30 inches on either side of the fence or enclosure from the level of the ground to a height of 5 feet above the fence or enclosure;
 - f. Has at least one gate that:
 - i. Opens outward from the private residential swimming pool,
 - ii. Has a self-closing latch attached no less than 54 inches above ground level as measured from the exterior side of the fence or enclosure, and
 - iii. Is locked when the private residential swimming pool is not in use;
 - g. Is secured perpendicular to level ground; and
 - h. Is located at least 54 inches from the exterior wall of the facility to allow evacuation without entering the private residential swimming pool area;
 2. Is not located in the path of an emergency exit;
 3. If filled with water, is equipped with the following:
 - a. An operational water circulation system that clarifies the swimming pool water,
 - b. An operational vacuum cleaning system that maintains the sides and bottom of the pool free of dirt and debris,
 - c. A shepherd's crook that is attached to its own pole, and
 - d. A ring buoy with an attached rope that is at least 10 feet long plus the distance from the edge to the middle of the private residential swimming pool; and
 4. If not filled with water, is covered completely by a covering that:
 - a. Is permitted by the local jurisdiction,
 - b. Is free of an opening that exceeds 1 inch,
 - c. Withstands weight of at least 495 pounds per square foot on all parts of the covering without any distortion or compression, and
 - d. Has at least one access hatch that is locked so that a resident cannot open it.
 - B. The requirements in subsection (A) do not apply to a group home or behavioral-supported group home if the Division provides to the Department written documentation indicating that the Division has determined that the private residential swimming pool is safe, based upon the functional level of the residents:
 1. At the time of initial licensure,
 2. At the time of license renewal, and
 3. Upon the placement of a resident at the group home or behavioral-supported group home.
 - C. A licensee shall ensure that a spa:
 1. Except as specified in subsection (C)(2), is covered and locked when not in use, with a mechanism that a resident cannot open; and
 2. If a resident is under 6 years of age, is enclosed by a fence specified in subsection (A)(1).
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Section renumbered to R9-33-205; new Section made by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4). Amended by exempt rulemaking at 30 A.A.R. 2045 (June 14, 2024), effective July 1, 2024 (Supp. 24-2).
- R9-33-207. Repealed**
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 910, effective February 11, 2002 (Supp. 02-1). Repealed by final rulemaking at 18 A.A.R. 3295, effective February 3, 2013 (Supp. 12-4).

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TITLE 12. NATURAL RESOURCES CHAPTER 4. GAME AND FISH COMMISSION

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The release of this Chapter in Supp. 24-2 replaces Supp. 23-3, 1-157 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

Authority: A.R.S. § 17-201 et seq.

Supp. 24-2

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).

Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to A.R.S. § 41-1005(A)(1). Exemption from A.R.S. Title 41, Chapter 6 means that the Game and Fish Commission did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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Former Article 4, Commission Orders, consisting of Sections R12-4-401 through R12-4-424, R12-4-429 through R12-4-431, R12-4-440 through R12-4-443 expired. See R12-4-118.

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Article 9, consisting of Sections R12-4-901 through R12-4-906, expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

Article 9, consisting of Sections R12-4-901 through R12-4-906, made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1).

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Article 11, consisting of Sections R12-4-1101 and R12-4-1102, made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1).

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TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS**R12-4-101. Definitions**

- A. In addition to the definitions provided under A.R.S. § 17-101, R12-4-301, R12-4-401, and R12-4-501, the following definitions apply to this Chapter, unless otherwise specified:

“Arizona Conservation Education” means the conservation education course provided by Arizona Game and Fish Department in hunting safety, responsibility, and conservation.

“Arizona Hunter Education” means the hunter education course provided by Arizona Game and Fish Department in hunting safety, responsibility, and conservation meeting Association of Fish and Wildlife agreed upon reciprocity standards along with Arizona-specific requirements.

“Attach” means to fasten or affix a tag to a legally harvested animal. An electronic tag is considered attached once the validation code is fastened to the legally harvested animal.

“Bobcat seal” means the tag a person is required to attach to the raw pelt or unskinned carcass of any bobcat taken by trapping in Arizona or exported out of Arizona regardless of the method of take.

“Bonus point” means a credit that authorizes the Department to issue an applicant an additional computer-generated random number.

“Bow” means a long bow, flat bow, recurve bow, or compound bow of which the bowstring is drawn and held under tension entirely by the physical power of the shooter through all points of the draw cycle until the shooter purposely acts to release the bowstring either by relaxing the tension of the toes, fingers, or mouth or by triggering the release of a hand-held release aid.

“Certificate of insurance” means an official document, issued by the sponsor’s and sponsor’s vendors, or subcontractor’s insurance carrier, providing insurance against claims for injury to persons or damage to property which may arise from, or in connection with, the solicitation or event as determined by the Department.

“Cervid” means a mammal classified as a Cervidae, which includes but is not limited to caribou, elk, moose, mule deer, reindeer, wapiti, and whitetail deer; as defined in the taxonomic classification from the Integrated Taxonomic Information System, available online at www.itis.gov.

“Commission Order” means a document adopted by the Commission that does one or more of the following:

- Open, close, or alter seasons,
- Open areas for taking wildlife,
- Set bag or possession limits for wildlife,
- Set the number of permits available for limited hunts, or
- Specify wildlife that may or may not be taken.

“Crossbow” means a device consisting of a bow affixed on a stock having a trigger mechanism to release the bowstring.

“Day-long” means the 24-hour period from one midnight to the following midnight.

“Department property” means those buildings or real property and wildlife areas under the jurisdiction of the Arizona Game and Fish Commission.

“Electronic tag” means a tag that is provided by the Department through an electronic device that syncs with the Department’s computer systems.

“Export” means to carry, send, or transport wildlife or wildlife parts out of Arizona to another state or country.

“Firearm” means any loaded or unloaded handgun, pistol, revolver, rifle, shotgun, or other weapon that will discharge, is designed to discharge, or may readily be converted to discharge a projectile by the action of an explosion caused by the burning of smokeless powder, black powder, or black powder substitute.

“Hunt area” means a management unit, portion of a management unit, or group of management units, or any portion of Arizona described in a Commission Order and not included in a management unit, opened to hunting.

“Hunt number” means the number assigned by Commission Order to any hunt area where a limited number of hunt permits are available.

“Hunt permits” means the number of hunt permit-tags made available to the public as a result of a Commission Order.

“Hunt permit-tag” means a tag for a hunt for which a Commission Order has assigned a hunt number.

“Identification number” means the number assigned to each applicant or license holder by the Department as established under R12-4-111.

“Import” means to bring, send, receive, or transport wildlife or wildlife parts into Arizona from another state or country.

“License dealer” means a business authorized to sell hunting, fishing, and other licenses as established under R12-4-105.

“Limited-entry permit-tag” means a permit made available for a limited-entry fishing or hunting season.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-314.

“Management unit” means an area established by the Commission for management purposes.

“Nonpermit-tag” means a tag for a hunt for which a Commission Order does not assign a hunt number and the number of tags is not limited.

“Nonprofit organization” means an organization that is recognized under Section 501(C) of the U.S. Internal Revenue Code.

“Person” has the meaning as provided under A.R.S. § 1-215.

“Proof of purchase,” for the purposes of A.R.S. § 17-331, means an original, or any authentic and verifiable form of the original, of any Department-issued license, permit, or stamp that establishes proof of actual purchase.

TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

“Pursue” means to chase, tree, corner or hold wildlife at bay.

“Pursuit-only” means a person may pursue, but not kill, a bear, mountain lion, or raccoon on any management unit that is open to pursuit-only season, as defined under R12-4-318, by Commission Order.

“Pursuit-only permit” means a permit for a pursuit-only hunt for which a Commission Order does not assign a hunt number and the number of permits are not limited.

“Restricted nonpermit-tag” means a tag issued for a supplemental hunt as established under R12-4-115.

“Solicitation” means any activity that may be considered or interpreted as promoting, selling, or transferring products, services, memberships, or causes, or participation in an event or activity of any kind, including organizational, educational, public affairs, or protest activities, including the distribution or posting of advertising, handbills, leaflets, circulars, posters, or other printed materials for these purposes.

“Solicitation material” means advertising, circulars, flyers, handbills, leaflets, posters, or other printed information.

“Sponsor” means the person or persons conducting a solicitation or event.

“Stamp” means a form of authorization in addition to a license that authorizes the license holder to take wildlife specified by the stamp.

“Tag” means the Department authorization a person is required to obtain before taking certain wildlife as established under A.R.S. Title 17 and 12 A.A.C. 4.

“Validation code” means the unique code provided by the Department and associated with an electronic tag.

“Waterdog” means the larval or metamorphosing stage of a salamander.

“Wildlife area” means an area established under 12 A.A.C. 4, Article 8.

B. If the following terms are used in a Commission Order, the following definitions apply:

“Antlered” means having an antler fully erupted through the skin and capable of being shed.

“Antlerless” means not having an antler, antlers, or any part of an antler erupted through the skin.

“Bearded turkey” means a turkey with a beard that extends beyond the contour feathers of the breast.

“Buck pronghorn” means a male pronghorn.

“Adult bull bison” means a male bison of any age or any bison designated by a Department employee during an adult bull bison hunt.

“Adult cow bison” means a female bison of any age or any bison designated by a Department employee during an adult cow bison hunt.

“Bull elk” means an antlered elk.

“Designated” means the gender, age, or species of wildlife or the specifically identified wildlife the Department authorizes to be taken and possessed with a valid tag.

“One-horned ram” means any bighorn sheep ram having one horn that is less than one half the length of its other horn.

“Ram” means any male bighorn sheep.

“Rooster” means a male pheasant.

“Yearling bison” means any bison less than three years of age or any bison designated by a Department employee during a yearling bison hunt.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 22, 1976 (Supp. 76-5). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-01 renumbered as Section R12-4-101 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 22, 1982 (Supp. 82-2). Amended subsection (A), paragraph (10) effective April 7, 1983 (Supp. 83-2). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsection (A) effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022; when amended the Commission inadvertently removed the definitions of “Arizona Conservation Education” and “Arizona Hunter Education.” These definitions are included as originally published (Supp. 21-4). Under the definition of “non-profit organization” a citation error to the U.S. Internal Revenue Code, has been corrected to Section 501(c) as published at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-102. License, Permit, Stamp, and Tag Fees

- A.** A person who purchases a license, tag, stamp, or permit listed in this Section shall pay at the time of purchase all applicable fees prescribed under this Section or the fees the Director authorizes under R12-4-115.
- B.** A person who applies to purchase a hunt permit-tag shall submit with the application all applicable fees using acceptable forms of payment as required under R12-4-104(F) and (G).

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- C. As authorized under A.R.S. § 17-345, the license fees in this Section include a \$3 surcharge, except Youth and High Achievement Scout licenses.
- D. A person desiring a replacement of a Migratory Bird Stamp shall repurchase the stamp.

Hunting and Fishing License Fees	Resident	Nonresident
General Fishing License	\$37	\$55
Community Fishing License	\$24	\$24
General Hunting License	\$37	Not available
Combination Hunting and Fishing License	\$57	\$160
Youth Combination Hunting and Fishing License, fee applies until the applicant's 18th birthday.	\$5	\$5
High Achievement Scout License, as authorized under A.R.S. § 17-333(C). Fee applies until the applicant's 21st birthday.	\$5	Not available
Short-term Combination Hunting and Fishing License	\$15	\$20
Youth Group Two-day Fishing License	\$25	Not available

Hunt Permit-tag Fees	Resident	Nonresident
Bear	\$25	\$150
Bighorn Sheep	\$300	\$1,800
Bison		
Adult Bulls or any Bison	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer and Archery Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Pheasant non-archery, non-falconry	Application fee only	Application fee only
Pronghorn	\$90	\$550
Raptor	Not applicable	\$175
Sandhill Crane	\$10	\$10
Turkey and Archery Turkey	\$25	\$90
Youth	\$10	\$10

Nonpermit-tag and Restricted Nonpermit-tag Fees	Resident	Nonresident
Bear	\$25	\$150
Bison		
Adult Bulls or any Bison	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15

Mountain Lion	\$15	\$75
Pronghorn	\$90	\$550
Sandhill Crane	\$10	\$10
Raptor	Not applicable	\$175
Turkey	\$25	\$90
Youth	\$10	\$10

Stamps and Special Use Fees	Resident	Nonresident
Bobcat Seal	\$3	\$3
Limited-entry Permit	Application fee only	Application fee only
State Migratory Bird Stamp	\$5	\$5

Other License Fees	Resident	Nonresident
Challenged Hunter Access/Mobility Permit (CHAMP)	Application fee only	Application fee only
Crossbow Permit	Application fee only	Application fee only
Fur Dealer's License	\$115	\$115
Reduced-fee Disabled Veteran's License, available to a resident disabled veteran who receives compensation from the U.S. government for a service-connected disability. This fee shall be equal to the fee required for the resident Combination Hunting and Fishing License, reduced by 25%, and then rounded down to the nearest even dollar.	\$42	Not available
Reduced-fee Purple Heart Medal License, available to a resident who is a bona fide Purple Heart Medal recipient. This fee shall be equal to the fee required for the resident Combination Hunting and Fishing License, reduced by 50%, and then rounded down to the nearest even dollar.	\$28	Not available
Guide License	\$300	\$300
License Dealer's License	\$100	\$100
License Dealer's Outlet License	\$25	\$25
Pursuit-only Permit	\$20	\$100
Taxidermist License	\$150	\$150
Trapping License	\$30	\$275
Youth	\$10	\$10

Administrative Fees	Resident	Nonresident
Duplicate License Fee, in the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.	\$8	\$8
Application Fee	\$13	\$15

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 31, 1977 (Supp. 77-2). Amended effective June 28, 1977 (Supp. 77-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 1, 1979 (Supp. 78-6). Amended effective June 4, 1979 (Supp. 79-3). Amended effective January 1, 1980 (Supp. 79-6). Amended paragraphs (1), (7) through (11), (13), (15), (29), (30), and (32) effective January 1, 1981

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(Supp. 80-5). Former Section R12-4-30 renumbered as Section R12-4-102 without change effective August 13, 1981. Amended effective August 31, 1981 (Supp. 81-4). Amended effective September 15, 1982 unless otherwise noted in subsection (D) (Supp. 82-5). Amended effective January 1, 1984 (Supp. 83-4). Amended subsections (A) and (C) effective January 1, 1985 (Supp. 84-5). Amended effective January 1, 1986 (Supp. 85-5). Amended subsection (A), paragraphs (1), (2), (8) and (9) effective January 1, 1987; Amended by adding a new subsection (A), paragraph (31) and renumbering accordingly effective July 1, 1987. Both amendments filed November 5, 1986 (Supp. 86-6). Amended subsections (A) and (C) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsections (A) and (C) filed December 30, 1988, effective January 1, 1989”; Amended subsection (C) effective April 28, 1989 (Supp. 89-2). Section R12-4-102 repealed, new Section R12-4-102 filed as adopted November 26, 1990, effective January 1, 1991 (Supp. 90-4). Amended effective September 1, 1992; filed August 7, 1992 (Supp. 92-3). Amended effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective December 16, 1995 (Supp. 94-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State November 14, 1995 (Supp. 95-4). Amended subsection (D), paragraph (4), and subsection (E), paragraph (10), effective October 1, 1996; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended subsection (B), paragraph (6) and subsection (E) paragraph (4), effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 or January 1, 2001, as designated within the text of the Section (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 1157, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2823, effective August 13, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 1391, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 27 A.A.R. 400, effective July 1, 2021 (Supp. 21-1). Amended by final exempt rulemaking at 27 A.A.R. 1076, effective August 21, 2021 (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2916 (December 17, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 28 A.A.R. 3355 (October 21, 2022), effective September 26, 2022 (Supp. 22-3).

R12-4-102.01. License Fee Waiver; Eligibility; Application

- A. The Department shall waive the initial license fee when an eligible applicant as identified under subsection (B) requests an

initial license for any license listed under subsection (C). At the time of application, the eligible applicant shall submit to the Department the applicable license application and a signed licensing fee waiver form affirming the information provided on the form is true and accurate. The license application and licensing fee waiver forms are available from any Department office and on the Department’s website. The applicant shall provide all of the following information:

1. Type of exemption, see subsection (B); and
 2. Applicant’s:
 - a. Name;
 - b. Date of birth;
 - c. Mailing address;
 - d. Email, if available;
 - e. Telephone number;
 - f. Customer ID number;
 - g. Affirmation that the information provided on the application is true and accurate; and
 - h. Signature and date.
- B. Under A.R.S. § 41-1080.01, persons eligible for the initial license fee waiver are limited to any:
1. Individual whose family income does not exceed 200% of the current federal poverty guidelines,
 2. Active military service member’s spouse, or
 3. Honorably discharged veteran who has been discharged not more than two years before application.
- C. The Department has determined the following licenses may be used for the purpose of operating a business or providing a service in Arizona and are subject to A.R.S. § 41-1080.01:
1. Aquatic Wildlife Stocking License,
 2. Fur Dealer’s License,
 3. Game Bird Field Training License,
 4. Game Bird Field Trial License,
 5. Game Bird Shooting Preserve License,
 6. Guide License,
 7. Live Bait Dealer’s License,
 8. Private Game Farm License,
 9. Sport Falconry License,
 10. License Dealer’s License,
 11. Taxidermist License,
 12. Trapping License,
 13. Wildlife Holding License,
 14. Wildlife Service, and
 15. Zoo License.
- D. An applicant for a license fee waiver shall certify they meet the eligibility criteria proscribed in subsection (B), as applicable.
- E. All information and documentation provided by the applicant is subject to Department verification.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

R12-4-102.02. Refund of Permit-Tag Fee; Active-duty Military; Peace Officer; Professional Firefighter

- A. The Department shall refund the fee paid for a big game permit-tag, nonpermit-tag, or limited-entry tag when an eligible person as identified under subsection (B) requests a refund at any time during the time period in which the tag is valid. To request a refund, the eligible person shall submit to the Department:
1. The tag for which the refund is requested,
 2. The big game tag refund form, and

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3. Proof of order or special assignment as identified under subsection (C).
 4. A person requesting a refund under this Section shall certify the information provided on the big game tag refund form is true and accurate;
 5. The big game tag refund form is available from any Department office and on the Department's website.
- B.** Under A.R.S. § 17-332, persons eligible for a refund are limited to:
1. A person who is ordered to leave Arizona as an active duty member of the U.S. Armed Forces;
 2. A peace officer assigned to special duty; or
 3. A professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department and who is assigned to special duty.
- C.** An eligible person requesting a refund shall provide the following as applicable:
1. For an active duty member of the U.S. Armed Forces, an official order or letter.
 2. For a peace officer assigned to special duty, an official letter of assignment to special duty showing evidence of assignment status during the time period in which the big game tag is valid.
 3. For a professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department and who is assigned to special duty, an official letter of assignment to special duty showing evidence of assignment status during the time period in which the big game tag is valid.
 4. All information and documentation provided by the applicant is subject to Department verification.
- D.** For subsections (C)(1), (2), and (3), the official order or letter, as applicable, shall provide the eligible person's name and the dates of the assignment.
- E.** When an eligible person submits a request for a refund for a big game hunt permit-tag awarded through a computer draw, the Department shall reinstate any expended bonus points for a successful Hunt Permit-tag Application and award the bonus point the person would have accrued had the person been unsuccessful in the computer draw for the refunded big game tag.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

R12-4-103. Duplicate Tags and Licenses

- A.** Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate license or tag to an applicant who:
1. Pays the applicable fee prescribed under R12-4-102, and
 2. Signs an affidavit. The affidavit is furnished by the Department and is available at any Department office or license dealer.
- B.** The applicant shall provide the following information on the affidavit:
1. The applicant's personal information:
 - a. Name;
 - b. Department identification number, when applicable;
 - c. Residency status and number of years of residency immediately preceding application, when applicable;
 2. The original license or tag information:
 - a. Type of license or tag;

- b. Place of purchase;
 - c. Purchase date, when available; and
 3. Disposition of the original tag for which a duplicate is being purchased:
 - a. The tag was not used and is lost, destroyed, mutilated, or otherwise unusable; or
 - b. The tag was attached to a harvested animal that was subsequently condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). An applicant applying for a duplicate tag under this subsection shall also submit the condemned meat duplicate tag authorization form issued by the Department.
- C.** In the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.

Historical Note

Amended effective June 7, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Former Section R12-4-07 renumbered as Section R12-4-103 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4).

R12-4-104. Application Procedures for Issuance of Hunt Permit-tags by Computer Draw and Purchase of Bonus Points

- A.** For the purposes of this Section, "group" means all applicants who placed their names on a single application as part of the same application.
- B.** A person is eligible to apply:
1. For a hunt permit-tag if the person:
 - a. Is at least 10 years of age at the start of the hunt for which the person is applying;
 - b. Has successfully completed a Department-sanctioned hunter education course by the start date of the hunt for which the person is applying, when the person is between 9 and 14 years of age;
 - c. Has not reached the bag limit established under subsection (J) for that genus; and
 - d. Is not suspended or revoked in this State as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
 2. For a bonus point if the person:
 - a. Is at least 10 years of age by the application deadline date; and
 - b. Is not suspended or revoked in this State as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
- C.** An applicant shall apply at the times, locations, and in the manner and method established by the hunt permit-tag application schedule published by the Department and available at any Department office, on the Department's website, or a license dealer.
1. The Commission shall set application deadline dates for hunt permit-tag computer draw applications through the hunt permit-tag application schedule.

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2. The Director has the authority to extend any application deadline date if a problem occurs that prevents the public from submitting a hunt permit-tag application within the deadlines set by the Commission.
 3. The Commission, through the hunt permit-tag application schedule, shall designate the manner and method of submitting an application, which may require an applicant to apply online only. If the Commission requires applicants to use the online method, the Department shall accept paper applications only in the event of a Department systems failure.
- D.** An applicant for a hunt permit-tag or a bonus point shall complete and submit a Hunt Permit-tag Application. The application form is available from any Department office, a license dealer, or on the Department's website.
- E.** An applicant shall provide the following information on the Hunt Permit-tag Application:
1. The applicant's personal information:
 - a. Name;
 - b. Date of birth,
 - c. Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K);
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 2. If the applicant possesses a valid license authorizing the take of wildlife in this State, the number of the applicant's license;
 3. If the applicant does not possess a valid license at the time of the application, the applicant shall purchase a license as established under subsection (K). The applicant shall provide all of the following information on the license application portion of the Hunt Permit-tag Application:
 - a. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - b. Residency status and number of years of residency immediately preceding application, when applicable;
 - c. Type of license for which the person is applying; and
 4. Certify the information provided on the application is true and accurate;
 5. An applicant who is:
 - a. Under the age of 10 and is submitting an application for a hunt other than big game is not required to have a license under this Chapter. The applicant shall indicate "youth" in the space provided for the license number on the Hunt Permit-tag Application.
 - b. Age nine or older and is submitting an application for a big game hunt is required to purchase an appropriate license as required under this Section. The applicant shall either enter the appropriate license number in the space provided for the license number on the Hunt Permit-tag Application Form or purchase a license at the time of application, as applicable.
- F.** In addition to the information required under subsection (E), an applicant shall also submit all applicable fees established under R12-4-102, as follows:
1. When applying electronically:
 - a. The permit application fee; and
 - b. The license fee, when the applicant does not possess a valid license at the time of application. The applicant shall submit payment in U.S. currency using valid credit or debit card.
 - c. If an applicant is successful in the computer draw, the Department shall charge the hunt permit-tag fee using the credit or debit card furnished by the applicant.
 2. When applying manually:
 - a. The fee for the applicable hunt permit-tag;
 - b. The permit application fee; and
 - c. The license fee if the applicant does not possess a valid license at the time of application. The applicant shall submit payment by certified check, cashier's check, or money order made payable in U.S. currency to the Arizona Game and Fish Department.
- G.** An applicant shall apply for a specific hunt or a bonus point by the current hunt number. If all hunts selected by the applicant are filled at the time the application is processed in the computer draw, the Department shall deem the application unsuccessful, unless the application is for a bonus point.
1. An applicant shall make all hunt choices for the same genus within one application.
 2. An applicant shall not include applications for different genera of wildlife in the same envelope.
- H.** An applicant shall submit only one valid application per genus of wildlife for any calendar year, except:
1. If the bag limit is one per calendar year, an unsuccessful applicant may re-apply for remaining hunt permit-tags in unfilled hunt areas, as specified in the hunt permit-tag application schedule.
 2. For genera that have multiple draws within a single calendar year, a person who successfully draws a hunt permit-tag during an earlier season may apply for a later season for the same genus if the person has not taken the bag limit for that genus during a preceding hunt in the same calendar year.
 3. If the bag limit is more than one per calendar year, a person may apply for remaining hunt permit-tags in unfilled hunt areas as specified in the hunt permit-tag application schedule.
- I.** All members of a group shall apply for the same hunt numbers and in the same order of preference.
1. No more than four persons may apply as a group.
 2. The Department shall not issue a hunt permit-tag to any group member unless sufficient hunt permit-tags are available for all group members.
- J.** A person shall not apply for a hunt permit-tag for:
1. Rocky Mountain or desert bighorn sheep if the person has met the lifetime bag limit for that sub-species.
 2. Bison if the person has met the lifetime bag limit for that species.
 3. Any species when the person has reached the bag limit for that species during the same calendar year for which the hunt permit-tag applies.
- K.** To participate in:
1. The computer draw system, an applicant shall possess an appropriate hunting license that shall be valid, either:
 - a. On the last day of the application deadline for that computer draw, as established by the hunt permit-tag

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application schedule published by the Department, or

- b. On the last day of an extended deadline date, as authorized under subsection (C)(2).
 - c. If an applicant does not possess an appropriate hunting license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application.
2. The bonus point system, an applicant shall comply with the requirements established under R12-4-107.
- L.** The Department shall reject as invalid a Hunt Permit-Tag Application not prepared or submitted in accordance with this Section or not prepared in a legible manner.
- M.** Any hunt permit-tag issued for an application that is subsequently found not to be in accordance with this Section is invalid.
- N.** The Department or its authorized agent shall deliver hunt permit-tags to successful applicants. The Department shall return application overpayments to the applicant designated "A" on the Hunt Permit-tag Application. The Department shall not refund:
- 1. A permit application fee.
 - 2. A license fee submitted with a valid application for a hunt permit-tag or bonus point.
 - 3. An overpayment of five dollars or less. The Department shall consider the overpayment to be a donation to the Arizona Game and Fish Fund.
- O.** The Department shall award a bonus point for the appropriate species to an applicant when the payment submitted is less than the required fees, but is sufficient to cover the application fee and, when applicable, license fee.
- P.** When the Department determines a Department error, as defined under subsection (P)(3), caused the rejection or denial of a valid application:
- 1. The Director may authorize either:
 - a. The issuance of an additional hunt permit-tag, provided the issuance of an additional hunt permit-tag will have no significant impact on the wildlife population to be hunted and the application for the hunt permit-tag would have otherwise been successful based on its random number, or
 - b. The awarding of a bonus point when a hunt permit-tag is not issued.
 - 2. A person who is denied a hunt permit-tag or a bonus point under this subsection may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
 - 3. For the purposes of this subsection, "Department error" means an internal processing error that:
 - a. Prevented a person from lawfully submitting an application for a hunt permit-tag,
 - b. Caused a person to submit an invalid application for a hunt permit-tag,
 - c. Caused the rejection of an application for a hunt permit-tag,
 - d. Failed to apply an applicant's bonus points to a valid application for a hunt permit-tag, or
 - e. Caused the denial of a hunt permit-tag.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 28, 1977 (Supp. 77-3). Amended effective July 24, 1978 (Supp. 78-4). Former Section R12-4-06 renumbered as Section R12-4-104 without change effective August 13, 1981. Amended subsections (N), (O), and (P) effective August 31, 1981 (Supp. 81-4). Former Sec-

tion R12-4-104 repealed, new Section R12-4-104 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (D) as an emergency effective December 27, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-6). Emergency expired. Amended effective June 20, 1983 (Supp. 83-3). Amended subsection (F)(3) effective September 12, 1984. Amended subsection (F)(9) and added subsections (F)(10) and (G)(3) effective October 31, 1984 (Supp. 84-5). Amended effective May 5, 1986 (Supp. 86-3). Amended effective June 4, 1987 (Supp. 87-2). Section R12-4-104 repealed, new Section R12-4-104 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Subsection (E)(3) contained a clerical error to a subsection label; "established under subsection (L)" corrected to "established under subsection (K)" file number R22-77 (Supp. 22-2).

R12-4-105. License Dealer's License

- A.** For the purposes of this Section, unless the context otherwise requires:

"Dealer number" means the unique number assigned by the Department to a dealer outlet.

"Dealer outlet" means a specified location authorized to sell licenses under a license dealer's license.

"License" means any hunting or fishing license, permit, stamp, or tag that may be sold by a dealer or dealer outlet under this Section.

"License dealer" means a business licensed by the Department to sell licenses from one or more dealer outlets.

"License Dealer Portal" means the secure website provided by the Department for issuing licenses and permits and accessing a license dealer's account.

- B.** A person shall not sell or issue licenses without authorization from the Department. A license dealer's license authorizes a person to issue licenses on behalf of the Department. A person is eligible to apply for a license dealer's license, provided all of the following criteria are met:
- 1. The person's privilege to sell licenses for the Department has not been revoked or canceled under A.R.S. §§ 17-334, 17-338, or 17-339 within the two calendar years immediately preceding the date of application;
 - 2. The person's credit record or assets assure the Department that the value of the licenses shall be adequately protected;

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3. The person agrees to assume financial responsibility for licenses provided by the Department at the maximum value established under R12-4-102.
- C. A person shall apply for a license dealer's license by submitting an application to any Department office. The application is furnished by the Department and is available at any Department office. A license dealer license applicant shall provide all of the following information on the application:
 1. The principal business or corporation information:
 - a. Name,
 - b. Physical address, and
 - c. Telephone number;
 - d. If not a corporation, the applicant shall provide the information required under subsections (C)(1)(a), (b), and (c) for each owner;
 2. The contact information for the person responsible for ensuring compliance with this Section:
 - a. Name,
 - b. Business address, and
 - c. Business telephone number;
 3. Whether the applicant has previously sold licenses under A.R.S. § 17-334;
 4. Whether the applicant is seeking renewal of an existing license dealer's license;
 5. Credit references and a statement of assets and liabilities; and
 6. Dealer outlet information:
 - a. Name,
 - b. Physical address,
 - c. Telephone number, and
 - d. Name of the person responsible for ensuring compliance with this Section at each dealer outlet.
- D. A license dealer may request to add dealer outlets to the license dealer's license, at any time during the license year, by submitting the application form containing the information required under subsection (C) to the Department and paying the fee established under R12-4-102.
- E. An applicant who is denied a license dealer's license under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
- F. The Department shall:
 1. Provide to the license dealer all licenses that the license dealer will make available to the public for sale,
 2. Authorize the license dealer to use the dealer's own license stock, or
 3. Authorize the license dealer to issue licenses and permits online via the Department's License Dealer Portal.
- G. Upon receipt of licenses provided by the Department, the license dealer shall verify the licenses received are the licenses identified on the shipment inventory provided by the Department with the shipment.
 1. Within five working days from receipt of shipment, the person performing the verification shall:
 - a. Clearly designate any discrepancies on the shipment inventory,
 - b. Sign and date the shipping inventory, and
 - c. Return the signed shipping inventory to the Department.
 2. The Department shall verify any discrepancies identified by the license dealer and credit or debit the license dealer's inventory accordingly.
- H. A license dealer shall maintain an inventory of licenses for sale to the public at each outlet.
- I. A license dealer's license holder shall transmit to the Department all collected license or permit fees established under R12-4-102.
 1. A license dealer's license holder may collect and retain a reasonable and commensurate fee for its services.
 2. Each license dealer's license holder shall identify to the public the Department's license fees separately from any other costs.
- J. A license dealer may request additional licenses in writing or verbally.
 1. The request shall include:
 - a. The name of the license dealer,
 - b. The assigned dealer number,
 - c. A list of the licenses needed, and
 - d. The name of the person making the request.
 2. Within 10 calendar days from receipt of a request, the Department shall provide the licenses requested, unless:
 - a. The license dealer failed to acknowledge licenses previously provided to the license dealer, as required under subsection (G);
 - b. The license dealer failed to transmit license fees, as required under subsection (J); or
 - c. The license dealer is not in compliance with this Section and all applicable statutes and rules.
- K. A license dealer shall transmit to the Department all license fees collected by the tenth day of each month, prescribed under A.R.S. § 17-338(A). Failure to comply with the requirements of this subsection shall result in the cancellation of the license dealer's license, as authorized under A.R.S. § 17-338(A).
- L. A license dealer shall submit a monthly report to the Department by the tenth day of each month, as prescribed under A.R.S. § 17-339.
 1. The monthly report form is furnished by the Department.
 2. A monthly report is required regardless of whether or not activities were performed.
 3. Failure to submit the monthly report in compliance with this subsection shall be cause to cancel the license dealer's license.
 4. The license dealer shall include in the monthly report all of the following information for each outlet:
 - a. Name of the dealer;
 - b. The assigned dealer number;
 - c. Reporting period;
 - d. Number of sales and dollar amount of sales for reporting period, by type of license sold;
 - e. Debit and credit adjustments for previous reporting periods, if any;
 - f. Number of affidavits received for which a duplicate license was issued under R12-4-103;
 - g. List of lost or missing licenses; and
 - h. Printed name and signature of the preparer.
 5. In addition to the information required under subsection (L), the license dealer shall also provide the affidavit for each duplicate license issued by the dealer during the reporting period.
 - a. The affidavit is furnished by the Department and is included in the license book.
 - b. A license dealer who fails to submit the affidavit for a duplicate license issued by the license dealer shall remit to the Department the actual cash value of the original license replaced.

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- L. The Department shall provide written notice of suspension and demand the return of all inventory within five calendar days from any license dealer who:
 1. Fails to transmit monies due the Department under A.R.S. § 17-338 by the deadline established under subsection (J);
 2. Issues to the Department more than one check with insufficient funds during a calendar year; or
 3. Otherwise fails to comply with this Section and all applicable statutes and rules.
- M. As prescribed under A.R.S. § 17-338, the actual cash value of licenses not returned to the Department is due and payable to the Department within 15 working days from the date the Department provides written notice to the license dealer. This includes, but is not limited to:
 1. Licenses not returned upon termination of business by a license dealer; or
 2. Licenses reported by a dealer outlet or discovered by the Department to be lost, missing, stolen, or destroyed for any reason.
- N. In addition to those violations that may result in revocation, suspension, or cancellation of a license dealer's license as prescribed under A.R.S. §§ 17-334, 17-338, and 17-339, the Commission may revoke a license dealer's license if the license dealer or an employee of the license dealer is convicted of counseling, aiding, or attempting to aid any person in obtaining a fraudulent license.

Historical Note

Amended effective June 7, 1976 (Supp. 77-3). Former Section R12-4-08 renumbered as Section R12-4-105 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-106. Special Licenses Licensing Time-frames

- A. For the purposes of this Section, the following definitions apply:

"Administrative review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(1).

"License" means any permit or authorization issued by the Department and listed under subsection (H).

"Overall time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(2).

"Substantive review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(3).

- B. As required under A.R.S. § 41-1072 et seq., within the overall time-frames listed in the Table 1. Time-Frames, the Department shall either:

1. Grant a license to an applicant after determining the applicant meets all of the criteria required by statute and the governing rule; or
 2. Deny a license to an applicant when the Department determines the applicant does not meet all of the criteria required by statute and the governing rule.
 - a. The Department may deny a license at any point during the review process if the information provided by the applicant demonstrates the applicant is not eligible for the license as prescribed under statute or the governing rule.
 - b. The Department shall issue a written denial notice when it is determined that an applicant does not meet all of the criteria for the license.
 - c. The written denial notice shall provide:
 - i. The Department's justification for the denial, and
 - ii. When a hearing or appeal is authorized, an explanation of the applicant's right to a hearing or appeal.
- C. During the overall time-frame:
 1. The applicant and the Department may agree in writing to extend the overall time-frame.
 2. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.
 - D. An applicant may withdraw an application at any time.
 - E. The administrative review time-frame shall begin upon the Department's receipt of an application.
 1. During the administrative review time-frame, the Department may return to the applicant, without denial, an application that is missing any of the information required under R12-4-409 and the rule governing the specific license. The Department shall issue to the applicant a written notice that identifies all missing information and indicates the applicant has 30 days in which to provide the missing information.
 2. The administrative review time-frame and the overall time-frame listed for the applicable license under this Section are suspended from the date on the notice until the date the Department receives the missing information.
 3. If an applicant fails to respond to a request for missing information within 30 days, the Department shall consider the application withdrawn.
 - F. The substantive review time-frame shall begin when the Department determines an application is complete.
 1. During the substantive review time-frame, the Department may make one comprehensive written request for additional information. The written notice shall:
 - a. Identify the additional information, and
 - b. Indicate the applicant has 30 days in which to submit the additional information.
 - c. The Department and the applicant may mutually agree in writing to allow the agency to submit supplemental requests for additional information.
 - d. If an applicant fails to respond to a request for additional information within 30 days, the Department shall consider the application withdrawn.
 2. The substantive review time-frame and the overall time-frame listed for the applicable license under this Section are suspended from the date on the request until the date the Department receives the additional information.
 - G. If the last day of the time-frame period falls on a Saturday, Sunday, or an official State holiday, the Department shall con-

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sider the next business day the time-frame period's last day.

All periods listed are:

1. Calendar days, and

2. Maximum time periods.

H. The Department may grant or deny a license in less time than specified in Table 1. Time-Frames.

Table 1. Time-Frames

Name of Special License	Governing Rule	Administrative Review Time-frame	Substantive Review Time-frame	Overall Time-frame
Aquatic Wildlife Stocking License	R12-4-410	10 days	170 days	180 days
Authorization for Use of Drugs on Wildlife	R12-4-309	20 days	70 days	90 days
Challenged Hunter Access/Mobility Permit	R12-4-217	1 day	29 days	30 days
Crossbow Permit	R12-4-216	1 day	29 days	30 days
Disabled Veteran's License	R12-4-202	1 day	29 days	30 days
Fishing Permits	R12-4-310	10 days	20 days	30 days
Game Bird License	R12-4-414	10 days	20 days	30 days
Guide License	R12-4-208	10 days	20 days	30 days
License Dealer's License	R12-4-105	10 days	20 days	30 days
Live Bait Dealer's License	R12-4-411	10 days	20 days	30 days
Pioneer License	R12-4-201	1 day	29 days	30 days
Private Game Farm License	R12-4-413	10 days	20 days	30 days
Scientific Activity License	R12-4-418	10 days	20 days	30 days
Small Game Depredation Permit	R12-4-113	10 days	20 days	30 days
Sport Falconry License	R12-4-422	10 days	20 days	30 days
Taxidermy Registration	R12-4-204	10 days	20 days	30 days
Watercraft Agents	R12-4-509	10 days	20 days	30 days
White Amur Stocking License	R12-4-424	10 days	20 days	30 days
Wildlife Holding License	R12-4-417	10 days	20 days	30 days
Wildlife Rehabilitation License	R12-4-423	10 days	50 days	60 days
Wildlife Service License	R12-4-421	10 days	50 days	60 days
Zoo License	R12-4-420	10 days	20 days	30 days

Historical Note

Editorial correction subsections (F) through (G) (Supp. 78-5). Former Section R12-4-09 renumbered as Section R12-4-106 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section adopted June 10,

1998 (Supp. 98-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-107. Bonus Point System

A. For the purpose of this Section, the following definitions apply:

“Bonus point hunt number” means the hunt number assigned in a Commission Order for use by an applicant who is applying for a bonus point only.

“Loyalty bonus point” means a bonus point awarded to a person who has submitted a valid application for a hunt permit-tag or a bonus point for a specific genus identified in subsection (B) at least once annually for a consecutive five-year period.

B. The bonus point system grants a person one random number entry in each computer draw for bear, bighorn sheep, bison, deer, elk, javelina, pronghorn, Sandhill crane, or turkey for each bonus point that person has accumulated under this Section.

1. Each bonus point random number entry is in addition to the entry normally granted under R12-4-104.
2. When processing a “group” application, as defined under R12-4-104, the Department shall use the average number of bonus points accumulated by all persons in the group, rounded to the nearest whole number. If the average number of bonus points is equal to or greater than .5, the total will be rounded to the next higher number.

3. The Department shall credit a bonus point under an applicant's Department identification number for the genus on the application.

4. The Department shall not transfer bonus points between persons or genera.

C. The Department shall award one bonus point to an applicant who submits a valid Hunt Permit-tag Application provided the following apply:

1. The application is unsuccessful in the computer draw or the application is for a bonus point only;
2. The application is not for a hunt permit-tag leftover after the computer draw and available on a first-come, first-served basis as established under R12-4-114; and
3. The applicant either provides the appropriate hunting license number on the application, or submits an application and fees for the applicable license with the Hunt Permit-tag Application Form, as applicable.

D. An applicant who purchases a bonus point only shall:

1. Submit a valid Hunt Permit-tag Application, as prescribed under R12-4-104 at the times, locations, and in the manner and method established by the schedule published by the Department and available at any Department office, on the Department's website, or a license dealer.

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- a. When the application is submitted for a hunt permit-tag or bonus point, the Department shall reject any application that:
 - i. Indicates the bonus point only hunt number as any choice other than the first-choice,
 - ii. Includes any other hunt number on the application,
 - iii. Includes more than one Hunt Permit-tag Application per genus per computer draw, or
 - iv. Is submitted after the application deadline for that specific computer draw.
 2. When the application is submitted for a bonus point during the extended bonus point period, the Department shall reject any application that:
 - a. Includes more than one Hunt Permit-tag Application per genus, or
 - b. Is submitted after the application deadline for that extended bonus point period.
 3. Include the applicable fees:
 - a. Application fee, and
 - b. Applicable license fee, required when the applicant does not possess a valid license at the time of application and the applicant is applying for a hunt permit-tag.
- E.** With the exception of the conservation education and hunter education bonus points, each accumulated bonus point is valid only for the genus designated on the Hunt Permit-tag Application.
- F.** With the exception of a permanent bonus point awarded for conservation education or hunter education and a loyalty bonus point which is accrued and forfeited as established under subsection (L), a person's accumulated bonus points for a genus are expended if:
1. The person is issued a hunt permit-tag for that genus in a computer draw;
 2. The person fails to submit a Hunt Permit-tag Application for that genus for five consecutive years; or
 3. The person purchases a surrendered tag as prescribed under R12-4-118(F)(1), (2), or (3).
- G.** Notwithstanding subsection (F), the Department shall restore any expended bonus points to a person who surrenders or transfers a tag in compliance with R12-4-118 or R12-4-121.
- H.** An applicant issued a first-come, first-served hunt permit-tag under R12-4-114(C)(2)(e) after the computer draw does not expend bonus points for that genus.
- I.** An applicant who is unsuccessful for a first-come, first-served hunt permit-tag made available by the Department after the computer draw is not eligible to receive a bonus point.
- J.** The Department shall award one permanent bonus point for each genus upon a person's first graduation from either:
1. A Department-sanctioned Arizona Hunter Education Course completed after January 1, 1980, or
 2. The Department's Arizona Conservation Education Course completed after January 1, 2021.
 - a. Course participants are required to provide the following information upon registration, the participants:
 - i. Name;
 - ii. Mailing address;
 - iii. Telephone number;
 - iv. E-mail address, when available;
 - v. Date of birth; and
 - vi. Department ID number, when applicable.
- b. The Arizona Game and Fish Department-certified Instructor shall submit the course paperwork to the Department within 10 business days of course completion. Course paperwork must be received by the Department no less than 30 days before the computer draw application deadline, as specified in the hunt permit-tag application schedule in order for the Department to assign hunter education bonus points in the next computer draw.
 - c. Any person who is nine years of age or older may participate in a hunter education course or the Department's conservation education course. When the person is under 10 years of age, the hunter education completion card and certificate shall become valid on the person's 10th birthday.
 - d. The Department shall not award hunter education bonus points for any of the following specialized hunter education courses:
 - i. Bowhunter Education,
 - ii. Trapper Education, or
 - iii. Advanced Hunter Education.
- K.** The Department provides an applicant's total number of accumulated bonus points on the Department's application website or IVR telephone system.
1. If a person believes the total number of accumulated bonus points is incorrect, the person may request proof of compliance with this Section, from the Department, to prove Department error.
 2. In the event of an error, the Department shall correct the person's record.
- L.** The following provisions apply to the loyalty bonus point program:
1. An applicant who submits a valid application at least once a year for a hunt permit-tag or a bonus point for a specific genus consecutively for a five-year period shall accrue a loyalty bonus point for that genus.
 2. Except as established under subsection (N), once a loyalty bonus point is accrued, the applicant shall retain the loyalty bonus point provided the applicant annually submits an application, with funds sufficient to cover all application fees and applicable license fees for each applicant listed on the application, for a hunt permit-tag or a bonus point for the genus for which the loyalty bonus point was accrued.
 3. An applicant who fails to apply in any calendar year for a hunt permit-tag or bonus point for the genus for which the loyalty bonus point was accrued shall forfeit the loyalty bonus point for that genus.
 4. A loyalty bonus point is accrued in addition to all other bonus points.
- M.** It is unlawful for a person to purchase or accrue a bonus point by fraud or misrepresentation and any bonus point so obtained shall be removed from the person's Department record.

Historical Note

Former Section R12-4-03 renumbered as Section R12-4-107 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-107 repealed, new Section R12-4-107 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective July 29, 1992 (Supp. 92-3). Section R12-4-107 repealed, new Section R12-4-107 adopted effective January 1, 1999; filed with the Office of the Secretary of State February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final

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rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

R12-4-108. Management Unit Boundaries

- A.** For the purpose of this Section, parentheses mean “also known as,” and the following definitions shall apply:

“FH” means forest highway.

“FR” means forest road.

“Hwy” means Highway.

“I-8” means Interstate Highway 8.

“I-10” means Interstate Highway 10.

“I-15” means Interstate Highway 15.

“I-17” means Interstate Highway 17.

“I-19” means Interstate Highway 19.

“I-40” means Interstate Highway 40.

“mp” means “milepost.”

- B.** The State is divided into units for the purpose of managing wildlife. Each unit is identified by a number, or a number and letter. For the purpose of this Section, Indian reservation land contained within any management unit is not under the jurisdiction of the Arizona Game and Fish Commission or the Arizona Game and Fish Department.
- C.** Management unit descriptions are as follows:

Unit 1 – Beginning at the New Mexico state line and U.S. Hwy 60; west on U.S. Hwy 60 to Vernon Junction; southerly on the Vernon-McNary road (FR 224) to the White Mountain Apache Indian Reservation boundary; east and south along the reservation boundary to Black River; east and north along Black River to the east fork of Black River; north along the east fork to Three Forks; and continuing north and east on the Three Forks-Williams Valley Alpine Rd. (FR 249) to U.S. Hwy 180; east on U.S. Hwy 180 to the New Mexico state line; north along the state line to U.S. Hwy 60.

Unit 2A – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); north on U.S. Hwy 191 (AZ Hwy 61) to the Navajo Indian Reservation boundary; westerly along the reservation boundary to AZ Hwy 77; south on AZ Hwy 77 to Exit 292 on I-40; west on the westbound lane of I-40 to Exit 286; south on AZ Hwy 77 to U.S. Hwy 180; southeast on U.S. Hwy 180 to AZ Hwy 180A; south on AZ Hwy 180A to AZ Hwy 61; east on AZ Hwy 61 to U.S. Hwy 180 (AZ Hwy 61); east to U.S. Hwy 191 at St. Johns; except those portions that are sovereign tribal lands of the Zuni Tribe.

Unit 2B – Beginning at Springerville; east on U.S. Hwy 60 to the New Mexico state line; north along the state line to the Navajo Indian Reservation boundary; westerly along the reservation boundary to U.S. Hwy 191 (AZ Hwy 61); south on U.S. Hwy 191 (U.S. Hwy 180) to Springerville.

Unit 2C – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); west on to AZ Hwy 61 Concho; southwest on AZ Hwy 61 to U.S. Hwy 60; east on U.S. Hwy 60 to U.S. Hwy 191 (U.S. Hwy 180); north on U.S. Hwy 191 (U.S. Hwy 180) to St. Johns.

Unit 3A – Beginning at the junction of U.S. Hwy 180 and AZ Hwy 77; south on AZ Hwy 77 to AZ Hwy 377; southwesterly on AZ Hwy 377 to AZ Hwy 277; easterly on AZ Hwy 277 to Snowflake; easterly on the Snowflake-Concho Rd. to U.S. Hwy 180A; north on U.S. Hwy 180A to U.S. Hwy 180; northwesterly on U.S. Hwy 180 to AZ Hwy 77.

Unit 3B – Beginning at Snowflake; southerly along AZ Hwy 77 to U.S. Hwy 60; southwesterly along U.S. Hwy 60 to the White Mountain Apache Indian Reservation boundary; easterly along the reservation boundary to the Vernon-McNary Rd. (FR 224); northerly along the Vernon-McNary Rd. to U.S. Hwy 60; west on U.S. Hwy 60 to AZ Hwy 61; northeasterly on AZ Hwy 61 to AZ Hwy 180A; northerly on AZ Hwy 180A to Concho-Snowflake Rd.; westerly on the Concho-Snowflake Rd. to Snowflake.

Unit 3C – Beginning at Snowflake; westerly on AZ Hwy 277 to AZ Hwy 260; westerly on AZ Hwy 260 to the Sitgreaves National Forest boundary with the Tonto National Forest; easterly along the Apache-Sitgreaves National Forest boundary to U.S. Hwy 60 (AZ Hwy 77); northeasterly on U.S. Hwy 60 (AZ Hwy 77) to Showlow; northerly along AZ Hwy 77 to Snowflake.

Unit 4A – Beginning on the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest at the Mogollon Rim; north along this boundary (Leonard Canyon) to East Clear Creek; northerly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; northerly on Hipkoe Dr. to I-40; west on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; east along the Navajo Indian Reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd.; westerly and southerly along the Woods Canyon Lake Rd. to the Mogollon Rim; westerly along the Mogollon Rim to the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest.

Unit 4B – Beginning at AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest; northeasterly on AZ Hwy 260 to AZ Hwy 277; northeasterly on AZ Hwy 277 to Hwy 377; northeasterly on AZ Hwy 377 to AZ Hwy 77; northeasterly on AZ Hwy 77 to I-40 Exit 286; northeasterly along the westbound lane of I-40 to Exit 292; north on AZ Hwy 77 to the Navajo Indian Reservation boundary; west along the reservation

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boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd. (FH 151); westerly and southerly along the Woods Canyon Lake Rd. (FH 151) to the Mogollon Rim; easterly along the Mogollon Rim to the intersection of AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest.

Unit 5A – Beginning at the junction of the Sitgreaves National Forest boundary with the Coconino National Forest boundary at the Mogollon Rim; northerly along this boundary (Leonard Canyon) to East Clear Creek; northeasterly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; north on Hipkoe Dr. to I-40; west on I-40 to the Meteor Crater Rd. (Exit 233); southerly on the Meteor Crater-Chavez Pass-Jack's Canyon Rd. (FR 69) to AZ Hwy 87; southwesterly along AZ Hwy 87 to the Coconino-Tonto National Forest boundary; easterly along the Coconino-Tonto National Forest boundary (Mogollon Rim) to the Sitgreaves National Forest boundary with the Coconino National Forest.

Unit 5B -- Beginning at Lake Mary-Clint's Well Rd. (FH3) and Walnut Canyon (mp 337.5 on FH3); southeasterly on FH3 to AZ Hwy 87; northeasterly on AZ Hwy 87 to FR 69; westerly and northerly on FR 69 to I-40 (Exit 233); west on I-40 to Walnut Canyon (mp 210.2); southwesterly along the bottom of Walnut Canyon to Walnut Canyon National Monument; southwesterly along the northern boundary of the Walnut Canyon National Monument to Walnut Canyon; southwesterly along the bottom of Walnut Canyon to FH3 (mp 337.5).

Unit 6A - Beginning at the junction of AZ Hwy 89A and FR 237; southwesterly on AZ Hwy 89A to the Verde River; southeasterly along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary; easterly along this boundary to AZ Hwy 87; northeasterly on AZ Hwy 87 to Lake Mary-Clint's Well Rd. (FH3); northwesterly on FH3 to FR 132; southwesterly on FR 132 to FR 296; southwesterly on FR 296 to FR 296A; southwesterly on FR 296A to FR 132; northwesterly on FR 132 to FR 235; westerly on FR 235 to Priest Draw; southwesterly along the bottom of Priest Draw to FR 235; westerly on FR 235 to FR 235A; westerly on FR 235A to FR 235; southerly on FR 235 to FR 235K; northwesterly on FR 235K to FR 700; northerly on FR 700 to Mountaineer Rd.; west on Mountaineer Rd. to FR 237; westerly on FR 237 to AZ Hwy 89A except those portions that are sovereign tribal lands of the Yavapai-Apache Nation.

Unit 6B – Beginning at mp 188.5 on I-40 at a point just north of the east boundary of Camp Navajo; south along the eastern boundary of Camp Navajo to the southeastern corner of Camp Navajo; southeast approximately 1/3 mile through the forest to the forest road in section 33; southeast on the forest road to FR 231 (Woody Mountain Rd.); easterly on FR 231 to FR 533; southerly on FR 533

to AZ Hwy 89A; southerly on AZ Hwy 89A to the Verde River; northerly along the Verde River to Sycamore Creek; northeasterly along Sycamore Creek and Volunteer Canyon to the southwest corner of the Camp Navajo boundary; northerly along the western boundary of Camp Navajo to the northwest corner of Camp Navajo; continuing north to I-40 (mp 180.0); easterly along I-40 to mp 188.5.

Unit 7 – Beginning at the junction of AZ Hwy 64 and I-40 (in Williams); easterly on I-40 to FR 171 (mp 184.4 on I-40); northerly on FR 171 to the Transwestern Gas Pipeline; easterly along the Transwestern Gas Pipeline to FR 420 (Schultz Pass Rd.); northeasterly on FR 420 to U.S. Hwy 89; across U.S. Hwy 89 to FR 545; east on FR 545 to the Sunset Crater National Monument; easterly along the southern boundary of the Sunset Crater National Monument to FR 545; east on FR 545 to the 345 KV transmission lines 1 and 2; southeasterly along the power lines to I-40 (mp 212 on I-40); east on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; northerly and westerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; west on U.S. Hwy 180 to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 8 – Beginning at the junction of I-40 and AZ Hwy 89 (in Ash Fork, Exit 146); south on AZ Hwy 89 to the Verde River; easterly along the Verde River to Sycamore Creek; northerly along Sycamore Creek to Volunteer Canyon; northeasterly along Volunteer Canyon to the west boundary of Camp Navajo; north along the boundary to a point directly north of I-40; west on I-40 to AZ Hwy 89.

Unit 9 – Beginning where Cataract Creek enters the Havasupai Reservation; easterly and northerly along the Havasupai Reservation boundary to Grand Canyon National Park; easterly along the Grand Canyon National Park boundary to the Navajo Indian Reservation boundary; southerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; westerly along U.S. Hwy 180 to AZ Hwy 64; south along AZ Hwy 64 to Airport Rd.; west and north along Airport Rd. to the Valle-Cataract Creek Rd.; westerly along the Valle-Cataract Creek Rd. to Cataract Creek at Island Tank; northwesterly along Cataract Creek to the Havasupai Reservation Boundary.

Unit 10 – Beginning at the junction of AZ Hwy 64 and I-40; westerly on I-40 to Crookton Rd. (AZ Hwy 66, Exit 139); westerly on AZ Hwy 66 to the Hualapai Indian Reservation boundary; northeasterly along the reservation boundary to Grand Canyon National Park; east along the park boundary to the Havasupai Indian Reservation; easterly and southerly along the reservation boundary to where Cataract Creek enters the reservation; southeasterly along Cataract Creek in Cataract Canyon to Island Tank; easterly on the Cataract Creek-Valle Rd. to Airport Rd.; south and east along Airport Rd. to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 11M – Beginning at the junction of Lake Mary-Clint's Well Rd (FH3) and Walnut Canyon (mp 337.5 on FH3); northeasterly along the bottom of Walnut Canyon to the Walnut Canyon National Monument boundary;

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northeasterly along the northern boundary of the Walnut Canyon National Monument to Walnut Canyon; north-easterly along the bottom of Walnut Canyon to I-40 (mp 210.2); east on I-40 to the 345 KV transmission lines 1&2 (mp 212 on I-40); north and northeasterly along the power line to FR 545 (Sunset Crater Rd); west along FR 545 to the Sunset Crater National Monument boundary; westerly along the southern boundary of the Sunset Crater National monument to FR 545; west on FR 545 to U.S. Hwy 89; across U.S. Hwy 89 to FR 420 (Schultz Pass Rd); southwest on FR 420 to the Transwestern Gas Pipeline; westerly along the Transwestern Gas Pipeline to FR 171; south on FR 171 to I-40 (mp 184.4 on I-40); east on I-40 to a point just north of the eastern boundary of the Navajo Army Depot (mp 188.5 on I-40); south along the eastern boundary of the Navajo Army Depot to the southeast corner of the Depot; southeast approximately 1/3 mile to forest road in section 33; southeasterly along that forest road to FR 231 (Woody Mountain Rd); easterly on FR 231 to FR 533; southerly on FR 533 to U.S. Hwy 89A; southerly on U.S. Hwy 89A to FR 237; northeasterly on FR 237 to Mountaineer Rd; easterly on Mountaineer Rd to FR 700; southerly on FR 700 to FR 235K; southeasterly on FR 235K to FR 235; northerly on FR 235 to FR 235A; easterly on FR 235A to FR 235; easterly on FR 235 to Priest Draw; northeasterly along the bottom of Priest Draw to FR 235; easterly on FR 235 to FR 132; southeasterly on FR 132 to FR 296A; northeasterly on FR 296A to FR 296; northeasterly on FR 296 to FR 132; northeasterly on FR 132 to FH 3; south-easterly on FH 3 to the south rim of Walnut Canyon (mp 337.5 on FH3).

Unit 12A – Beginning at the confluence of the Colorado River and South Canyon; southerly and westerly along the Colorado River to Kanab Creek; northerly along Kanab Creek to Snake Gulch; northerly, easterly, and southerly around the Kaibab National Forest boundary to South Canyon; northeasterly along South Canyon to the Colorado River.

Unit 12B – Beginning at U.S. Hwy 89A and the Kaibab National Forest boundary near mp 566; southerly and easterly along the forest boundary to Grand Canyon National Park; northeasterly along the park boundary to Glen Canyon National Recreation area; easterly along the recreation area boundary to the Colorado River; north-easterly along the Colorado River to the Arizona-Utah state line; westerly along the state line to Kanab Creek; southerly along Kanab Creek to the Kaibab National Forest boundary; northerly, easterly, and southerly along this boundary to U.S. Hwy 89A near mp 566; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13A – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; easterly along the Col-

orado River to Kanab Creek; northerly along Kanab Creek to the Utah state line; west along the Utah state line to the western edge of the Hurricane Rim; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13B – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; westerly along the Colorado River to the Nevada state line; north along the Nevada state line to the Utah state line; east along the Utah state line to the western edge of the Hurricane Rim.

Unit 15A – Beginning at Pearce Ferry on the Colorado River; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to the Hualapai Indian Reservation; west and north along the west boundary of the reservation to the Colorado River; westerly along the Colorado River to Pearce Ferry; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 15B – Beginning at Kingman on I-40 (Exit 48); northwesterly on U.S. Hwy 93 to Hoover Dam; north and east along the Colorado River to Pearce Ferry; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to Hackberry Rd.; southerly on the Hackberry Rd. to I-40; west on I-40 to Kingman (Exit 48).

Unit 15C – Beginning at Hoover Dam; southerly along the Colorado River to AZ Hwy 68 and Davis Dam; easterly on AZ Hwy 68 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to Hoover Dam.

Unit 15D – Beginning at AZ Hwy 68 and Davis Dam; southerly along the Colorado River to I-40; east and north on I-40 to Kingman (Exit 48); northwest on U.S. Hwy 93 to AZ Hwy 68; west on AZ Hwy 68 to Davis Dam; except those portions that are sovereign tribal lands of the Fort Mohave Indian Tribe.

Unit 16A – Beginning at Kingman on I-40 (Exit 48); south and west on I-40 to U.S. Hwy 95 (Exit 9); southerly on U.S. Hwy 95 to the Bill Williams River; easterly along the Bill Williams and Santa Maria rivers to U.S. Hwy 93; north on U.S. Hwy 93 to I-40 (Exit 71); west on I-40 to Kingman (Exit 48).

Unit 16B – Beginning at I-40 on the Colorado River; southerly along the Arizona-California state line to the Bill Williams River; east along the Bill Williams River to U.S. Hwy 95; north on U.S. Hwy 95 to I-40 (Exit 9); west on I-40 to the Colorado River.

Unit 17A – Beginning at the junction of the Williamson Valley Rd. (County Road 5) and the Camp Wood Rd. (FR 21); westerly on the Camp Wood Rd. to the west boundary of the Prescott National Forest; north along the forest boundary to the Baca Grant; east, north and west around

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the grant to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); southerly on Williamson Valley Rd. (County Rd. 5, FR 6) to the Camp Wood Rd.

Unit 17B – Beginning at the junction of Iron Springs Rd. (County Rd. 10) and Williamson Valley Rd. (County Road 5) in Prescott; westerly on the Prescott-Skull Valley-Hillside-Bagdad Rd. to Bagdad; northeast on the Bagdad-Camp Wood Rd. (FR 21) to the Williamson Valley Rd. (County Rd. 5, FR 6); south on the Williamson Valley Rd. (County Rd. 5, FR 6) to the Iron Springs Rd.

Unit 18A – Beginning at Seligman; westerly on AZ Hwy 66 to the Hualapai Indian Reservation; southwest and west along the reservation boundary to AZ Hwy 66; southwest on AZ Hwy 66 to the Hackberry Rd.; south on the Hackberry Rd. to I-40; west along I-40 to U.S. Hwy 93; south on U.S. Hwy 93 to Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeast along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); northerly on the Williamson Valley Rd. (County Rd. 5, FR 6) to Seligman and AZ Hwy 66; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 18B – Beginning at Bagdad; southeast on AZ Hwy 96 to the Santa Maria River; southwest along the Santa Maria River to U.S. Hwy 93; northerly on U.S. Hwy 93 to Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeasterly along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; south along the forest boundary to the Baca Grant; east, south and west along the forest boundary; south along the west boundary of the Prescott National Forest; to the Camp Wood-Bagdad Rd.; southwesterly on the Camp Wood-Bagdad Rd. to Bagdad; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 19A – Beginning at AZ Hwy 69 and AZ Hwy 89 (in Prescott); northerly on AZ Hwy 89 to the Verde River; easterly along the Verde River to I-17; southwesterly on the southbound lane of I-17 to AZ Hwy 69; northwesterly on AZ Hwy 69 to AZ Hwy 89; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe and the Yavapai-Apache Nation.

Unit 19B – Beginning at the intersection of AZ Hwy 89 and AZ Hwy 69, west on Gurley St. to Grove Ave.; north on the Grove Ave. to Miller Valley Rd.; northwest on the Miller Valley Rd. to Iron Springs Rd.; northwest on the Iron Springs Rd. to the junction of Williamson Valley Rd. and Iron Springs Rd.; northerly on the Williamson Valley-Prescott-Seligman Rd. (FR 6, Williamson Valley Rd.) to AZ Hwy 66 at Seligman; east on Crookton Rd. (AZ Hwy 66) to I-40 (Exit 139); east on I-40 to AZ Hwy 89; south on AZ Hwy 89 to the junction with AZ Hwy 69; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20A – Beginning at the intersection of AZ Hwy 89 and AZ Hwy 69; west on Gurley St. to Grove Ave.; north on the Grove Ave. to Miller Valley Rd.; northwest on the Miller Valley Rd. to Iron Springs Rd.; west and south on Iron Springs Rd. (County Road 10) to Kirkland; south and east on AZ Hwy 96 to Kirkland Junction (U.S. Hwy 89); southeasterly along Wagoner Rd. (County Road 60) to Wagoner (mp 17); from Wagoner easterly along County Road 60 (FR 362) to intersection of FR 52; easterly along FR 52 to intersection of FR 259; easterly along FR 259 to Crown King Rd. (County Road 59) at Crown King; continue easterly to the intersection of Antelope Creek Rd. cutoff (County Road 179S); northeasterly along Antelope Creek Rd. cutoff to intersection of Antelope Creek Rd. (County Road 179); northeasterly on Antelope Creek Rd. to Cordes; east on Bloody Basin Rd. (County Road 73) to I-17 (Exit 259); north on the southbound lane of I-17 to AZ Hwy 69; northwest on AZ Hwy 69 to junction of AZ Hwy 89 at Prescott; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20B – Beginning at the Hassayampa River and U.S. Hwy 60/93 (at Wickenburg), northeasterly along the Hassayampa River to Wagoner (County Road 60, mp 17); from Wagoner easterly along County Road 60 (FR 362) to intersection of FR 52; easterly along FR 52 to intersection of FR 259; easterly along FR 259 to Crown King Rd. (County Road 59) at Crown King; continue easterly to intersection of Antelope Creek Rd. cutoff (County Road 179S); northeasterly along Antelope Creek Rd. cutoff to intersection of Antelope Creek Rd. (County Road 179); northeasterly on Antelope Creek Rd. to Cordes; east on Bloody Basin Rd. (County Road 73) to I-17 (Exit 259); south on the southbound lane of I-17 to New River Road (Exit 232); west on New River Road to SR 74; west on AZ Hwy 74 to junction of U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Hassayampa River (at Wickenburg).

Unit 20C – Beginning at U.S. Hwy 60/93 and the Santa Maria River; northeasterly along the Santa Maria River to AZ Hwy 96; easterly on AZ Hwy 96 to Kirkland Junction (AZ Hwy 89); south along AZ Hwy 89 to Wagoner Rd.; southeasterly along Wagoner Rd. (County Road 60) to Wagoner (mp 17); from Wagoner southwesterly along the Hassayampa River to U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Santa Maria River.

Unit 21 – Beginning on I-17 at the Verde River; southerly on the southbound lane of I-17 to the New River Road (Exit 232); east on New River Road to Fig Springs Road; northeasterly on Fig Springs Road to Mingus Rd.; Mingus Rd. to the Tonto National Forest boundary; southeasterly along this boundary to the Verde River; north along the Verde River to I-17.

Unit 22 – Beginning at the junction of the Salt and Verde Rivers; north along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary along the Mogollon Rim; easterly along this boundary to Tonto Creek; southerly along the east fork of Tonto Creek to the spring box, north of the Tonto Creek

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Hatchery, and continuing southerly along Tonto Creek to the Salt River; westerly along the Salt River to the Verde River; except those portions that are sovereign tribal lands of the Tonto Apache Tribe and the Fort McDowell Yavapai Nation.

Unit 23 – Beginning at the confluence of Tonto Creek and the Salt River; northerly along Tonto Creek to the spring box, north of the Tonto Creek Hatchery, on Tonto Creek; northeasterly along the east fork of Tonto Creek to the Tonto-Sitgreaves National Forest boundary along the Mogollon Rim; east along this boundary to the White Mountain Apache Indian Reservation boundary; southerly along the reservation boundary to the Salt River; westerly along the Salt River to Tonto Creek.

Unit 24A – Beginning on AZ Hwy 177 in Superior; southeasterly on AZ Hwy 177 to the Gila River; northeasterly along the Gila River to the San Carlos Indian Reservation boundary; easterly, westerly and northerly along the reservation boundary to the Salt River; southwesterly along the Salt River to AZ Hwy 288; southerly on AZ Hwys 288 and 188 to U.S. Hwy 60; southwesterly on U.S. Hwy 60 to AZ Hwy 177.

Unit 24B – Beginning on U.S. Hwy 60 in Superior; northeasterly on U.S. Hwy 60 to AZ Hwy 188; northerly on AZ Hwys 188 and 288 to the Salt River; westerly along the Salt River to the Tonto National Forest boundary near Granite Reef Dam; southeasterly along Forest boundary to Forest Route 77 (Peralta Rd.); southwesterly on Forest Route 77 (Peralta Rd.) to U.S. Hwy 60; easterly on U.S. Hwy 60 to Superior.

Unit 25M – Beginning at the junction of 51st Ave. and I-10; west on I-10 to AZ Loop 303, northeasterly on AZ Loop 303 to I-17; north on I-17 to Carefree Hwy; east on Carefree Hwy to Cave Creek Rd.; northeasterly on Cave Creek Rd. to the Tonto National Forest boundary; easterly and southerly along the Tonto National Forest boundary to Fort McDowell Yavapai Nation boundary; northeasterly along the Fort McDowell Yavapai Nation boundary to the Verde River; southerly along the Verde River to the Salt River; southwesterly along the Salt River to the Tonto National Forest boundary; southerly along the Tonto National Forest boundary to Bush Hwy/Power Rd.; southerly on Bush Hwy/Power Rd. to AZ Loop 202; easterly, southerly, and westerly on AZ Loop 202 to the intersection of Pecos Rd. at I-10; west on Pecos Rd. to the Gila River Indian Community boundary; northwesterly along the Gila River Indian Community boundary to 51st Ave; northerly on 51st Ave to I-10; except those portions that are sovereign tribal lands.

Unit 26M – Beginning at the junction of I-17 and New River Rd. (Exit 232); southwesterly on New River Rd. to AZ Hwy 74; westerly on AZ Hwy 74 to U.S. Hwy 93; southeasterly on U.S. Hwy 93 to the Beardsley Canal; southwesterly on the Beardsley Canal to Indian School Rd.; west on Indian School Rd. to Jackrabbit Trail; south on Jackrabbit Trail to I-10 (Exit 121); west on I-10 to Oglesby Rd. (Exit 112); south on Oglesby Rd. to AZ Hwy 85; south on AZ Hwy 85 to the Gila River; northeasterly along the Gila River to the Gila River Indian Community boundary; southeasterly along the Gila River Indian Community boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne

Parkway) to AZ Hwy 84; east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to the Tohono O'odham Nation boundary; easterly along the Tohono O'odham Nation boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeasterly on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287 north of Coolidge; east on AZ Hwy 287 to AZ Hwy 79; north on AZ Hwy 79 to U.S. Hwy 60; northwesterly on U.S. Highway 60 to Peralta Rd.; northeasterly along Peralta Rd. to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to the Salt River; northeasterly along the Salt River to the Verde River; northerly along the Verde River to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to Mingus Rd.; Mingus Rd. to Fig Springs Rd.; southwesterly on Fig Springs Rd. to New River Rd.; west on New River Rd. to I-17 (Exit 232); except Unit 25M and those portions that are sovereign tribal lands.

Unit 27 – Beginning at the New Mexico state line and AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; north on U.S. Hwy 191 to Lower Eagle Creek Rd. (Pump Station Rd.); west on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; north along Eagle Creek to the San Carlos Apache Indian Reservation boundary; north along the San Carlos Apache Indian Reservation boundary to Black River; northeast along Black River to the East Fork of Black River; northeast along the East Fork of Black River to Three Forks-Williams Valley-Alpine Rd. (FR 249); easterly along Three Forks-Williams Valley-Alpine Rd. to U.S. Hwy 180; southeast on U.S. Hwy 180 to the New Mexico state line; south along the New Mexico state line to AZ Hwy 78.

Unit 28 – Beginning at I-10 and the New Mexico state line; north along the state line to AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; northwest on U.S. Hwy 191 to Clifton; westerly on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; northerly along Eagle Creek to the San Carlos Indian Reservation boundary; southerly and west along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to I-10 Exit 352; easterly on I-10 to the New Mexico state line.

Unit 29 – Beginning on I-10 at the New Mexico state line; westerly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeast on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek-Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on the Rucker Canyon Rd. to Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line; north along the state line to I-10.

Unit 30A – Beginning at the junction of the New Mexico state line and U.S. Hwy 80; south along the state line to the U.S.-Mexico border; west along the border to U.S. Hwy 191; northerly on U.S. Hwy 191 to I-10 Exit 331; northeasterly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeasterly on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek - Kuykendall cutoff road; southerly on the Kuykendall cutoff road to

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Rucker Canyon Rd.; easterly on Rucker Canyon Rd. to the Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line.

Unit 30B – Beginning at U.S. Hwy 191 and the U.S.-Mexico border; west along the border to the San Pedro River; north along the San Pedro River to I-10; northeasterly on I-10 to U.S. Hwy 191; southerly on U.S. Hwy 191 to the U.S.-Mexico border.

Unit 31 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77; northerly along AZ Hwy 77 to the Gila River; northeast along the Gila River to the San Carlos Indian Reservation boundary; south then east and north along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to the 352 exit on I-10; southwest on I-10 to Exit 340.

Unit 32 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77; southerly along AZ Hwy 77 to the San Pedro River; southerly along the San Pedro River to I-10; northeast on I-10 to Willcox Exit 340.

Unit 33 – Beginning at Tangerine Rd. and AZ Hwy 77; north and northeast on AZ Hwy 77 to the San Pedro River; southeast along the San Pedro River to I-10 at Benson; west on I-10 to Marsh Station Rd. (Exit 289); northwest on the Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary; then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.

Unit 34A – Beginning in Nogales at I-19 and Compound St.; northeast on Grand Avenue to AZ Hwy 82; northeast on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to the Sahuarita Rd. alignment; west along the Sahuarita Rd. alignment to I-19 Exit 75; south on I-19 to Grand Avenue (U.S. Hwy 89).

Unit 34B – Beginning at AZ Hwy 83 and I-10 Exit 281; easterly on I-10 to the San Pedro River; south along the San Pedro River to AZ Hwy 82; westerly on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to I-10 Exit 281.

Unit 35A – Beginning on the U.S.-Mexico border at the San Pedro River; west along the border to Lochiel Rd.; north on Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass

Rd.; northeasterly on the FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; northeasterly on the Elgin-Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; easterly on AZ Hwy 82 to the San Pedro River; south along the San Pedro River to the U.S.-Mexico border.

Unit 35B – Beginning at Grand Avenue Hwy 89 at the U.S.-Mexico border in Nogales; east along the U.S.-Mexico border to Lochiel Rd.; north on the Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; north on the Elgin Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; southwest on AZ Hwy 82 to Grand Avenue; southwest on Grand Avenue to the U.S.-Mexico border.

Unit 36A – Beginning at the junction of Sandario Rd. and AZ Hwy 86; southwesterly on AZ Hwy 86 to AZ Hwy 286; southerly on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; north on I-19 to the southern boundary of the San Xavier Indian Reservation boundary; westerly and northerly along the reservation boundary to the Sandario road alignment; north on Sandario Rd. to AZ Hwy 86.

Unit 36B – Beginning at I-19 and Compound St.; southeasterly on Compound St. to Sonoita Ave.; north on Sonoita Ave. to Crawford St.; southeasterly on Crawford St. to Grand Avenue in Nogales; southwest on Grand Avenue to the U.S.-Mexico border; west along the U.S.-Mexico border to AZ Hwy 286; north on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; south on I-19 to Grand Avenue.

Unit 36C – Beginning at the junction of AZ Hwy 86 and AZ Hwy 286; southerly on AZ Hwy 286 to the U.S.-Mexico border; westerly along the border to the east boundary of the Tohono O'odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; easterly on AZ Hwy 86 to AZ Hwy 286.

Unit 37A – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to AZ Hwy 86; southwest on AZ Hwy 86 to the Tohono O'odham Nation boundary; north, east, and west along this boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeast on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287; east on AZ Hwy 287 to AZ Hwy 79 at Florence; southeast on AZ Hwy 79 to its junction with AZ Hwy 77; south on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 37B – Beginning at the junction of AZ Hwy 79 and AZ Hwy 77; northwest on AZ Hwy 79 to U.S. Hwy 60;

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east on U.S. Hwy 60 to AZ Hwy 177; southeast on AZ Hwy 177 to AZ Hwy 77; southeast and southwest on AZ Hwy 77 to AZ Hwy 79.

Unit 38M – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to the San Xavier Indian Reservation boundary; south and east along the reservation boundary to I-19; south on I-19 to Sahuarita Rd. (Exit 75); east on Sahuarita Rd. to AZ Hwy 83; north on AZ Hwy 83 to I-10 (Exit 281); east on I-10 to Marsh Station Rd. (Exit 289); northwest on Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus, then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary, then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 39 – Beginning at AZ Hwy 85 and the Gila River; east along the Gila River to the western boundary of the Gila River Indian Community; southeasterly along this boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84; east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to I-8; westerly on I-8 to Exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; southerly on AZ Hwy 85 to the Gila River; except those portions that are sovereign tribal lands of the Tohono O’odham Nation and the Ak-Chin Indian Community.

Unit 40A – Beginning at Ajo; southeasterly on AZ Hwy 85 to Why; southeasterly on AZ Hwy 86 to the Tohono O’odham (Papago) Indian Reservation; northerly and easterly along the reservation boundary to the Cocklebur-Stanfield Rd.; north on the Cocklebur-Stanfield Rd. to I-8; westerly on I-8 to AZ Hwy 85; southerly on AZ Hwy 85 to Ajo.

Unit 40B – Beginning at Gila Bend; westerly on I-8 to the Colorado River; southerly along the Colorado River to the Mexican border at San Luis; southeasterly along the border to the Cabeza Prieta National Wildlife Refuge; northerly, easterly and southerly around the refuge boundary to the Mexican border; southeast along the border to the Tohono O’odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; northwesterly on AZ Hwy 86 to AZ Hwy 85; north on AZ Hwy 85 to Gila Bend; except those portions that are sovereign tribal lands of the Cocopah Tribe.

Unit 41 – Beginning at I-8 and U.S. Hwy 95 (in Yuma); easterly on I-8 to exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeast-

erly on Old Hwy 80 to Arizona Hwy 85; northerly on AZ Hwy 85 to Oglesby Rd.; north on Oglesby Rd. to I-10; westerly on I-10 to Exit 45; southerly on Vicksburg-Kofa National Wildlife Refuge Rd. to the Refuge boundary; easterly, southerly, westerly, and northerly along the boundary to the Castle Dome Rd.; southwesterly on the Castle Dome Rd. to U.S. Hwy 95; southerly on U.S. Hwy 95 to I-8.

Unit 42 – Beginning at the junction of the Beardsley Canal and U.S. Hwy 93 (AZ 89, U.S. 60); northwesterly on U.S. Hwy 93 to AZ Hwy 71; southwesterly on AZ Hwy 71 to U.S. Hwy 60; westerly on U.S. Hwy 60 to Aguila; south on the Eagle Eye Rd. to the Salome-Hassayampa Rd.; southeasterly on the Salome-Hassayampa Rd. to I-10 (Exit 81); easterly on I-10 to Jackrabbit Trail (Exit 121); north along Jackrabbit Trail to the Indian School road; east along Indian School Rd. to the Beardsley Canal; northeasterly along the Beardsley Canal to U.S. Hwy 93.

Unit 43A – Beginning at U.S. Hwy 95 and the Bill Williams River; west along the Bill Williams River to the Arizona-California state line; southerly to the south end of Cibola Lake; northerly and easterly on the Cibola Lake Rd. to U.S. Hwy 95; south on U.S. Hwy 95 to the Stone Cabin-King Valley Rd. (King Rd.); east along the Stone Cabin-King Valley Rd. (King Rd.) to the west boundary of the Kofa National Wildlife Refuge; northerly along the refuge boundary to the Crystal Hill Rd. (Blevens Rd.); northwesterly on the Crystal Hill Rd. (Blevens Rd.) to U.S. Hwy 95; northerly on U.S. Hwy 95 to the Bill Williams River; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 43B – Beginning at the south end of Cibola Lake; southerly along the Arizona-California state line to I-8; southeasterly on I-8 to U.S. Hwy 95; easterly and northerly on U.S. Hwy 95 to the Castle Dome road; northeast on the Castle Dome Rd. to the Kofa National Wildlife Refuge boundary; north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); west along the Stone Cabin-King Valley Rd. (King Rd.) to U.S. Hwy 95; north on U.S. Hwy 95 to the Cibola Lake Rd.; west and south on the Cibola Lake Rd. to the south end of Cibola Lake; except those portions that are sovereign tribal lands of the Quechan Tribe.

Unit 44A – Beginning at U.S. Hwy 95 and the Bill Williams River; south along U.S. Hwy 95 to AZ Hwy 72; southeasterly on AZ Hwy 72 to Vicksburg; south on the Vicksburg-Kofa National Wildlife Refuge Rd. to I-10; easterly on I-10 to the Salome-Hassayampa Rd. (Exit 81); northwesterly on the Salome-Hassayampa Rd. to Eagle Eye Rd.; northeasterly on Eagle Eye Rd. to Aguila; east on U.S. Hwy 60 to AZ Hwy 71; northeasterly on AZ Hwy 71 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to the Santa Maria River; westerly along the Santa Maria and Bill Williams rivers to U.S. Hwy 95; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 44B – Beginning at Quartzsite; south on U.S. Hwy 95 to the Crystal Hill Rd. (Blevens Rd.); east on the Crystal Hill Rd. (Blevens Rd.) to the Kofa National Wildlife Refuge; north and east along the refuge boundary to the Vicksburg-Kofa National Wildlife Refuge Rd.; north on

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the Vicksburg-Kofa National Wildlife Refuge Rd. to AZ Hwy 72; northwest on AZ Hwy 72 to U.S. Hwy 95; south on U.S. Hwy 95 to Quartzsite.

Unit 45A – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary; east on the Stone Cabin-King Valley Rd. (King Rd.) to O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north boundary of the Kofa National Wildlife Refuge; west and south on the boundary line to Stone Cabin-King Valley Rd. (King Rd.).

Unit 45B – Beginning at O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north Kofa National Wildlife Refuge boundary; east to the east refuge boundary; south and west along the Kofa National Wildlife Refuge boundary to the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E); north and west on the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E) to O-O Junction.

Unit 45C – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge; south, east, and north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); north and west on the Stone Cabin-King Valley Rd. (King Rd.) to the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary.

Unit 46A – That portion of the Cabeza Prieta National Wildlife Refuge east of the Yuma-Pima County line.

Unit 46B – That portion of the Cabeza Prieta National Wildlife Refuge west of the Yuma-Pima County line.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective March 5, 1976 (Supp. 76-2). Amended effective May 17, 1977 (Supp. 77-3). Amended effective September 7, 1978 (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-10 renumbered as Section R12-4-108 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective February 4, 1993 (Supp. 93-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 865, effective July 1, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-109. Approved Trapping Education Course Fee

Under A.R.S. § 17-333.02(A), the provider of an approved educational course of instruction in responsible trapping and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$25.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Editorial correction paragraph (14) (Supp. 78-5). Former Section R12-4-11 renumbered as Section R12-4-109 without change effective August 13, 1981 (Supp. 81-4). Amended by adding paragraphs (2) and (3) and renumbering former paragraphs (2) through (17) as paragraphs (4) through (19) effective May 12, 1982 (Supp. 82-3). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 211, effective May 1, 2000 (Supp. 99-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-110. Posting and Access to State Land

A. For the purpose of this Section:

“Corrals,” “feed lots,” or “holding pens” mean completely fenced areas used to contain livestock for purposes other than grazing.

“Existing road” means any maintained or unmaintained road, way, highway, trail, or path that has been used for motorized vehicular travel, and clearly shows or has a history of established vehicle use, and is not currently closed by the Commission.

“State lands” means all land owned or held in trust by the state that is managed by the State Land Department and lands that are owned or managed by the Game and Fish Commission.

B. In addition to the prohibition against posting proscribed under A.R.S. § 17-304, a person shall not lock a gate, construct a fence, place an obstacle, or otherwise commit an act that denies legally available access to or use of any existing road upon state lands by persons lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.

1. A person in violation of this Section shall take immediate corrective action to remove any lock, fence, or other obstacle unlawfully preventing access to state lands.
2. If immediate corrective action is not taken, a representative of the Department may remove any unlawful posting and remove any lock, fence, or other obstacle that unlawfully prevents access to state lands.
3. In addition, the Department may take appropriate legal action to recover expenses incurred in the removal of any unlawful posting or obstacle that prevented access to state land.

C. The provisions of this Section do not allow any person to trespass upon private land to gain access to any state land.

D. A person may post state lands as closed to hunting, fishing, or trapping without further action by the Commission when the state land is within one-quarter mile of any:

1. Occupied residence, cabin, lodge, or other building; or
2. Corrals, feed lots, or holding pens containing concentrations of livestock other than for grazing purposes.
3. Subsection (D) does not authorize any person to deny lawful access to state land in any way.

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- E.** The Commission may grant permission to lock, tear down, or remove a gate or close a road or trail that provides legally available access to state lands for persons lawfully taking wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing if access to such lands is provided by a reasonable alternate route.
- Under R12-4-610, the Director may grant a permit to a state land lessee to temporarily lock a gate or close an existing road that provides access to state lands if the taking of wildlife will cause unreasonable interference during a critical livestock or commercial operation. This permit shall not exceed 30 days.
 - Applications for permits for more than 30 days shall be submitted to the Commission for approval.
 - If a permit is issued to temporarily close a road or gate, a copy of the permit shall be posted at the point of the closure during the period of the closure.
- F.** A person may post state lands other than those referenced under subsection (D) as closed to hunting, fishing, or trapping, provided the person has obtained a permit from the Commission authorizing the closure. A person possessing a permit authorizing the closure of state lands shall post signs in compliance with A.R.S. 17-304(C). The Commission may permit the closure of state land when it is necessary:
- Because the taking of wildlife constitutes an unusual hazard to permitted users;
 - To prevent unreasonable destruction of plant life or habitat; or
 - For proper resource conservation, use, or protection, including but not limited to high fire danger, excessive interference with mineral development, developed agricultural land, or timber or livestock operations.
- G.** A person shall submit an application for posting state land to prohibit hunting, fishing, or trapping under subsection (F), or to close an existing road under subsection (E), as required under R12-4-610. If an application to close state land to hunting, fishing, or trapping is made by a person other than the state land lessee, the Department shall provide notice to the lessee and the State Land Commissioner before the Commission considers the application. The state land lessee or the State Land Commissioner shall file any objections with the Department, in writing, within 30 days after receipt of notice, after which the matter shall be submitted to the Commission for determination.
- H.** A person may use a vehicle on or off a road to pick up lawfully taken big game.
- I.** The closing of state land to hunting, fishing, or trapping shall not restrict any other permitted use of the land.
- J.** State trust land may be posted with signs that read "State Land No Trespassing," but such posting shall not prohibit access to such land by any person lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.
- K.** When hunting, fishing, or trapping on state land, a license holder shall not:
- Break or remove any lock or cut any fence to gain access to state land;
 - Open and not immediately close a gate;
 - Intentionally or wantonly destroy, deface, injure, remove, or disturb any building, sign, equipment, marker, or other property;
 - Harvest or remove any vegetative or mineral resources or object of archaeological, historic, or scientific interest;
 - Appropriate, mutilate, deface, or destroy any natural feature, object of natural beauty, antiquity, or other public or private property;
 - Dig, remove, or destroy any tree or shrub;
 - Gather or collect renewable or non-renewable resources for the purpose of sale or barter unless specifically permitted or authorized by law;
 - Frighten or chase domestic livestock or wildlife, or endanger the lives or safety of others when using a motorized vehicle or other means; or
 - Operate a motor vehicle off road or on any road closed to the public by the Commission or landowner, except to retrieve a lawfully taken big game.

Historical Note

Adopted effective June 1, 1977 (Supp. 77-3). Editorial correction subsection (F) (Supp. 78-5). Former Section R12-4-13 renumbered as Section R12-4-110 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-111. Repealed**Historical Note**

Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-05 renumbered as Section R12-4-111 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-111 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

R12-4-112. Diseased, Injured, or Chemically-immobilized Wildlife

- A.** A person who lawfully takes and possesses wildlife believed to be diseased, injured, or chemically-immobilized may request an inspection of the wildlife carcass provided:
- The wildlife was lawfully taken and possessed under a valid hunt permit- or nonpermit-tag, and
 - The person who took the wildlife did not create the condition.
- B.** The Department, after inspection, may condemn the carcass if it is determined the wildlife is unfit for human consumption. The Department shall condemn chemically-immobilized wildlife only when the wildlife was taken during the immobilizing drug's established withdrawal period.
- C.** The person shall surrender the entire condemned wildlife carcass and any parts thereof to the Department.
- Upon surrender of the condemned wildlife, the Department shall provide to the person written authorization allowing the person to purchase a duplicate hunt permit- or nonpermit-tag.
 - The person may purchase a duplicate tag from any Department office or license dealer where the permit-tag is available.

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- D. If the duplicate tag is issued by a license dealer, the license dealer shall forward the written authorization to the Department with the report required under R12-4-105(K).

Historical Note

Former Section R12-4-04 renumbered as Section R12-4-112 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-113. Small Game Depredation Permit

- A. The Department shall issue a small game depredation permit authorizing the take of small game and the allowable methods of take only after the Department has determined all other remedies prescribed under A.R.S. § 17-239(A), (B), and (C) have been exhausted and the take of the small game is necessary to alleviate the property damage. A small game depredation permit is:
1. A complimentary permit.
 2. Not valid for the take of migratory birds unless the permit holder:
 - a. Obtains and possesses a federal special purpose permit under 50 CFR 21.41, revised October 1, 2014, which is incorporated by reference; or
 - b. Is exempt from permitting requirements under 50 CFR 21.43, revised October 1, 2014, which is incorporated by reference.
 - c. For subsections (A)(2)(a) and (b), the incorporated material is available at any Department office, online at www.gpoaccess.gov, or it may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
- B. A person desiring a small game depredation permit shall submit to the Department an application requesting the permit. The application form is furnished by the Department and is available at any Department office and on the Department's website. The person shall provide all of the following information on the form:
1. Full name or, when submitted by a municipality, the name of the agency and agency contact;
 2. Mailing address;
 3. Telephone number or, when submitted by a municipality, agency contact number;
 4. E-mail address, when available, or, when submitted by a municipality, agency contact e-mail address;
 5. Description of property damage suffered;
 6. Species of wildlife causing the property damage; and
 7. Area the permit would be valid for.
- C. Within 30 days of completion of the activities authorized by the small game depredation permit, the permit holder shall submit a report to the Department providing all of the following:
1. The number of individuals removed;
 2. The location the individuals were removed from;
 3. The date of the removal; and
 4. The method of removal.

Historical Note

Adopted effective August 5, 1976 (Supp. 76-4). Former Section R12-4-12 renumbered as Section R12-4-113

without change effective August 13, 1981 (Supp. 81-4). Amended as an emergency effective September 20, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-5). Amended effective May 5, 1986 (Supp. 86-3). Section R12-4-113 repealed, new Section R12-4-113 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-114. Issuance of Nonpermit-tags and Hunt Permit-tags

- A. The Department provides numbered tags for sale to the public. The Department shall ensure each tag:
1. Includes a transportation and shipping permit as prescribed under A.R.S. §§ 17-332 and 17-371, and
 2. Clearly identifies the wildlife for which the tag is valid.
- B. If the Commission establishes a big game season for which a hunt number is not assigned, the Department or its authorized agent, or both, shall sell nonpermit-tags.
1. A person purchasing a nonpermit-tag shall provide all of the following information to a Department office or license dealer at the time of purchase; the applicant's:
 - a. Name,
 - b. Mailing address, and
 - c. Department identification number.
 2. An applicant shall not obtain nonpermit-tags in excess of the bag limit established by Commission Order when it established the season for which the nonpermit-tags are valid.
- C. If the number of hunt permits for a species in a particular hunt area must be limited, a Commission Order establishes a hunt number for that hunt area and a hunt permit-tag is required to take the species in that hunt area.
1. A person applying for a hunt permit-tag shall submit an application as described under R12-4-104.
 2. The Department shall determine whether a hunt permit-tag will be issued to an applicant as follows:
 - a. The Department shall reserve a maximum of 20% of the hunt permit-tags for each hunt number, except as established under subsection (C)(2)(b), for bear, deer, elk, javelina, pronghorn, Sandhill crane, and turkey and reserve a maximum of 20% of the hunt permit-tags for all hunt numbers combined statewide for bighorn sheep and bison to issue to persons who have bonus points and shall issue the hunt permit-tags as established under subsection (C)(2)(c).
 - b. For bear, deer, elk, javelina, pronghorn, Sandhill crane, and turkey, the Department shall reserve one hunt permit-tag for any hunt number with fewer than five, but more than one, hunt permit-tags and shall issue the tag as established under subsection (C)(2)(c). When this occurs, the Department shall adjust the number of available hunt permit-tags in order to ensure the total number of hunt permit-tags available does not exceed the 20% maximum specified in subsection (C)(2)(a).
 - c. The Department shall issue the reserved hunt permit-tags for hunt numbers that eligible applicants designate as their first or second choices. The Department shall issue the reserved hunt permit-tags by random selection:

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- i. First, to eligible applicants with the highest number of bonus points for that genus;
 - ii. Next, if there are reserved hunt permit-tags remaining, to eligible applicants with the next highest number of bonus points for that genus; and
 - iii. If there are still tags remaining, to the next eligible applicants with the next highest number of bonus points; continuing in the same manner until all of the reserved tags have been issued or until there are no more applicants for that hunt number who have bonus points.
 - d. The Department shall ensure that all unreserved hunt permit-tags are issued by random selection:
 - i. First, to hunt numbers designated by eligible applicants as their first or second choices; and
 - ii. Next, to hunt numbers designated by eligible applicants as their third, fourth, or fifth choices.
 - e. Before each of the three passes listed under (C)(2)(c)(i), (ii), and (iii), each application is processed through the Department's random number generator program. A random number is assigned to each application; an additional random number is assigned to each application for each group bonus point, including the Education and Loyalty bonus points. Only the lowest random number generated for an application is used in the computer draw process. A new random number is generated for each application for each pass of the computer draw.
 - f. If the bag limit is more than one per calendar year, or if there are unissued hunt permit-tags remaining after the random computer draw, the Department shall ensure these hunt permit-tags are available on a first-come, first-served basis as specified in the annual hunt permit-tag application schedule.
- D. A person may purchase hunt permit-tags equal to the bag limit for a genus.
 - 1. A person shall not exceed the established bag limit for that genus.
 - 2. A person shall not apply for any additional hunt-permit-tags if the person has reached the bag limit for that genus during the same calendar year.
 - 3. A person who surrenders a tag in compliance with R12-4-118 is eligible to apply for another hunt permit-tag for the same genus during the same calendar year, provided the person has not reached the bag limit for that genus.
- E. The Department shall make available to nonresidents:
 - 1. For bighorn sheep and bison, no more than one hunt permit-tag or 10% of the total hunt permit-tags, whichever is greater, for bighorn sheep or bison in any computer draw. The Department shall not make available more than 50% nor more than two bighorn sheep or bison hunt permit-tags of the total in any hunt number.
 - 2. For antlered deer, bull elk, pronghorn, Sandhill crane, or turkey, no more than 10%, rounded down to the next lowest number, of the total hunt permit-tags in any hunt number. If a hunt number for antlered deer, bull elk, pronghorn, Sandhill crane, or turkey has 10 or fewer hunt permit-tags, no more than one hunt permit-tag will be made available unless the hunt number has only one hunt permit-tag, then that tag shall only be available to a resident.
- F. The Commission may, at a public meeting, increase the number of hunt permit-tags issued to nonresidents in a computer draw when necessary to meet management objectives.
- G. The Department shall not issue under subsection (C)(2)(c), more than half of the hunt permit-tags made available to nonresidents under subsection (E).
- H. A nonresident cap established under this Section applies to:
 - 1. Hunt permit-tags issued by computer draw under subsections (C)(2)(c) and (d), and
 - 2. Archery deer nonpermit-tags.
 - a. The number of archery deer nonpermit-tags made available to nonresidents shall be set annually at 10% of the average total archery deer nonpermit-tag sales for the preceding five years, rounded down to the nearest increment of five.
 - b. The Commission, through the nonpermit-tag first-come schedule published by the Department, shall designate the manner and method of purchasing a nonresident archery deer nonpermit-tag, which may require an applicant to apply online only.
 - c. If the Commission requires applicants to use the online method, the Department shall accept paper applications only in the event of a Department systems failure. The Director has the authority to extend the nonpermit-tag first-come schedule if a problem occurs that prevents the public from purchasing a nonpermit-tag within the deadlines set by the Commission.

Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 1183, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

R12-4-115. Restricted Nonpermit-Tags; Supplemental Hunts and Hunter Pool

- A. For the purposes of this Section, the following definitions apply:

"Companion tag" means a restricted nonpermit-tag valid for a supplemental hunt prescribed by Commission Order that exactly matches the season dates and open areas of another big game hunt, for which a hunt number is assigned and hunt permit-tags are issued through the computer draw.

"Emergency season" means a season established for reasons constituting an immediate threat to the health, safety or management of wildlife or its habitat, or public health or safety.

"Management objectives" means goals, recommendations, or guidelines contained in Department or Commis-

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sion-approved wildlife management plans, which include hunt guidelines, operational plans, or hunt recommendations.

“Hunter pool” means all persons who have submitted an application for a supplemental hunt.

“Restricted nonpermit-tag” means a permit limited to a season for a supplemental hunt established by the Commission for the following purposes:

Take of depredating wildlife as authorized under A.R.S. § 17-239;

Take of wildlife under an Emergency Season; or

Take of wildlife under a population management hunt if the Commission has prescribed nonpermit-tags by Commission Order for the purpose of meeting management objectives because regular seasons are not, have not been, or will not be sufficient or effective to achieve management objectives.

- B. The Commission shall, by Commission Order, open a season or seasons and prescribe a maximum number of restricted nonpermit-tags to be made available under this Section.
- C. The Department shall implement a population management hunt under the open season or seasons established under subsection (B) if the Department determines the:
 - 1. Regular seasons have not met or will not meet management objectives;
 - 2. Take of wildlife is necessary to meet management objectives; and
 - 3. Issuance of a specific number of restricted nonpermit-tags is likely to meet management objectives.
- D. To implement a population management hunt established by Commission Order, the Department shall:
 - 1. Select season dates, within the range of dates listed in the Commission Order;
 - 2. Select specific hunt areas, within the range of hunt areas listed in the Commission Order;
 - 3. Select the legal wildlife that may be taken from the list of legal wildlife identified in the Commission Order;
 - 4. Determine the number of restricted nonpermit-tags that will be issued from the maximum number of tags authorized in the Commission Order.
 - a. The Department shall not issue more restricted nonpermit-tags than the maximum number prescribed by Commission Order.
 - b. A restricted nonpermit-tag is valid only for the supplemental hunt for which it is issued.
- E. The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to a supplemental hunt.
- F. If the Department anticipates the normal fee structure will not generate adequate participation, then the Department may reduce restricted nonpermit-tag fees up to 75%, as authorized under A.R.S. § 17-239(D).
- G. A supplemental hunt application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
 - 1. The Department shall not accept a group application, as defined under R12-4-104, for a restricted nonpermit-tag.
 - 2. An applicant shall not apply for or obtain a restricted nonpermit-tag to take wildlife in excess of the bag limit established by Commission Order.
- 3. The issuance of a restricted nonpermit-tag does not authorize a person to exceed the bag limit established by Commission Order.
- H. To participate in a supplemental hunt, a person shall:
 - 1. Obtain a restricted nonpermit-tag as prescribed under this Section, and
 - 2. Possess a valid hunting license. If the applicant does not possess a valid license or the license will expire before the supplemental hunt, the applicant shall purchase an appropriate license.
- I. The Department or its authorized agent shall maintain a hunter pool for supplemental hunts other than companion tag hunts.
 - 1. The Department shall purge and renew the hunter pool on an annual basis.
 - 2. An applicant for a restricted nonpermit-tag under this subsection shall submit a hunt permit-tag application to the Department for each desired species. The application is available at any Department office, an authorized agent, or on the Department’s website. The applicant shall provide all of the following information on the application:
 - a. The applicant’s:
 - i. Name;
 - ii. Department identification number, when applicable;
 - iii. Mailing address;
 - iv. Number of years of residency immediately preceding application;
 - v. Date of birth;
 - vi. Social Security Number, as required under A.R.S. §§ 25-320(P) and 25-502(K); and
 - vii. Daytime and evening telephone numbers,
 - b. The species that the applicant would like to hunt, if selected, and
 - c. The applicant’s hunting license number.
 - 3. In addition to the requirements established under subsection (I)(2), at the time of application the applicant shall submit the application fee required under R12-4-102. A separate application and application fee is required for each species the applicant submits an application for.
 - 4. When issuing a restricted nonpermit-tag, the Department or its authorized agent shall randomly select applicants from the hunter pool.
 - a. The Department or its authorized agent shall attempt to contact each randomly-selected applicant at least three times within a 24-hour period.
 - b. If an applicant cannot be contacted or is unable to participate in the supplemental hunt, the Department or its authorized agent shall return the application to the hunter pool and draw another application.
 - c. In compliance with subsection (D)(4), the Department or its authorized agent shall select no more applications after the number of restricted nonpermit-tags establish by Commission Order are issued.
 - 5. The Department shall reserve a restricted nonpermit-tag for an applicant only for the period specified by the Department when contact is made with the applicant. If an applicant fails to purchase the nonpermit-tag within the specified period, the Department or its authorized agent shall:
 - a. Remove the person’s application from the hunter pool, and

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- b. Offer that restricted nonpermit-tag to another person whose application is drawn from the hunter pool as established under this Section.
- 6. A person who participates in a supplemental hunt through the hunter pool shall be removed from the supplemental hunter pool for the genus for which the person participated. A hunter pool applicant who is selected and who wishes to participate in a supplemental hunt shall submit the following to the Department to obtain a restricted nonpermit-tag:
 - a. The fee for the tag as established under R12-4-102 or subsection (F) if the fee has been reduced, and
 - b. The applicant's hunting license number. The applicant shall possess an appropriate license that is valid at the time of the supplemental hunt. The applicant shall purchase a license at the time of application when:
 - i. The applicant does not possess a valid license, or
 - ii. The applicant's license will expire before the supplemental hunt.
- 7. A person who participates in a supplemental hunt shall not reapply for the hunter pool for that genus until the hunter pool is renewed.
- J. The Department shall only make a companion tag available to a person who possesses a matching hunt permit-tag and not a person from the hunter pool. Authorization to issue a companion tag occurs when the Commission establishes a hunt in Commission Order under subsection (B).
 - 1. The requirements of subsection (D) are not applicable to a companion tag issued under this subsection.
 - 2. To obtain a companion tag under this subsection, an applicant shall submit a hunt permit-tag application to the Department. The application is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application, the applicant's:
 - a. Name,
 - b. Mailing address,
 - c. Department identification number, and
 - d. Hunt permit-tag number, to include the hunt number and permit number, corresponding with the season dates and open areas of the supplemental hunt.
 - 3. In addition to the requirements established under subsection (J)(2), at the time of application the applicant shall:
 - a. Provide verification that the applicant lawfully obtained the hunt permit-tag for the hunt described under this subsection by presenting the hunt permit-tag to a Department office for verification, and
 - b. Submit all applicable fees required under R12-4-102.

Historical Note

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered as Section R12-4-607 without change effective December 22, 1987 (Supp. 87-4). New Section R12-4-115 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177,

effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-116. Issuance of Limited-Entry Permit-tag

- A. For the purposes of this Section, limited-entry permit-tags may be for terrestrial or aquatic species, or specific areas for terrestrial or aquatic species.
- B. The Commission may, by Commission Order, open a limited-entry season or seasons and prescribe a maximum number of limited-entry permit-tags to be made available under this Section.
- C. The Department may implement limited-entry permit-tags under the open season or seasons established in subsection (B) if the Department determines:
 - 1. A season for a specific terrestrial or aquatic wildlife species, or specific area of the state, is in high demand;
 - 2. Issuance of a specific number of limited-entry permit-tags will not adversely affect management objectives for a species or area;
 - 3. Surrendered hunt permit-tags, already approved by Commission Order, are available from hunts with high demand.
- D. To implement a limited-entry season established by Commission Order, the Department shall:
 - 1. Select season dates, within the range of dates listed in the Commission Order;
 - 2. Select specific areas, within the range of areas listed in the Commission Order;
 - 3. Select the legal wildlife that may be taken from the list of legal wildlife identified in the Commission Order;
 - 4. Determine the number of limited-entry permit-tags that will be issued from the maximum number authorized in the Commission Order.
 - a. The Department shall not issue more limited-entry permit-tags than the maximum number prescribed by Commission Order.
 - b. A limited-entry permit-tag is valid only for the limited-entry season for which it is issued.
- E. The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to limited-entry seasons.
- F. A limited-entry permit-tag application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
- G. The Department shall not accept a group application, as defined under R12-4-104, for a limited-entry season.
- H. To participate in a limited-entry season, a person shall:
 - 1. Obtain a limited-entry permit-tag as prescribed under this Section, and
 - 2. Possess a valid hunting, fishing or combination license at the time the limited-entry permit-tag is awarded. If the applicant does not possess a valid license or the license will expire before the limited-entry season, the applicant shall purchase an appropriate license. A valid hunting, fishing or combination license is not required at the time of application.
- I. A limited-entry permit-tag is valid only for the person named on the permit-tag, for the season dates on the permit-tag, and the species for which the permit-tag is issued.
 - 1. Possession of a limited-entry permit-tag shall not invalidate any other hunt permit-tag for that species.

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2. Big game taken under the authority of this limited-entry permit-tag shall not count towards the established bag limit for that species.
- J. The Department shall maintain the applications submitted for limited-entry permit-tags.
 1. An applicant for a limited-entry season under this subsection shall submit a limited-entry permit-tag application to the Department for each limited-entry season established. The application is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
 - a. The applicant's personal information:
 - i. Name,
 - ii. Date of birth,
 - iii. Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K), when applicable;
 - iv. Department identification number, when applicable;
 - v. Residency status and number of years of residency immediately preceding application, when applicable;
 - vi. Mailing address, when applicable;
 - vii. Physical address;
 - viii. Telephone number, when available; and
 - ix. Email address, when available;
 - b. The limited-entry season the applicant would like to participate in, and
 - c. Certify the information provided on the application is true and accurate.
 2. In addition to the requirements established under subsection (J)(1), at the time of application the applicant shall submit the application fee required under R12-4-102. A separate application and application fee are required for each limited-entry season an applicant submits an application.
 3. When issuing a limited-entry permit-tag for a terrestrial or aquatic wildlife species, the Department shall randomly select applicants for each designated limited-entry season.
 4. When issuing a limited-entry permit-tag for a particular water, the Department shall randomly select applicants for each date limited-entry permit-tags are available until no more are available for that date.
 5. In compliance with subsection (D)(4), the Department shall select no more applications after the number of limited-entry permits established by Commission Order are issued.

Historical Note

Adopted effective January 10, 1979 (Supp. 79-1). Former Section R12-4-15 renumbered as Section R12-4-116 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 18, 1985 (Supp. 85-6). Section R12-4-116 repealed, new Section R12-4-116 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). R12-4-116 renumbered to R12-4-126; new Section R12-4-116 made by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-117. Indian Reservations

A state license, permit, or tag is not required to hunt or fish on any Indian reservation in this State. Wildlife lawfully taken on an Indian reservation may be transported or processed anywhere in the State if it can be identified as to species and legality as provided in A.R.S. § 17-309(A)(19). All wildlife transported anywhere in this State is subject to inspection under the provisions of A.R.S. § 17-211(E)(4).

Historical Note

Former Section R12-4-02 renumbered as Section R12-4-117 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-117 repealed, new Section R12-4-117 adopted effective April 10, 1984 (Supp. 84-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-118. Hunt Permit-tag Surrender

- A. The Commission authorizes the Department to implement a tag surrender program if the Director finds:
 1. The Department has the administrative capacity to implement the program;
 2. There is public interest in such a program; or
 3. The tag surrender program is likely to meet the Department's revenue objectives.
- B. The tag surrender program is limited to a person who has a valid and active membership in a Department membership program.
 1. The Department may establish a membership program that offers a person various products and services.
 2. The Department may establish different membership levels based on the type of products and services offered and set prices for each level.
 - a. The lowest membership level may include the option to surrender one hunt permit-tag during the membership period.
 - b. A higher membership level may include the option to surrender more than one hunt permit-tag during the membership period.
 3. The Department may establish terms and conditions for the membership program in addition to the following:
 - a. Products and services to be included with each membership level.
 - b. Membership enrollment is available online only and requires a person to create a portal account.
 - c. Membership is not transferable.
 - d. No refund shall be made for the purchase of a membership, unless an internal processing error resulted in the collection of erroneous fees.
- C. The tag surrender program is restricted to the surrender of an original, unused hunt permit-tag obtained through a computer draw.
 1. A person must have a valid and active membership in the Department's membership program with at least one unredeemed tag surrender that was valid:
 - a. On the application deadline date for the computer draw in which the hunt permit-tag being surrendered was drawn, and
 - b. At the time of tag surrender.
 2. A person who chooses to surrender an original, unused hunt permit-tag shall do so prior to the close of business the day before the hunt begins for which the tag is valid.

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3. A person may surrender an unused hunt permit-tag for a specific species only once before any bonus points accrued for that species must be expended.
- D. A person who wants to surrender an original, unused hunt permit-tag or an authorized nonprofit organization that wants to return a donated original, unused hunt permit-tag shall comply with all of the following conditions:
 1. Submit a completed application form to any Department office. The application form is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application form:
 - a. The applicant's:
 - i. Name,
 - ii. Mailing address,
 - iii. Department identification number,
 - iv. Membership number,
 - b. Applicable hunt number,
 - c. Applicable hunt permit-tag number, and
 - d. Any other information required by the Department.
 2. A person shall surrender the original, unused hunt permit-tag as required under subsection (C) in the manner described by the Department as indicated on the application form.
- E. Upon receipt of an original, unused hunt permit-tag surrendered in compliance with this Section, the Department shall:
 1. Restore the person's bonus points that were expended for the surrendered tag, and
 2. Award the bonus point the person would have accrued had the person been unsuccessful in the computer draw for the surrendered tag.
 3. Not refund any fees the person paid for the surrendered tag, as prohibited under A.R.S. § 17-332(F).
- F. The Department may, at its sole discretion, re-issue or destroy the surrendered original, unused hunt permit-tag. When re-issuing a tag, the Department may use any of the following methods in no order of preference:
 1. Re-issuing the surrendered tag, beginning with the highest membership level in the Department's membership program, to a person who has a valid and active membership in that membership level and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
 2. Re-issuing the surrendered tag to a person who has a valid and active membership in any tier of the Department's membership program with a tag surrender option and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
 3. Re-issuing the surrendered tag to an eligible person who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process; or
 4. Offering the surrendered tag through the first-come, first-served process.
- G. For subsections (F)(1), (2), and (3); if the Department cannot contact a person qualified to receive a tag or the person declines to purchase the surrendered tag, the Department shall make a reasonable attempt to contact and offer the surrendered tag to the next person qualified to receive a tag for that hunt number based on the assigned random number during the Department's computer draw process. This process will continue until the surrendered tag is either purchased or the number of persons qualified is exhausted. For the purposes of subsections (G) and (H), the term "qualified" means a person who satisfies the conditions for re-issuing a surrendered tag as provided under the selected re-issuing method.
- H. When the re-issuance of a surrendered tag involves a group application and one or more members of the group is qualified under the particular method for re-issuing the surrendered tag, the Department shall offer the surrendered tag first to the applicant designated "A" if qualified to receive a surrendered tag.
 1. If applicant "A" chooses not to purchase the surrendered tag or is not qualified, the Department shall offer the surrendered tag to the applicant designated "B" if qualified to receive a surrendered tag.
 2. This process shall continue with applicants "C" and then "D" until the surrendered tag is either purchased or all qualified members of the group application choose not to purchase the surrendered tag.
- I. A person who receives a surrendered tag shall submit the applicable tag fee as established under R12-4-102 and provide their valid hunting license number.
 1. A person receiving the surrendered tag as established under subsections (F)(1), (2), and (3) shall expend all bonus points accrued for that genus, except any accrued Education and loyalty bonus points.
 2. The applicant shall possess a valid hunting license at the time of purchasing the surrendered tag and at the time of the hunt for which the surrendered tag is valid. If the person does not possess a valid license at the time the surrendered tag is offered, the applicant shall purchase a license in compliance with R12-4-104.
 3. The issuance of a surrendered tag does not authorize a person to exceed the bag limit established by Commission Order.
 4. It is unlawful for a person to purchase a surrendered tag when the person has reached the bag limit for that genus during the same calendar year.
- J. A person is not eligible to petition the Commission under R12-4-611 for reinstatement of any expended bonus points, except as authorized under R12-4-102.02(E).
- K. For the purposes of this Section and R12-4-121, "valid and active membership" means a paid and unexpired membership in any level of the Department's membership program.

Historical Note

Adopted effective April 8, 1983 (Supp. 83-2). Section R12-4-118 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

R12-4-119. Arizona Game and Fish Department Reserve

- A. The Commission shall establish an Arizona Game and Fish Department Reserve under A.R.S. § 17-214, consisting of commissioned reserve officers and noncommissioned reserve volunteers.
- B. Commissioned reserve officers shall:
 1. Meet and maintain the minimum qualifications and training requirements necessary for peace officer certification

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by the Arizona Peace Officer Standards and Training Board as prescribed under 13 A.A.C. 4, and

2. Assist with wildlife enforcement patrols, boating enforcement patrols, off-highway vehicle enforcement patrols, special investigations, and other enforcement and related non-enforcement duties as the Director designates.
- C. Noncommissioned reserve volunteers shall:
1. Meet qualifications that the Director determines are related to the services to be performed by the volunteer and the success or safety of the program mission, and
 2. Perform any non-enforcement duties designated by the Director for the purposes of conservation and education to maximize paid staff time.

Historical Note

Adopted effective September 29, 1983 (Supp. 83-5). Section R12-4-119 repealed, new Section R12-4-119 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-120. Issuance, Sale, and Transfer of Special Big Game License-tags

- A. An incorporated nonprofit organization that is tax exempt under Section 501(c) seeking special big game license-tags as authorized under A.R.S. § 17-346 shall submit a proposal to the Director of the Arizona Game and Fish Department from March 1 through May 31 preceding the year when the tags may be legally used. The proposal shall include all of the following information for each member of the organization coordinating the proposal:
1. The name of the organization making the proposal and the:
 - a. Name;
 - b. Mailing address;
 - c. E-mail address, when available; and
 - d. Telephone number;
 2. Organization's previous involvement with wildlife management;
 3. Organization's conservation objectives;
 4. Number of special big game license-tags and the species requested;
 5. Purpose to be served by the issuance of these tags;
 6. Method or methods by which the tags will be marketed and sold;
 7. Proposed fund raising plan;
 8. Estimated amount of money to be raised and the rationale for that estimate;
 9. Any special needs or particulars relevant to the marketing of the tags;
 10. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
 11. Statement that the person or organization submitting the proposal agrees to the conditions established under A.R.S. § 17-346 and this Section;
 12. Printed name and signature of the president and secretary-treasurer of the organization or their equivalent; and
 13. Date of signing.
- B. The Director shall return to the organization any proposal that does not comply with the requirements established under A.R.S. § 17-346 and this Section. Because proposals are reviewed for compliance after the May 31 deadline, an organization that receives a returned proposal cannot resubmit a corrected proposal, but may submit a proposal that complies with the requirements established under A.R.S. § 17-346 and this Section the following year.
- C. The Director shall submit all timely and valid proposals to the Commission for consideration.
1. In selecting an organization, the Commission shall consider the:
 - a. Written proposal;
 - b. Proposed uses for tag proceeds;
 - c. Qualifications of the organization as a fund raiser;
 - d. Proposed fund raising plan;
 - e. Organization's previous involvement with wildlife management; and
 - f. Organization's conservation objectives.
 2. The Commission may accept any proposal in whole or in part and may reject any proposal if it is in the best interest of wildlife to do so.
 3. Commission approval and issuance of any special big game license-tag is contingent upon compliance with this Section.
- D. A successful organization shall agree in writing to all of the following:
1. To underwrite all promotional and administrative costs to sell and transfer each special big game license-tag;
 2. To transfer all proceeds to the Department within 90 days of the date that the organization sells or awards the tag;
 3. To sell and transfer each special big game license-tag as described in the proposal; and
 4. To provide the Department with the name, address, and physical description of each person to whom a special big game license-tag is to be issued within 60 days of the sale.
- E. The Department and the successful organization shall coordinate on:
1. The specific projects or purposes identified in the proposal;
 2. The arrangements for the deposit of the proceeds, the accounting procedures, and final audit; and
 3. The dates when the wildlife project or purpose will be accomplished.
- F. The Department shall dedicate all proceeds generated by the sale or transfer of a special big game license-tag to the management of the species for which the tag was issued.
1. A special license-tag shall not be issued until the Department receives all proceeds from the sale of license-tags.
 2. The Department shall not refund proceeds.
- G. A special big game license-tag is valid only for the person named on the tag, for the season dates on the tag, and for the species for which the tag was issued.
1. A hunting license is required for the tag to be valid.
 2. Possession of a special big game license-tag shall not invalidate any other big game tag or application for any other big game tag.
 3. Wildlife taken under the authority of a special big game license-tag shall not count towards the established bag limit for that species.
- H. A person who wins the special big game license-tag through auction or raffle is prohibited from selling the special big game license-tag to another person.

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Historical Note

Adopted effective September 22, 1983 (Supp. 83-5). Amended effective April 7, 1987 (Supp. 87-2). Correction, balance of language in subsection (I) is deleted as certified effective April 7, 1987 (Supp. 87-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-121. Tag Transfer**A.** For the purposes of this Section:

“Authorized nonprofit organization” means a nonprofit organization approved by the Department to receive donated unused tags.

“Unused tag” means a hunt permit-tag, limited-entry permit-tag, nonpermit-tag, or special license tag that has not been attached to any wildlife.

B. A parent, grandparent, or guardian issued a hunt permit-tag, limited-entry permit-tag, nonpermit-tag, or special license tag may transfer the unused tag to the parent’s, grandparent’s, or guardian’s minor child or grandchild.

1. A parent, grandparent, or guardian issued a tag may transfer the unused tag to a minor child or grandchild at any time prior to the end of the season for which the unused tag was issued.
2. A parent, grandparent, or guardian may transfer the unused tag by providing all of the following documentation in person at any Department office:
 - a. Proof of ownership of the unused tag to be transferred,
 - b. The unused tag, and
 - c. The minor’s valid hunting license.
3. If a parent, grandparent, or legal guardian is deceased, the personal representative of the person’s estate may transfer an unused tag to an eligible minor. The person acting as the personal representative shall present:
 - a. The deceased person’s death certificate, and
 - b. Proof of the person’s authority to act as the personal representative of the deceased person’s estate.
4. To be eligible to receive an unused tag from a parent, grandparent, or legal guardian, the minor child shall meet the criteria established under subsection (D).
5. A minor child or grandchild receiving an unused tag from a parent, grandparent, or legal guardian shall be accompanied into the field by any grandparent, parent, or legal guardian of the minor child.

C. A person issued a tag or the person’s legal representative may donate the unused tag to an authorized nonprofit organization for use by a minor child or a veteran of the Armed Forces of the United States as prescribed under A.R.S. § 17-332(D)(1).

1. The person or legal representative who donates the unused tag shall provide the authorized nonprofit organization with a written statement indicating the unused tag is voluntarily donated to the organization.
2. An authorized nonprofit organization receiving a donated tag under this subsection may transfer the unused tag to an eligible minor child or veteran by contacting any Department office.
 - a. To obtain a transfer, the nonprofit organization shall:
 - i. Provide proof of donation of the unused tag to be transferred;

- ii. Provide the unused tag;

- iii. Provide proof of the minor child’s or veteran’s valid hunting license.

- b. To be eligible to receive a donated unused tag from an authorized nonprofit organization, a minor child shall meet the criteria established under subsection (D).

3. A person who donates an original, unused hunt permit-tag issued in a computer drawing to an authorized nonprofit organization may submit a request to the Department for the reinstatement of the bonus points expended for that unused tag, provided all of the following conditions are met:

- a. The person has a valid and active membership in the Department’s membership program with at least one unredeemed tag surrender on the application deadline date, for the computer draw in which the hunt permit-tag being surrendered was drawn, and at the time of tag surrender.
- b. The person submits a completed application form as described under R12-4-118;
- c. The person provides acceptable proof to the Department that the tag was transferred to an authorized nonprofit organization; and
- d. The person submits the request to the Department:
 - i. No later than 60 days after the date on which the tag was donated to an authorized nonprofit organization; and
 - ii. No less than 30 days prior to the computer draw application deadline for that genus, as specified in the hunt permit-tag application schedule.

- D.** To receive an unused tag authorized under subsections (B) or (C), an eligible minor child shall meet the following criteria:

1. Possess a valid hunting license,
2. Has not reached the applicable annual or lifetime bag limit for that genus, and
3. Is 10 to 17 years of age on the date of the transfer. A minor child under the age of 14 shall have satisfactorily completed a Department-sanctioned hunter education course before the beginning date of the hunt.

- E.** To receive an unused tag authorized under subsection (C), an eligible veteran of the Armed Forces of the United States with a service-connected disability shall meet the following criteria:

1. Possess a valid hunting license, and
2. Has not reached the applicable annual or lifetime bag limit for that genus.

- F.** A nonprofit organization is eligible to apply for authorization to receive a donated unused tag, provided the nonprofit organization:

1. Is qualified under section 501(c)(3) of the United States Internal Revenue Code, and
2. Affords opportunities and experiences to:
 - a. Children with life-threatening medical conditions or physical disabilities;
 - b. Children whose parent was killed in action while serving in the U.S. Armed Forces, in the course and scope of employment as a peace officer; or in the course and scope of employment as a professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department; or
 - c. Veterans with service-connected disabilities.

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3. This authorization shall remain in effect unless revoked by the Department for noncompliance with the requirements established under A.R.S. § 17-332 or this Section.
4. A nonprofit organization shall apply for authorization by submitting an application to any Department office. The application form is furnished by the Department and is available at any Department office. A nonprofit organization shall provide all of the following information on the application:
 - a. Nonprofit organization's information:
 - i. Name,
 - ii. Physical address,
 - iii. Telephone number;
 - b. Contact information for the person responsible for ensuring compliance with this Section:
 - i. Name,
 - ii. Address,
 - iii. Telephone number;
 - c. Signature of the president and secretary-treasurer of the organization or their equivalents; and
 - d. Date of signing.
5. In addition to the application, a nonprofit organization shall provide all of the following:
 - a. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
 - b. Document identifying the organization's mission;
 - c. A letter stating how the organization will participate in the Big Game Tag Transfer program; and
 - d. A statement that the person or organization submitting the application agrees to the conditions established under A.R.S. § 17-332 and this Section.
6. An applicant who is denied authorization to receive donated tags under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective October 10, 1986, filed September 25, 1986 (Supp. 86-5). Rule expired one year from effective date of October 10, 1986. Rule readopted without change for one year effective January 22, 1988, filed January 7, 1988 (Supp. 88-1). Rule expired effective January 22, 1989 (Supp. 89-1). New Section R12-4-121 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Repealed effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). New Section made by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1195, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

R12-4-122. Handling, Transporting, Processing, and Storing of Game Meat Given to Public Institutions and Charitable Organizations

- A. Under A.R.S. § 17-240 and this Section, the Department may donate the following wildlife, except that the Department shall

not donate any portion of wildlife killed in a collision with a motor vehicle or wildlife that died subsequent to immobilization by any chemical agent:

1. Big game;
 2. Upland game birds;
 3. Migratory game birds;
 4. Game fish.
- B. The Director shall not authorize an employee to handle game meat for the purpose of this Section until the employee has satisfactorily completed a course designed to give the employee the expertise necessary to protect game meat recipients from diseased or unwholesome meat products. A Department employee shall complete a course that is either conducted or approved by the State Veterinarian. The employee shall provide a copy of a certificate that demonstrates satisfactory completion of the course to the Director.
 - C. Only an employee authorized by the Director shall determine if game meat is safe and appropriate for donation. An authorized Department employee shall inspect and field dress each donated carcass before transporting it. The Department shall not retain the game meat in storage for more than 48 continuous hours before transporting it, and shall reinspect the game meat for wholesomeness before final delivery to the recipient.
 - D. Final processing and storage is the responsibility of the recipient.

Historical Note

Adopted effective August 6, 1991 (Supp. 91-3). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-123. Expenditure of Funds

- A. The Director may expend funds available through appropriations, licenses, gifts, or other sources, in compliance with applicable laws and rules, and:
 1. For purposes designated by lawful Commission agreements and Department guidelines;
 2. In agreement with budgets approved by the Commission;
 3. In agreement with budgets appropriated by the legislature;
 4. With regard to a gift, for purposes designated by the donor, the Director shall expend undesignated donations for a public purpose in furtherance of the Department's responsibilities and duties.
- B. The Director shall ensure that the Department implements internal management controls to comply with subsection (A) and to deter unlawful use or expenditure of funds.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1).

R12-4-124. Proof of Domicile

- A. An applicant may be required to present acceptable proof of domicile in Arizona to the Department upon request. For the purposes of this rule, "current address" means the address an applicant inhabits at the time of application for any license, permit, stamp, or tag offered by the Department.
- B. Acceptable proof of domicile establishes a person's true, fixed, and permanent home and principal residence. Acceptable proof to aid in establishing a person's domicile in Arizona may include, but is not limited to, one or more of the following lawfully obtained documents:
 1. Arizona Driver's License displaying a current address;

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2. Arizona Resident State Income Tax Return filing;
 3. Arizona school records containing satisfactory proof of identity and relationship of the parent or guardian to the minor child, when applicable;
 4. Arizona Voter Registration Card displaying a current address;
 5. Selective Service Registration Acknowledgement Card displaying a current address in Arizona;
 6. Social Security Administration document indicating an address in Arizona; or
 7. Current document or order issued by the U.S. military to an active-duty military service member identifying Arizona as state of legal residence or duty station.
- C. In the event one of the documents listed under subsection (B) alone is not sufficient proof of domicile, additional documents may be required.
- Historical Note**
- New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).
- R12-4-125. Public Solicitation or Event on Department Property**
- A. All Department buildings, properties, and wildlife areas are designated non-public forums and are closed to all solicitations and events unless permitted by the Department.
- B. A solicitation or event on Department property shall not:
1. Conflict with the Department's mission; or
 2. Constitute partisan political activity, the activity of a political campaign, or influence in any way an election or the results thereof.
- C. A request for permission to conduct a solicitation or event on Department property shall be directed to the responsible Regional Supervisor or Branch Chief who shall initially determine whether an application is required for the solicitation or event.
- D. If it is determined that an application is required, the person may apply for a solicitation or event permit by submitting a completed solicitation or event application to any Department office or Department Headquarters, Director's Office, at 5000 W. Carefree Hwy, Phoenix, AZ 85086. The application form is furnished by the Department and available at all Department offices.
1. An applicant shall submit an application:
 - a. Not more than six months prior to the solicitation or event; and
 - b. Not less than 14 days prior to the desired date of the solicitation or event for solicitations other than the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials; or
 - c. Not less than 10 days prior to the desired date of the solicitation or event for solicitations involving only the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials.
 2. An applicant shall provide all of the following information on the application:
 - a. Sponsor's name, address, and telephone number;
 - b. Sponsor's e-mail address, when available;
 - c. Contact person's name and telephone number, when the sponsor is an organization;
 - d. Proposed date of the solicitation or event;
 - e. Specific, proposed location for the solicitation or event;
 - f. Starting and approximate concluding times;
 - g. General description of the solicitation or event's purpose;
 - h. Anticipated number of attendees, when applicable;
 - i. Amount of fees to be charged to attendees, when applicable;
 - j. Detailed description of any activity that will occur at the solicitation or event, including a detailed map of the solicitation or event and any equipment that will be used, e.g., tents, tables, etc.;
 - k. Copies of any solicitation materials to be distributed to the public or to be posted on Department property;
 - l. Copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control, required when the applicant intends to sell alcohol at the solicitation or event; and
 - m. The contact person's signature and date. The person's signature on the application certifies that the sponsor:
 - i. Assumes risk of injury to persons or property;
 - ii. Agrees to hold harmless the state of Arizona, its officials, Departments, employees, and agents against all claims arising from the use of Department facilities;
 - iii. Assumes responsibility for any damages or clean-up costs due to the solicitation or event, solicitation or event cleanup, or solicitation or event damage repair; and
 - iv. Agrees to surrender the premises in a clean and orderly condition.
- E. The Department may take any of the following actions to the extent necessary and in the best interest of the State:
1. Require the sponsor to furnish all necessary labor, material, and equipment for the solicitation or event;
 2. Require the sponsor to post a deposit against damage and cleanup expense;
 3. Require indemnification of the state of Arizona, its Departments, agencies, officers, and employees;
 4. Require the sponsor to carry adequate insurance and provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
 5. Require the sponsor to enter into written agreements with any vendors and subcontractors and require vendors and subcontractors to provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
 6. Require the sponsor to provide medical support, security, and sanitary services, including public restrooms; and
 7. Impose additional conditions not otherwise specified under this Section on the conduct of the solicitation or event.
- F. The Department may consider the following criteria when determining whether any of the actions in subsection (E) are necessary and in the best interest of the state:
1. Previous experience with similar solicitations or events;

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2. Deposits required for similar solicitations or events in Arizona;
 3. Risk data; and
 4. Medical, sanitary, and security services required for similar solicitations or events in Arizona and the cost of those services.
- G.** The Department shall designate the hours of use for Department property.
- H.** The Department shall inspect the solicitation or event site at the conclusion of activities and document any damage or cleanup costs incurred because of the solicitation or event. The sponsor shall be responsible for any cleanup or damage costs associated with the solicitation or event.
- I.** The sponsor shall not allow, without the express written permission of the Department, the possession, use, or consumption of alcoholic beverages at the solicitation or event site. When the Department provides written permission for the possession, use, or consumption of alcoholic beverages at the solicitation or event site, the sponsor shall provide to the Department:
1. A copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control to the sponsor and vendor, required when the applicant intends to sell alcohol at the solicitation or event; and
 2. A liquor liability rider, included with the insurance certificate required under subsection (E)(4).
- J.** The sponsor shall not allow unlawful possession or use of drugs at the solicitation or event site.
- K.** The Department shall deny an application for any of the following reasons:
1. The solicitation or event interferes with the work of an employee or the daily business of the Department;
 2. The solicitation or event conflicts with the time, place, manner, or duration of other approved or pending solicitations or events;
 3. The content of the solicitation or event conflicts with or is unrelated to the Department's activities or its mission;
 4. The solicitation or event presents a risk of injury or illness to persons or risk of damage to property;
 5. The sponsor cannot demonstrate adequate compliance with applicable local, state, or federal laws, ordinances, codes, or regulations, or
 6. The sponsor has not complied with the requirements of the application process or this Section.
- L.** At all times, the Department reserves the right to immediately remove or cause to be removed all obstructions or other hazards of the solicitation or event that could damage state property, inhibit egress, or poses a safety risk. The Department also reserves the right to immediately remove or cause to be removed any person damaging state property, inhibiting egress, or posing a threat to public health and safety.
- M.** The Department may revoke approval of a solicitation or event due to emergency circumstances or for failure to comply with this Section.
- N.** The Department shall send written notice of the denial or revocation of an approved permit. The notice shall contain the reason for the denial or revocation.
- O.** A sponsor:
1. Is liable to the Department for damage to Department property and any expense arising out of the sponsor's use of Department property.
 2. Shall post solicitation material only in designated posting areas.
3. Shall ensure that a solicitation or event on Department property causes the minimum infringement of use to the public and government operation.
 4. Shall modify or terminate a solicitation or event, upon request by the Department, if the Department determines that the solicitation or event unacceptably infringes on the Department's operations or causes an unacceptable risk of liability exposure to the State.
- P.** When conducting an event on Department property, a sponsor shall:
1. Park or direct vehicles in designated parking areas.
 2. Obey all posted requirements and restrictions.
 3. Designate one person to act as a monitor for every 50 persons anticipated to attend the solicitation or event. The monitor shall act as a contact person for the Department for the purposes of the solicitation or event.
 4. Ensure that all safety standards, guidelines, and requirements are followed.
 5. Implement additional safety requirements upon request by the Department.
 6. Ensure all obstructions and hazards are eliminated.
 7. Ensure trash and waste is properly disposed of throughout the solicitation or event.
- Q.** The Department shall revoke or terminate the solicitation or event if a sponsor fails to comply with a Department request or any one of the following minimum safety requirements:
1. All solicitation or event activities shall comply with all applicable federal, state, and local laws, ordinances, codes, statutes, rules, and regulations.
 2. The layout of the solicitation or event shall ensure that emergency vehicles will have access at all times.
 3. The Department may conduct periodic safety checks throughout the solicitation or event.
- R.** This Section does not apply to government agencies.

Historical Note

New Section made by emergency rulemaking at 10 A.A.R. 4777, effective November 4, 2004 for 180 days (Supp. 04-4). Emergency expired (Supp. 05-2). New Section renumbered from R12-4-804 and amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-126. Reward Payments

- A.** Subject to the restrictions prescribed under A.R.S. § 17-315, a person may claim a reward from the Department when the person provides information that leads to an arrest through the Operation Game Thief Program. The person who reports the unlawful activity will then become eligible to receive a reward as established under subsections (C) and (D), provided funds are available in the Wildlife Theft Prevention Fund and:
1. The person who reported the violation provides the Operation Game Thief control number issued by Department law enforcement personnel, as established under subsection (B);
 2. The information provided relates to a violation of any provisions of A.R.S. Title 17, A.A.C. Title 12, Chapter 4, or federal wildlife laws enforced by and under the jurisdiction of the Department, but not on Indian Reservations;
 3. The person did not first provide information during a criminal investigation or judicial proceeding; and
 4. The person who reports the violation is not:
 - a. The person who committed the violation;

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- b. A peace officer, including wildlife managers and game rangers;
 - c. A Department employee; or
 - d. An immediate family member of a Department employee.
- B. The Department shall inform the person providing information regarding a wildlife violation of the procedure for claiming a reward if the information results in an arrest. The Department shall also provide the person with the control number assigned to the reported violation.
- C. Reward payments for information that results in an arrest for the reported violation are as follows:
 - 1. For cases that involve eagles, bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, pronghorn, turkey, or endangered or threatened wildlife as defined under R12-4-401, \$500, to be increased by an additional amount of at least \$50, but not to exceed \$500, when vandalism impacting recreational access or wildlife habitat is also involved;
 - 2. For cases that involve wildlife that are not listed under subsection (C)(1), a minimum of \$50, not to exceed \$150, to be increased by an additional amount of at least \$50, but not to exceed \$500, when vandalism impacting recreational access or wildlife habitat is also involved; and
 - 3. For cases that involve any wildlife and damage to wildlife habitat, an additional \$1,000 may be made available based on:
 - a. The value of the information;
 - b. The unusual value of the wildlife;
 - c. The number of individuals taken;
 - d. Whether or not the person who committed the unlawful act was arrested for commercialization of wildlife; and
 - e. Whether or not the person who committed the unlawful act is a repeat offender.
- D. If more than one person independently provides information or evidence that leads to an arrest for a violation, the Department may divide the reward payment among the persons who provided the information if the total amount of the reward payment does not exceed the maximum amount of a monetary reward established under subsections (C) or (E);
- E. Notwithstanding subsection (C), the Department may offer and pay a reward up to the minimum civil damage value of the wildlife unlawfully taken, wounded or killed, or unlawfully possessed as prescribed under A.R.S. § 17-314, if the Department believes that an enhanced reward offer is merited due to the specific circumstances of the case.

Historical Note

New Section R12-4-126 renumbered from R12-4-116 and amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 20-1).

R12-4-127. Civil Liability for Loss of Wildlife

- A. In order to compensate the state for the value of lost or injured wildlife, the Commission may, pursuant to A.R.S. § 17-314, impose a civil penalty against any person for unlawfully taking, wounding, killing or possessing wildlife. Any civil penalties so imposed shall be equal to or greater than the applicable statutory-minimum sums found in A.R.S. § 17-314(A). The Commission may impose a civil penalty above the statutory-minimum sums where it has determined that the value of the lost or injured wildlife exceeds the statutory-minimum sums.
- B. The Commission shall annually establish the value of lost or injured wildlife using objective and measurable economic cri-

teria. When doing so, the Commission may consider objective economic criteria recommended by the Department or any other person.

- C. The Department shall recommend the value of lost or injured wildlife to the Commission by aggregating the following objective and measurable economic factors:
 - 1. The average dollar amount spent by an individual hunter in pursuit of the same species. This amount shall be calculated using information from the most recent National Survey of Fishing, Hunting and Wildlife-Associated Recreation conducted by the U.S. Fish and Wildlife Service and measures hunting and fishing expenditures, in combination with hunter harvest data gathered by the Department. This information shall be available on the Department's website.
 - 2. The average dollar amount spent by an individual in an effort to view wildlife. This amount shall be calculated using information from the most recent National Survey of Fishing, Hunting and Wildlife-Associated Recreation conducted by the U.S. Fish and Wildlife Service and measures wildlife viewing expenditures, in combination with hunter harvest data gathered by the Department. This information shall be available on the Department's website.
 - 3. The average body weight in pounds of meat for the unlawfully taken or possessed species multiplied by the average price per pound of ground meat for that same species or a similar species. Average body weight in pounds of meat shall be calculated using the average body weight for the wildlife taken, minus 30% of the average weight to account for the weight of the head, hide, offal, and bone.
 - 4. When new data is not available, the Department may use Consumer Price Index (CPI) calculations to update the above factors in terms of U.S. dollars.
- D. The most recent wildlife values established by the Commission shall be available on the Department's website.

Historical Note

New Section made by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 20-1).

ARTICLE 2. LICENSES; PERMITS; STAMPS; TAGS**R12-4-201. Pioneer License**

- A. A pioneer license grants all of the hunting and fishing privileges of a combination hunting and fishing license. The pioneer license is only available at a Department office.
- B. The pioneer license is a complimentary license and is valid for the license holder's lifetime. The license remains valid if the licensee subsequently resides outside of this state.
 - 1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required hunt permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
 - 2. Limits established under R12-4-114 for nonresident hunt permit-tags and nonpermit-tags do not apply to a pioneer license holder.
- C. A person who is age 70 or older and has been a resident of Arizona for at least 25 consecutive years immediately preceding application may apply for a pioneer license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and on the Department's website. A pioneer license applicant shall provide all of the following information on the application:
 - 1. The applicant's personal information:

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- a. Name;
- b. Date of birth;
- c. Physical description, to include the applicant's eye color, hair color, height, and weight;
- d. Department identification number, when applicable;
- e. Residency status and number of years of residency immediately preceding application, when applicable;
- f. Mailing address, when applicable;
- g. Physical address;
- h. Telephone number, when available; and
- i. E-mail address, when available;
- 2. Affirmation that:
 - a. The applicant is 70 years of age or older and has been a resident of this state for 25 or more consecutive years immediately preceding application for the license; and
 - b. The information provided on the application is true and accurate.
- 3. Applicant's signature and date.
- D. In addition to the requirements listed under subsection (C), an applicant for a pioneer license shall also submit a copy of any one of the following documents at the time of application:
 - 1. Valid U.S. passport;
 - 2. Applicant's birth certificate;
 - 3. Valid government-issued driver's license; or
 - 4. Valid government-issued identification card.
- E. All information and documentation provided by the applicant is subject to Department verification.
- F. The Department shall deny a pioneer license when the applicant:
 - 1. Fails to meet the criteria prescribed under A.R.S. § 17-336(A)(1),
 - 2. Fails to comply with this Section, or
 - 3. Provides false information on the application.
- G. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Ch 6, Article 10.
- H. A pioneer license holder may request a no-fee duplicate of the paper license provided:
 - 1. The license was lost or destroyed;
 - 2. The license holder submits a written request to the Department for a no-fee duplicate paper license; and
 - 3. The Department's records indicate a pioneer license was previously issued to that person.
- I. A person issued a pioneer license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).

Historical Note

Former Section R12-4-31 renumbered as Section R12-4-201 without change effective August 13, 1981. New Section R12-4-201 amended effective August 31, 1981 (Supp. 81-4). Amended subsection (B) effective December 9, 1985 (Supp. 85-6). Amended subsections (D) and (E), and changed application for a Pioneer License effective September 24, 1986 (Supp. 86-5). Former Section repealed, new Section adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final

rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

R12-4-202. Complimentary and Reduced-fee Disabled Veteran's License; Reduced-fee Purple Heart Medal License

- A. The complimentary and reduced-fee disabled veteran's licenses and Purple Heart Medal license grant all of the hunting and fishing privileges of a combination hunting and fishing license. The disabled veteran's and Purple Heart Medal license are only available at a Department office.
- B. The Department offers three types of veteran's licenses:
 - 1. A complimentary license to a disabled veteran who receives compensation from the U.S. government for a permanent service-connected disability rated as 100% disabling.
 - a. The complimentary license is valid for either a three-year period from the issue date or the license holder's lifetime.
 - b. If the certification or benefits letter required under subsection (D)(1) indicate the applicant's disability rating of 100% is permanent and:
 - i. Will not be reevaluated, the disabled veteran's license shall be valid for the license holder's lifetime.
 - ii. Will be reevaluated in three years, the disabled veteran's license will expire three years from the date of issuance.
 - c. Eligibility for the complimentary disabled veteran's license is based on the disability rating, not on the compensation received by the veteran.
 - d. An applicant for a complimentary disabled veteran's license shall have been a resident of Arizona for at least one year immediately preceding application.
 - 2. A reduced-fee license to a disabled veteran who is a resident as defined under A.R.S. § 17-101 and who is receiving compensation from the U.S. government for a service-connected disability.
 - a. The reduced-fee license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - b. The applicant shall pay the fee required under R12-4-102.
 - 3. A reduced-fee license to a person who submits satisfactory proof to the Department that the person is a bona fide Purple Heart Medal recipient.
 - a. The reduced-fee license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - b. An applicant for a reduced-fee Purple Heart Medal license shall have been a resident of Arizona for at least one year immediately preceding application.
- C. A person applying for a disabled veteran's or Purple Heart Medal license shall submit an application to the Department. The application form is furnished by the Department and available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
 - 1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;

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- c. Physical description, to include the applicant's eye color, hair color, height, and weight;
- d. Department identification number, when applicable;
- e. Residency status and number of years of residency immediately preceding application, when applicable;
- f. Mailing address, when applicable;
- g. Physical address;
- h. Telephone number, when available; and
- i. E-mail address, when available;
- 2. Affirmation that:
 - a. The applicant meets the eligibility requirements prescribed under A.R.S. § 17-333(C)(2), (C)(3), or (C)(4),
 - b. The applicant has been a resident of this state for at least one year immediately preceding application for the license, and
 - c. The information provided on the application is true and accurate.
- 3. Applicant's signature and date.
- D. In addition to the requirements established under subsection (B), an applicant for a veteran's license shall, at the time of application, certify eligibility for the license by submitting:
 - 1. For a complimentary or reduced-fee disabled veterans license issued under A.R.S. § 17-333(C)(2) or (C)(3) respectively, an original or facsimile DD-214, certification form, or a benefits letter issued by the U.S. Department of Veteran's Affairs (DVA) or obtained from the DVA website that meets the requirements specified in subsections (B)(1) and (B)(2). The certification form is furnished by the Department and is available at any Department office and on the Department's website. The certification shall be completed and signed by an agent of the U.S. Department of Veteran's Affairs.
 - 2. For a Purple Heart Medal license issued under A.R.S. § 17-333(C)(4), an original or facsimile DD-214 or DD-215, service records showing the award, military orders of the award, or other military discharge document such as WD AGO Form. The actual Purple Heart Medal or a certificate of award will not suffice alone for verification purposes.
- E. All information and documentation provided by the applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
- F. The Department shall deny a disabled veteran's or Purple Heart Medal license when the applicant:
 - 1. Fails to meet the criteria prescribed under A.R.S. § 17-333(C)(2), (C)(3), or (C)(4),
 - 2. Fails to comply with the requirements of this Section, or
 - 3. Provides false information during the application process.
- G. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- H. A complimentary disabled veteran's license holder may request a no-fee duplicate paper license provided:
 - 1. The license was lost or destroyed,
 - 2. The license holder submits a written request to the Department for a duplicate license, and
 - 3. The Department's records indicate a disabled veteran's license was previously issued to that person.
- I. A person issued a disabled veteran's license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).
- J. For the purposes of this Section:
 - 1. "Disabled veteran" means a veteran of the armed forces of the U.S. with a service connected disability.
 - 2. "Veteran" means a person who has served in the U.S. armed forces.

Historical Note

Former Section R12-4-66 renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-43 renumbered as Section R12-4-202 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 31, 1984 (Supp. 84-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-202 adopted effective December 22, 1989 (Supp. 89-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1199, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 2550, effective January 5, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 27 A.A.R. 1076, effective August 21, 2021 (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 3355 (October 21, 2022), effective September 26, 2022 (Supp. 22-3).

R12-4-203. National Harvest Information Program (HIP); State Waterfowl and Migratory Bird Stamp

- A. All state fish and wildlife agencies are required to obtain data to assess the harvest of migratory game birds in compliance with the federally mandated National Harvest Information Program administered by the United States Fish and Wildlife Service in accordance with 50 C.F.R. Part 20.
- B. In compliance with the National Harvest Information Program, the Department requires a person to possess a migratory bird stamp or authorization number, which may be affixed to or written on the appropriate license, and a current, valid federal waterfowl stamp. The migratory bird stamp and authorization number are required to take band-tailed pigeons, moorhen, coots, doves, ducks, geese, snipe, or swans.
 - 1. The state migratory bird stamp expires on June 30 of each year. To obtain a state migratory bird stamp, a person shall submit:
 - a. The fee required under R12-4-102, and
 - b. A completed state migratory bird registration form to a license dealer or a Department office.
 - 2. The person shall provide on the state migratory bird registration form the person's:
 - a. Name,
 - b. Mailing address,
 - c. Date of birth, and
 - d. Information on past and anticipated hunting activity.
 - 3. The youth combination hunting and fishing license includes the state migratory bird stamp privileges. A youth hunter who possesses a valid combination hunting and fishing license shall obtain:

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- a. A Federal waterfowl stamp when the youth hunter is 16 years of age or older and is taking ducks, geese, swans, coots, gallinules; or
 - b. A permit-tag when the youth hunter is taking sand-hill crane.
- C. A license dealer shall submit state migratory bird registration forms for all state migratory bird stamps sold with the monthly report required under A.R.S. § 17-338.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).

Amended effective April 22, 1980 (Supp. 80-2).

Amended subsections (A), (C), (D), and (G) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-41 renumbered as Section R12-4-203 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (C), (E), (G) and added Form 7016 (Supp. 81-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section adopted effective July 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

Editor's Note

For similar subject matter, see Section R12-4-411.

This editor's note does not apply to the new Section adopted effective July 1, 1997 (Supp. 96-4).

R12-4-204. Taxidermy Registration; Register

- A. A person shall register with the Department before engaging in the business of taxidermy for hire. A taxidermy registration authorizes a person to mount, refurbish, maintain, restore, or preserve wildlife as defined under A.R.S. § 17-101.
- B. A taxidermy registration expires on December 31 of each year.
- C. The Department shall deny a taxidermy registration when the applicant:
 - 1. Fails to meet the requirements established under this Section;
 - 2. Provides false information during the application process; or
 - 3. Provides false information in the register required under A.R.S. § 17-363(B).
- D. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- E. A person may apply for a taxidermy registration by paying the applicable fee and submitting an application to the Department. The application form is available on the Department's website. A taxidermy registration applicant shall provide all of the following information:
 - 1. The applicant's information:
 - a. Name;
 - b. Date of birth;
 - c. Department identification number, when applicable;
 - d. Mailing address, when applicable;
 - e. Physical address;
 - f. Telephone number, when available;
 - g. Email address, when available; and

- 2. The applicant's business information:
 - a. Name;
 - b. Mailing address;
 - c. Email address;
 - d. Website URL address, if available;
 - e. Business telephone number, when applicable;
 - f. Calendar year for which the application is made; and
 - g. Whether the applicant is seeking renewal of an existing taxidermy registration.
 - 3. Affirmation that the information provided on the application is true and accurate; and
 - 4. Applicant's signature and date.
- F. A registered taxidermist may submit an application for renewal of a taxidermy registration after December 1 of the year it was issued.
- G. A registered taxidermist shall maintain a register of all persons who furnish raw and unmounted wildlife specimens for taxidermy service using the form available on the Department's website.
- 1. This register shall be:
 - a. Maintained for a period of five years after the date the raw and unmounted wildlife specimens were received;
 - b. Provided upon request to an employee of the Department; and
 - c. Filed with the Department on or before January 31 of each year.
 - 2. This register shall contain all of the following information, as applicable:
 - a. The registered taxidermist's information:
 - i. Name;
 - ii. Taxidermy registration number;
 - iii. Email address, when available; and
 - b. The customer's or potential customer's:
 - i. Name;
 - ii. Address;
 - iii. Taker's tag or license number;
 - iv. Species and number of wildlife received;
 - v. Date wildlife received; and
 - c. A signed affirmation from the registered taxidermist that the information provided in the register is true and accurate.
 - 3. The taxidermy renewal registration becomes invalid if the register is not submitted to the Department by January 31 of the year following registration.
- H. As authorized under A.R.S. § 17-363(C), the Commission may revoke or suspend the taxidermy registration of a person convicted of violating any provision of A.R.S. § 17-363 or requirement established under this Section.

Historical Note

Amended effective May 31, 1976 (Supp. 76-3). Correction, Historical Note Supp. 76-3 should read "Amended effective May 3, 1976" (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective March 20, 1981 (Supp. 81-2). Former Section R12-4-32 renumbered as Section R12-4-204 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). New Section made by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3).

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R12-4-205. High Achievement Scout License

- A.** A high achievement scout license is offered to a resident who is:
1. Eligible for a combination hunting and fishing license,
 2. Under 21 years of age, and
 3. A member of the Boy Scouts of the United States of America and has attained the rank of Eagle Scout, or
 4. A member of the Girl Scouts of the United States of America and has attained the Gold Award.
- B.** The high achievement scout license grants all of the hunting and fishing privileges of the youth combination hunting and fishing license and is only available at Department offices.
1. The license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
 2. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the high achievement scout license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C.** An applicant for a high achievement scout license shall apply on an application form available from any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- D.** In addition to the application, an eligible applicant shall present with the application:
1. For an applicant who is a member of the Boy Scouts of the United States of America, any one of the following original documents:
 - a. A certification letter from the Boy Scouts of the United States of America stating that the applicant has attained the rank of Eagle Scout,
 - b. A Boy Scouts of the United States of America Eagle Scout Award Certificate, or
 - c. A Boy Scouts of the United States of America Eagle Scout wallet card.
 2. For an applicant who is a member of the Girl Scouts of the United States of America, any one of the following original documents:
 - a. A certification letter from the Girl Scouts of the United States of America stating that the applicant has completed the award,
 - b. A Girl Scouts of the United States of America Gold Award Certificate, or
 - c. A Girl Scouts Gold Award Certificate from the local council.
- E.** The Department shall deny a high achievement scout license to an applicant who:

1. Is not eligible for the license;
 2. Fails to comply with the requirements of this Section; or
 3. Provides false information during the application process.
- F.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Editorial correction subsection (A) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective September 23, 1980 (Supp. 80-5). Former Section R12-4-33 renumbered as Section R12-4-205 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-206. General Hunting License; Exemption

- A.** A general hunting license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the general hunting license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- B.** The general hunting license is valid for one-year from:
1. The date of purchase when a person purchases the hunting license from a License Dealer, as defined under R12-4-101;
 2. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 3. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 4. The selected start date when a person purchases the hunting license from a Department office or online. A person may select the start date for the hunting license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C.** A resident may apply for a general hunting license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A general hunting license applicant shall provide the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;

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- h. Telephone number, when available; and
- i. E-mail address, when available; and
- 2. Affirmation that the information provided on the application is true and accurate; and
- 3. Applicant's signature and date.
- D. In addition to the requirements listed under subsection (C), at the time of application an applicant who is applying for a general hunting license:
 - 1. In person shall pay the applicable fee required under R12-4-102.
 - 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- E. A person who is under 10 years of age may hunt wildlife other than big game without a hunting license when accompanied by a properly licensed person who is 18 years of age or older.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-34 renumbered as Section R12-4-206 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-207. General Fishing License; Exemption

- A. A general fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-301. The general fishing license is valid:
 - 1. State-wide including Mittry Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission-designated community waters. The list of Commission-designated community waters is available at any License Dealer, Department office, and on the Department's website.
 - 2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a general fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.
- B. The general fishing license is valid for one-year from:
 - 1. The date of purchase when a person purchases the fishing license from a License Dealer, as defined under R12-4-101; or
 - 2. The selected start date when a person purchases the fishing license from a Department office or online. A person may select the start date for the fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C. A resident or nonresident may apply for a general fishing license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A general fishing

license applicant shall provide the following information on the application:

- 1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available; and
- 2. Affirmation that the information provided on the application is true and accurate; and
- 3. Applicant's signature and date.
- D. In addition to the requirements listed under subsection (C), an applicant who is applying for a general fishing license:
 - 1. In person shall pay the applicable fee required under R12-4-102.
 - 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- E. In addition to the exemption prescribed under A.R.S. § 17-335, a person who is under 10 years of age may fish without a fishing license.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-35 renumbered as Section R12-4-207 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-208. Guide License

- A. A guide, as defined under A.R.S. § 17-101, is a person who does any one of the following:
 - 1. Advertises for guiding services.
 - 2. Is presented to the public for hire as a guide.
 - 3. Is employed by a commercial enterprise as a guide.
 - 4. Accepts compensation in any form commensurate with the market value in this state for guiding services in exchange for aiding, assisting, directing, leading, or instructing a person in the field to locate and take wildlife.
 - 5. Is not a landowner or lessee who, without full fair market compensation, allows access to the landowner's or lessee's property and directs and advises a person in taking wildlife.
- B. A person shall not act as a guide unless the person holds one of the following guide licenses:
 - 1. A hunting guide license, which authorizes the license holder to act as a guide for the lawful taking of wildlife other than aquatic wildlife as defined under A.R.S. § 17-101.

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2. A fishing guide license, which authorizes the license holder to act as a guide for the lawful taking of aquatic wildlife.
 3. A hunting and fishing guide license, which authorizes the license holder to act as a guide for the lawful taking of wildlife.
- C.** A guide license shall expire on December 31 of each year.
- D.** A person is not eligible to apply for an original or renewal guide license when any one of the following conditions apply:
1. The applicant was convicted of a felony violation of any federal wildlife law, within five years immediately preceding the date of application;
 2. The applicant was convicted of a violation listed under A.R.S. § 17-309(D), within five years immediately preceding the date of application;
 3. The applicant was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended within five years immediately preceding the date of application; or
 4. The applicant's privilege to take or possess wildlife or to guide or act as a guide is currently suspended or revoked anywhere in the U.S. for violation of a federal or state wildlife law.
- E.** Notwithstanding subsection (D), a person who was convicted of a misdemeanor violation of any wildlife law within one year preceding the date of application may apply for a guide license provided the person immediately and voluntarily reported the violation to the Department after committing the violation.
- F.** An applicant for a guide license shall:
1. Be 18 years of age or older, and
 2. Possess the required Department-issued license, as applicable:
 - a. A current Arizona hunting license when applying for a hunting guide license;
 - b. A current Arizona fishing license when applying for a fishing guide license;
 - c. A current Arizona combination hunting and fishing license when applying for a hunting and fishing guide license;
- G.** The guide license does not exempt the license holder from any applicable method of take or licensing requirement. The guide license holder shall comply with all applicable Commission rules, including, but not limited to, rules governing:
1. Lawful methods of take,
 2. Lawful devices, and
 3. License requirements.
- H.** Unless otherwise provided under this Section, a person shall successfully complete the Department administered examination, and answer at least 80% of the questions correctly, prior to applying for a guide license. Guide examinations are:
1. Provided at a Department office.
 2. Valid until December 31 of the year in which it was taken.
 3. A person interested in taking the guide examination shall contact a Department office to obtain scheduling information.
- I.** The examination is based on the type of guide license the person is seeking.
1. Before taking the examination, the applicant shall provide their:
 - a. Name;
 - b. Date of birth; and
 - c. Driver license number and issuing state.
2. The examination may include questions regarding any of the following topics:
 - a. A.R.S. Title 17 Game and Fish statutes and Commission rules regarding the taking and handling of terrestrial and aquatic wildlife;
 - b. A.R.S. Title 28, Ch 3, Article 20 Off-highway Vehicles statutes and rule regarding the use of off-highway vehicles;
 - c. A.R.S. Title 5, Ch 3, Boating and Water Sports statutes and Commission rules on boating;
 - d. Requirements for guiding on federal lands;
 - e. Identification of aquatic wildlife species;
 - f. Identification of wildlife;
 - g. Special state and federal laws regarding certain species;
 - h. General knowledge of fair chase, hunter ethics, and conservation in Arizona;
 - i. General knowledge of species habitat and wildlife that may occur in the same habitat;
 - j. General knowledge of the types of habitat within the State; and
 - k. General knowledge of special or concurrent jurisdictions within the State.
 3. An applicant who fails the examination may retake the examination as agreed upon by the applicant and the examination administrator.
- J.** In addition to the guide examination requirement under subsection (H), a guide license holder shall take the Department administered examination when:
1. The applicant currently holds a hunting or fishing guide license and is applying for a combination hunting and fishing guide license;
 2. The applicant for a hunting guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of terrestrial wildlife within one year preceding the date of application;
 3. The applicant for a fishing guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of aquatic wildlife within one year preceding the date of application;
 4. The applicant failed to submit a renewal application postmarked before the expiration date of the guide license; or
 5. The applicant failed to submit the annual report for the preceding license year by January 10 of the following license year.
- K.** A person may apply for a guide license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and on the Department's website. A guide license applicant shall provide all of the following information on the application:
1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Social Security Number;
 - e. Current hunting, fishing, or combination hunting and fishing license number;
 - f. Residency status;
 - g. Mailing address, when applicable;
 - h. Physical address;
 - i. Telephone number, when available;
 - j. E-mail address, when available;

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- k. Type of guide license sought; and
 - l. Calendar year for which the application is made;
- 2. The outfitting or guide:
 - a. Business name; and
 - b. Business address, as applicable;
- 3. Responses to questions relating to criminal violations;
- 4. Affirmation that:
 - a. The applicant meets the eligibility requirements prescribed under this Section; and
 - b. The information provided on the application is true and accurate;
- 5. Applicant's signature and date.
- L.** In addition to the requirements listed under subsection (K), an applicant for a guide license shall also submit a copy of any one of the following as proof of the applicant's identity:
 - 1. Valid U.S. passport;
 - 2. Applicant's birth certificate;
 - 3. Valid government-issued driver's license; or
 - 4. Valid government-issued identification card.
- M.** All information and documentation provided by the guide license applicant is subject to Department verification.
- N.** An applicant for a guide license shall pay all applicable fees required under R12-4-102 upon approval of an initial or renewal application for a guide license.
- O.** The Department shall deny a guide license when the applicant:
 - 1. Fails to meet the criteria prescribed under A.R.S. § 17-362,
 - 2. Fails to comply with the requirements of this Section,
 - 3. Provides false information during the application process,
 - 4. Fails to provide the annual report required under subsection (R) by January 10, or
 - 5. Provides false information in the annual report required under subsection (R) within three years immediately preceding the date of application.
- P.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- Q.** A guide license holder may submit an application for renewal of a guide license after December 1 of the year it was issued. The Department shall not start the substantive review, as defined under A.R.S. § 41-1072, before January 10 of the following license year, unless the Department receives the annual report prior to the date established under subsection (R). The current guide license shall remain valid pending a Department decision on the application for renewal, provided:
 - 1. The application for renewal is submitted to the Department by December 31, and
 - 2. The Department receives the annual report submitted in compliance with subsection (R).
- R.** A guide license holder shall submit to the Department the annual report required under A.R.S. § 17-362(C) for the previous calendar year before January 10 of the following license year. The report form is furnished by the Department and is available at any Department office or on the Department's website.
 - 1. A report is required whether or not the license holder performed any guiding activities.
 - 2. The annual report shall include all of the following information, as applicable:
 - a. License holder's personal information:
 - i. Name;
 - ii. Guide license number; and
 - iii. E-mail address, when available; and
 - b. Client's personal information:
 - i. Name;
 - ii. Mailing address; and
 - iii. Arizona license, tag and permit numbers, and
 - c. Dates guiding activities were conducted;
 - d. Number and species of wildlife taken by the clients;
 - e. Game management unit or body of water where guiding activities took place;
 - f. Affirmation that the information provided in the annual report is true and accurate; and
 - g. License holder's signature and date.
- 3. The Department shall not renew a guide license if the annual report is not submitted to the Department by January 10 of the following license year.
- S.** The date of receipt for the items required under subsections (K), (L), (Q), and (R) shall be as follows:
 - 1. The date a person presents the items to a Department office;
 - 2. The date a private express mail carrier receives the package containing the items as indicated on the shipping package; or
 - 3. The date of the United States Postal Service postmark stamped on the envelope containing the items.
- T.** A guide license holder shall:
 - 1. Complete a Department-sanctioned continuing education course at least once every five-years.
 - 2. While performing guide activities or providing guide services:
 - a. Possess a valid guide license.
 - b. Possess a valid Arizona hunting, fishing, or combination hunting and fishing license, as applicable under subsection (F)(2).
 - c. Present the license for inspection upon the request of any peace officer, including wildlife managers and game rangers.
 - d. Report any violation of a federal or state wildlife regulation, law, or rule personally witnessed by the guide license holder.
- U.** A guide license holder shall not:
 - 1. Use, or allow another person to use, any method or device prohibited under any federal or state wildlife regulation, law, or rule while taking wildlife.
 - 2. Aid, counsel, agree to aid, or attempt to aid another person in planning or engaging in conduct that results in a violation of any federal or state wildlife regulation, law, or rule while taking wildlife.
 - 3. Pursue any wildlife or hold at bay any wildlife for a person unless that person is present during the pursuit to take the wildlife.
 - a. The person shall be continuously present during the entire pursuit of that specific target animal.
 - b. If dogs are used, the person shall be present when the dogs are released on a specific target animal and shall be continuously present for the remainder of the pursuit.
 - 4. Hold wildlife at bay other than during daylight hours, unless a Commission Order authorizes the take of the species at night.
- V.** As authorized under A.R.S. § 17-362(A), the Commission may revoke or suspend a guide license when any one or more of the following actions occur:
 - 1. The guide license holder failed to comply with the requirements of A.R.S. Title 17 or was convicted of violating any provision of A.R.S. Title 17;

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2. The guide license holder was convicted of a felony violation of any federal wildlife law;
3. The guide license holder was convicted of a violation listed under A.R.S. § 17-309(D);
4. The guide license holder was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended; or
5. The guide license holder's privilege to take or possess wildlife is suspended or revoked by any jurisdiction for violation of a federal or state wildlife law.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-40 renumbered as Section R12-4-208 without change effective August 13, 1981 (Supp. 81-4). Former rule repealed, new Section R12-4-208 adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-209. Repealed**Historical Note**

Adopted effective March 20, 1981 (Supp. 81-2). Former Section R12-4-42 renumbered as Section R12-4-209 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

R12-4-210. Combination Hunting and Fishing License; Exemption

- A.** A combination hunting and fishing license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds.
- B.** A combination hunting and fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-101. The combination hunting and fishing license is valid:
 1. State-wide including Mittry Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission-designated community waters. The list of Commission-designated community waters is available at any License Dealer, Department office, and on the Department's website.
 2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a combination hunting and fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.
- C.** The Department offers three combination hunting and fishing licenses:
 1. A short-term combination hunting and fishing license, valid for one 24-hour period from midnight to midnight.
 - a. The short-term combination hunting and fishing license is not valid for the take of big game animals.
 - b. The short-term combination hunting and fishing license is valid for the take of migratory game birds and waterfowl, provided the person possesses the applicable State Migratory Bird stamp and Federal Waterfowl stamp.
 - c. The Department does not limit the number of short-term combination hunting and fishing licenses a resident or nonresident may purchase.
 2. A combination hunting and fishing license for a person age 18 and over.
 - a. The combination hunting and fishing license is valid for one-year from:
 - i. The date of purchase when a person purchases the combination hunting and fishing license from a License Dealer, as defined under R12-4-101;
 - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
 3. A youth combination hunting and fishing license for a person through age 17.
 - a. The combination hunting and fishing license is valid for one-year from:
 - i. The date of purchase when a person purchases the combination hunting and fishing license from a License Dealer, as defined under R12-4-101;
 - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination

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hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.

- b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- D. A resident or nonresident may apply for a combination hunting and fishing license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A combination hunting and fishing license applicant shall provide the following information on the application:
 1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- E. In addition to the requirements listed under subsection (C), an applicant who is applying for a combination hunting and fishing license:
 1. In person shall pay the applicable fee required under R12-4-102.
 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- F. Exemptions authorized under R12-4-206(E) and R12-4-207(E) also apply to this Section, as applicable.

Historical Note

Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective January 20, 1977 (Supp. 77-1). Editorial correction subsection (A), paragraph (2) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective March 17, 1981 (Supp. 81-2). Former Section R12-4-39 renumbered as Section R12-4-210 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 16, 1982 (Supp. 82-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-211. Lifetime License; Benefactor License

- A. The Department offers the following lifetime licenses:

1. A lifetime hunting license includes the privileges established under R12-4-206(A).
2. A lifetime fishing license includes the privileges established under R12-4-207(A).
3. A lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
4. A benefactor lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
- B. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate lifetime hunting or combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C. The lifetime licenses identified under subsection (A) do not expire and remain valid if the licensee subsequently resides outside of this state.
 1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required hunt permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
 2. Limits established under R12-4-114 for nonresident hunt permit-tags and nonpermit-tags do not apply to a lifetime license holder.
- D. A resident may apply for a lifetime license by submitting an application to the Department and paying the applicable fee required under subsection (E). The application is furnished by the Department and is available at any Department office and on the Department's website. A lifetime license applicant shall provide the following information on the application:
 1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Social Security Number, when required under A.R.S. §§ 25-320(P) and 25-502(K);
 - e. Department identification number, when applicable;
 - f. Residency status and number of years of residency immediately preceding application, when applicable;
 - g. Mailing address, when applicable;
 - h. Physical address;
 - i. Telephone number, when available; and
 - j. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- E. The fees for resident lifetime licenses listed under (A)(1) through (A)(3) are determined by the age of the applicant as follows:
 1. Age 0 through 13 years is 17 times the fee established under R12-4-102 for the equivalent one-year license.
 2. Age 14 through 29 years is 18 times the fee established under R12-4-102 for the equivalent one-year license.
 3. Age 30 through 44 years is 16 times the fee established under R12-4-102 for the equivalent one-year license.
 4. Age 45 through 61 years is 15 times the fee established under R12-4-102 for the equivalent one-year license.
 5. Age 62 and older is 8 times the fee established under R12-4-102 for the equivalent one-year license.
 6. For the purposes of this subsection, when the applicant is under the age of 18, the fee for the lifetime license is

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based on the full priced license fee, not the youth license fee.

- F.** The fee for the benefactor license listed under (A)(4) is \$1,500. The difference between \$1,500 and the license fee for a resident lifetime combination hunting and fishing license established under subsection (E):
1. Is a donation to the State for continued management, protection, and conservation of the State's wildlife.
 2. Shall be credited to the wildlife endowment fund established under A.R.S. § 17-271.
 3. May be tax deductible to the extent allowed by federal and state income tax statutes for contributions to qualifying tax-exempt organizations.
- G.** A lifetime license may be denied or suspended pursuant to, and for the offenses described under, A.R.S. § 17-340.
- H.** A person issued a lifetime license prior to the effective date of this Section shall be entitled to the privileges established under subsection (A)(1), (A)(2), (A)(3), or (A)(4), as applicable, for the equivalent lifetime license.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
Amended effective October 9, 1980 (Supp. 80-5). Former Section R12-4-36 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4).
Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

R12-4-212. Repealed**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective January 1, 1977 (Supp. 76-5). Former Section R12-4-37 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-213. Hunt Permit-tags and Nonpermit-tags

- A.** A valid hunt permit-tag or nonpermit-tag is required to validate a license to take a big game animal or other wildlife requiring a valid tag. Before a person may take a big game animal or other wildlife requiring a tag, the person shall apply for and obtain the appropriate tag required for the take of that big game animal or other wildlife.
- B.** A person may apply for a hunt permit-tag in accordance with R12-4-104 and at the times, locations, and in the manner established by the hunt permit-tag application schedule that the Department publishes and is available at any Department office, on the Department's website, or a License Dealer as defined under R12-4-101.
- C.** A person applying for a nonpermit-tag shall apply in accordance with R12-4-114 and pay the required fee established under R12-4-102.
- D.** Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate tag to a person whose tag was not used and is lost, destroyed, mutilated, or otherwise unusable; or placed on a harvested animal that was subsequently

condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). The person shall complete and sign the affidavit furnished by the Department. The affidavit is available at any Department office or License Dealer. The person shall provide the following information on the affidavit:

1. The applicant's personal information:
 - a. Name;
 - b. Department identification number, when applicable;
 - c. Residency status and number of years of residency immediately preceding application, when applicable;
 2. The original license or tag information:
 - a. Type of license or tag;
 - b. Place of purchase;
 - c. Purchase date, when available;
 3. Disposition of the original tag for which a duplicate is being purchased.
 4. A person applying for a duplicate tag after a harvested animal that was subsequently condemned as described under subsection (D) shall also submit the condemned meat duplicate tag authorization form issued by the Department.
- E.** The person shall pay the applicable duplicate fee prescribed under R12-4-102.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-38 renumbered as Section R12-4-213 without change effective August 13, 1981 (Supp. 81-4).
Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-214. Repealed**Historical Note**

Former Section R12-4-67 renumbered as Section R12-4-214 without change effective August 13, 1981 (Supp. 81-4). Repealed effective December 22, 1989 (Supp. 89-4).
New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

R12-4-215. Youth Group Two-day Fishing License

- A.** A youth group two-day fishing license authorizes a nonprofit organization or governmental entity as defined under subsection (C) that sponsors adult supervised activities for youth to take up to 25 youths fishing. The youth group two-day fishing license is only available from a Department office. The youth group two-day fishing license is valid for:
1. Two consecutive days,
 2. The take of all aquatic wildlife, and
 3. All privileges established under R12-4-207(A).
- B.** A nonprofit organization or governmental entity may apply for a youth group two-day fishing license at any Department office. An applicant for a youth group two-day fishing license shall be a resident. The applicant shall pay the fee required under R12-4-102 and provide the following information at the time of application:
1. The nonprofit organization's or governmental entity's:
 - a. Name;

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- b. Mailing address; and
 - c. Telephone number, when available;
 - 2. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Mailing address, when applicable;
 - f. Physical address;
 - g. Telephone number, when available; and
 - h. E-mail address, when available;
 - 3. The dates on which the nonprofit organization intends to conduct the youth group fishing activity.
 - 4. The approximate number of youth participating in the group fishing activity.
- C.** For the purpose of this Section, "governmental entity" means any town, city, county, municipality, or other political subdivision of this state or any department, agency, board, commission, authority, division, office, public school, public charter school, public corporation, or other public entity of this state or any department agency bureau, or office of the federal government that is physically located within this state.
- Historical Note**
- Adopted effective December 9, 1982 (Supp. 82-6). Section repealed, new Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective December 31, 2003 (Supp. 05-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).
- R12-4-216. Crossbow Permit**
- A.** For the purposes of this Section, "healthcare provider" means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:
- 1. Medical Doctor,
 - 2. Doctor of Osteopathy,
 - 3. Doctor of Chiropractic,
 - 4. Nurse Practitioner, or
 - 5. Physician Assistant.
- B.** When authorized under R12-4-304 as lawful for the species hunted:
- 1. A person who possesses a valid crossbow permit may use any of the following during an archery-only season as prescribed under R12-4-318:
 - a. A crossbow, as defined under R12-4-101, using a single bowstring, capable of firing only a single arrow or bolt with each loading and cocking action; or
 - b. Any bow to be drawn and held with an assisting device.
 - 2. A person who possesses both a valid crossbow permit and CHAMP, issued under R12-4-217, may use any of the following during an archery-only season as prescribed under R12-4-318:
 - a. A crossbow, as defined under R12-4-101, using a single bowstring, capable of firing only a single arrow or bolt with each loading and cocking action;
 - b. Any bow to be drawn and held with an assisting device; or
 - c. Pre-charged pneumatic weapon, as defined under R12-4-301, using arrows or bolts and capable of firing only a single arrow or bolt at a time.
- C.** The crossbow permit does not exempt the permit holder from any other applicable method of take or licensing requirement. The permit holder shall be responsible for compliance with all applicable regulatory requirements.
- D.** The crossbow permit does not expire, unless:
- 1. The medical certification portion of the application indicates the person has a temporary physical disability; then the crossbow permit shall be valid for a period of one year from the date the medical certification portion of the application was signed by the healthcare provider,
 - 2. The permit holder no longer meets the criteria for obtaining the crossbow permit, or
 - 3. The Commission revokes the person's hunting privileges under A.R.S. § 17-340. A person whose crossbow permit is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.
- E.** An applicant for a crossbow permit shall apply by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and online at www.azgfd.gov. A crossbow permit applicant shall provide all of the following information on the application:
- 1. The applicant's:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 - 2. Affirmation that:
 - a. The applicant meets the requirements of this Section, and
 - b. The information provided on the application is true and accurate, and
 - 3. Applicant's signature and date.
 - 4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
 - a. Certify the applicant has one or more of the following physical limitations:
 - i. An amputation involving body extremities required for stable function to use conventional archery equipment;
 - ii. A spinal cord injury resulting in a disability to the lower extremities, leaving the applicant non ambulatory;
 - iii. A wheelchair restriction;
 - iv. A neuromuscular condition that prevents the applicant from drawing and holding a bow;
 - v. A failed manual muscle test involving the grading of shoulder and elbow flexion and extension or an impaired range-of-motion test involving the shoulder or elbow; or
 - vi. A combination of comparable physical disabilities resulting in the applicant's inability to draw and hold a bow;

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- vii. A failed functional draw test that equals 30 pounds of resistance and involves holding it for four seconds. The functional draw test may not be used to determine eligibility for the permit when it is not associated with a disability.
- b. Indicate whether the disability is temporary or permanent and, when temporary, specify the expected duration of the physical limitation; and
- c. Provide the healthcare provider's:
 - i. Typed or printed name,
 - ii. License number,
 - iii. Business address,
 - iv. Telephone number, and
 - v. Signature and date;
- 5. A person who holds a valid Challenged Hunter Access/Mobility Permit (CHAMP) and who is applying for a crossbow permit is exempt from the requirements of subsection (E)(4) and shall indicate "CHAMP" in the space provided for the medical certification on the crossbow permit application.
- F. In addition to the requirements listed above, at the time of application an applicant who is applying for a crossbow permit shall pay the applicable fee required under R12-4-102.
- G. All information and documentation provided by the applicant is subject to Department verification.
- H. The Department shall deny a crossbow permit when the applicant:
 - 1. Fails to meet the criteria prescribed under this Section,
 - 2. Fails to comply with the requirements of this Section, or
 - 3. Provides false information during the application process.
- I. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- J. The applicant claiming a temporary or permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.
- K. When acting under the authority of a crossbow permit, the crossbow permit holder shall possess the permit, and exhibit the permit upon request to any peace officer, including wildlife managers and game rangers.
- L. A crossbow permit holder shall not:
 - 1. Transfer the permit to another person, or
 - 2. Allow another person to use or possess the permit.

Historical Note

Adopted effective April 7, 1983 (Supp. 83-2). Repealed effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). New Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-217. Challenged Hunter Access/Mobility Permit (CHAMP)

- A. For the purposes of this Section, the following definitions apply:

"Healthcare provider" means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:

- 1. Medical Doctor,
- 2. Doctor of Osteopathy,
- 3. Doctor of Chiropractic,
- 4. Nurse Practitioner, or
- 5. Physician Assistant.

"Severe permanent disability" means one or more permanent physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, intellectual disability, muscular dystrophy, musculoskeletal disorders, neurological disorders, paraplegia, pulmonary disorders, quadriplegia and other spinal cord conditions, sickle cell anemia, and end stage renal disease or a combination of permanent disabilities resulting in comparable substantial functional limitations.

- B. The Challenged Hunter Access/Mobility Permit (CHAMP) allows a person with a severe permanent disability to perform one or more of the following activities:
 - 1. Discharge a firearm or other legal hunting device from a motor vehicle if, under existing conditions:
 - a. The discharge is otherwise lawful;
 - b. The motor vehicle is not in motion;
 - c. The motor vehicle is not on any road, as defined under A.R.S. § 17-101; and
 - d. The motor vehicle's engine is turned off.
 - 2. Discharge a firearm or other legal hunting device from a watercraft, as defined under R12-4-501; provided the motor is turned off, the sail furled, or both; and progress has ceased.
 - a. The watercraft may be drifting as a result of current or wind, beached, moored, resting at anchor, or propelled by paddle, oars, or pole.
 - b. A person may use a watercraft under power to retrieve dead or wounded wildlife.
 - c. For the purposes of this subsection, "watercraft" does not include a sinkbox.
 - 3. Use off-road locations in a motor vehicle if use is not in conflict with federal or state statutes or regulations or local ordinances or regulations and the motor vehicle is used as a place to wait for game. A person shall not use a motor vehicle to chase or pursue game.
 - 4. Designate an assistant to track and dispatch a wounded animal, and to retrieve the animal, in accordance with the requirements of this Section.
- C. The CHAMP holder shall comply with all applicable regulatory requirements. A CHAMP does not exempt the permit holder from any other applicable method of take or licensing requirement.
- D. The CHAMP does not expire, unless:
 - 1. The permit holder no longer meets the criteria for obtaining the CHAMP, or
 - 2. The Commission revokes the person's hunting privileges under A.R.S. § 17-340. A person whose CHAMP is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.
- E. An applicant for a CHAMP shall apply by submitting an application to the Department. The application form is furnished by the Department and is available from any Department office and on the Department's website. The CHAMP applicant shall provide all of the following information on the application:
 - 1. The applicant's:
 - a. Name;

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- b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
- 2. Affirmation that:
 - a. The applicant meets the requirements of this Section, and
 - b. The information provided on the application is true and accurate, and
- 3. Applicant's signature and date.
- 4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
 - a. Certify the applicant is a person with a severe permanent disability as defined under subsection (A), and
 - b. Provide the healthcare provider's:
 - i. Typed or printed name,
 - ii. Business address,
 - iii. Telephone number, and
 - iv. Signature and date;
- F. In addition to the requirements listed above, at the time of application an applicant who is applying for a CHAMP shall pay the applicable fee required under R12-4-102.
- G. All information and documentation provided by the applicant is subject to Department verification.
- H. The applicant claiming a severe permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.
- I. The Department shall deny a CHAMP when the applicant:
 - 1. Fails to meet the criteria prescribed under this Section,
 - 2. Fails to comply with the requirements of this Section, or
 - 3. Provides false information during the application process.
- J. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed in A.R.S. Title 41, Chapter 6, Article 10.
- K. When acting under the authority of the CHAMP, the permit holder shall possess and exhibit the permit upon request to any peace officer, including wildlife managers and game rangers.
- L. The CHAMP holder shall ensure the CHAMP vehicle placard, issued with the CHAMP, is visibly displayed on the motor vehicle or watercraft when in use.
- M. The Department shall provide a CHAMP holder with a dispatch permit that allows the CHAMP holder to designate a licensed hunter as an assistant to:
 - 1. Dispatch and retrieve an animal wounded by the CHAMP holder, or
 - 2. Retrieve wildlife killed by the CHAMP holder.
- N. The CHAMP holder shall:
 - 1. Designate an assistant only after the animal is wounded or killed.
 - 2. Ensure the designation on the dispatch permit is in ink and includes:
 - a. A description of the animal,
 - b. The assistant's name and valid Arizona hunting license number,
 - c. The date and time the animal was wounded or killed, and
- 3. Ensure compliance with all of the following requirements:
 - a. The site where the animal is wounded and the location from which tracking begins are marked so they can be identified later.
 - b. The assistant possesses the dispatch permit and a valid hunting license while tracking and dispatching the wounded animal. When acting under the authority of the dispatch permit, the assistant shall possess and exhibit the dispatch permit and hunting license upon request to any peace officer, including wildlife managers and game rangers.
 - c. The CHAMP holder is in the field while the assistant is tracking and dispatching the wounded animal.
 - d. The assistant does not transfer the dispatch permit to anyone except that the dispatch permit may be transferred back to the CHAMP holder.
 - e. Dispatch is made by a method that is lawful for the take of the particular animal in the particular season in accordance with requirements established under R12-4-304 and R12-4-318.
 - f. The assistant attaches the dispatch permit to the carcass of the animal and returns the carcass to the CHAMP holder, and the tag of the CHAMP holder is affixed to the carcass.
 - g. If the assistant is unsuccessful in locating and dispatching the wounded animal, the assistant returns the dispatch permit to the CHAMP holder. The CHAMP holder shall strike the name and authorization of the assistant from the dispatch permit.
- O. A dispatch permit may not be reused when all spaces for designation of an assistant are filled or the dispatch permit is attached to a carcass. The CHAMP holder may request another dispatch permit from the Department if:
 - 1. All spaces for assistants are filled,
 - 2. The dispatch permit is lost, or
 - 3. When the CHAMP holder needs another dispatch permit for another big game hunt.
- P. A CHAMP holder shall not:
 - 1. Transfer the permit to another person, or
 - 2. Allow another person to use or possess the permit.

Historical Note

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4).

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R12-4-218. Repealed**Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Adopted effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Repealed effective November 7, 1996 (Supp. 96-4).

R12-4-219. Renumbered**Historical Note**

Adopted as an emergency effective July 5, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Correction, Historical Note, Supp. 88-3, should read, “Adopted as an emergency effective July 15, 1988...”; readopted and amended as an emergency effective October 13, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 24, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2).

R12-4-220. Repealed**Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Adopted effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).

ARTICLE 3. TAKING AND HANDLING OF WILDLIFE**R12-4-301. Definitions**

In addition to the definitions provided under A.R.S. § 17-101 and R12-4-101, the following definitions apply to this Article unless otherwise specified:

“Administer” means to apply a drug directly to wildlife by injection, inhalation, ingestion, or any other means.

“Aircraft” means any contrivance used for flight in the air or any lighter-than-air contrivance, including unmanned aircraft systems also known as drones.

“Artificial flies and lures” means man-made devices intended as visual attractants to catch fish. Artificial flies and lures does not include living or dead organisms or edible parts of those organisms, natural or prepared food stuffs, or chemicals or organic materials intended to create a scent, flavor, or chemical stimulant to the device regardless of whether it is added or applied during or after the manufacturing process.

“Atlatl” means a rod or narrow board-like device used to launch, through a throwing motion of the arm, a dart.

“Audio location device” means any device that captures broad spectrum, high definition sound and airwaves that is not held or manually operated by a person and is used to identify and locate wildlife.

“Barbless hook” means any fish hook manufactured without barbs or on which the barbs have been completely closed or removed.

“Body-gripping trap” means a device designed to capture an animal by gripping the animal’s body.

“Confinement trap” means a device designed to capture wildlife alive and hold it without harm.

“Crayfish net” means a net that does not exceed 36 inches on a side or in diameter and is retrieved by means of a hand-held line.

“Deadly weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Device” has the same meaning as provided under A.R.S. § 17-101.

“Dip net” means any net, excluding the handle, that is no greater than three feet in the greatest dimension, that is hand-held, non-motorized, and the motion of the net is caused by the physical effort of the person.

“Drug” means any chemical substance, other than food or mineral supplements, that affects the structure or biological function of wildlife.

“Edible portions of game meat” means, for:

Upland game birds, migratory game birds and wild turkey: breast.

Bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, and pronghorn antelope: front quarters, hind quarters, loins (backstraps), neck meat, and tenderloins.

Game fish: fillets of the fish.

“Evidence of legality” means the wildlife is accompanied by the applicable license, tag, stamp, or permit required by law and is identifiable as the “legal wildlife” prescribed by Commission Order, which may include evidence of species, gender, antler or horn growth, maturity, and size.

“Foothold trap” means a device designed to capture an animal by the leg or foot.

“Handgun” means a firearm designed and intended to be held, gripped, and fired by one or more hands, not intended to be fired from the shoulder, and that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a barrel for each single pull of the trigger.

“Harvest limit” means an identified limit or threshold on the number of any one species permitted to be taken, during a specified time period, in a management unit or portion of a management unit, which when met closes the season for the remainder of the specified time period.

“Hybrid device” means a device with a combination of components from two or more lawful devices and is used for the take of wildlife, such as but not limited to a firearm, pneumatic weapon, or slingshot that shoots arrows or bolts.

“Instant kill trap” means a device designed to render an animal unconscious and insensitive to pain quickly with inevitable subsidence into death without recovery of consciousness.

“Land set” means any trap used on land rather than in water.

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“Minnow trap” means a trap with dimensions that do not exceed 12 inches in depth, 12 inches in width, and 24 inches in length.

“Muzzleloading handgun” means a firearm intended to be fired from the hand, incapable of firing fixed ammunition, and loaded with black powder or synthetic black powder and a single projectile.

“Muzzleloading rifle” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single barrel, and using black powder or synthetic black powder, and loaded through the muzzle with a single projectile.

“Muzzleloading shotgun” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single or double smooth barrel and using black powder or synthetic black powder, and loaded through the muzzle with ball shot as a projectile.

“Paste-type bait” means a partially liquefied substance used as a lure for animals.

“Pneumatic weapon” means a device that fires a projectile by means of air pressure or compressed gas. This does not include tools that are common in the construction and art trade such as, but not limited to, nail and rivet guns.

“Pre-charged pneumatic weapon” means an air gun or pneumatic weapon that is charged from a high compression source such as an air compressor, air tank, or internal or external hand pump.

“Prohibited possessor” has the same meaning as provided under A.R.S. § 13-3101.

“Prohibited weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Rifle” means a firearm intended to be fired from the shoulder that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a rifled bore for each single pull of the trigger. This does not include a pre-charged pneumatic weapon.

“Shotgun” means a firearm intended to be fired from the shoulder and that uses the energy from an explosive in a fixed shotgun shell to fire either ball shot or a single projectile through a smooth bore or rifled barrel for each pull of the trigger.

“Sight-exposed bait” means a carcass, or parts of a carcass, lying openly on the ground or suspended in a manner so that it can be seen from above by a bird. This does not include a trap flag, dried or bleached bone with no attached tissue, or less than two ounces of paste-type bait.

“Simultaneous fishing” means taking fish by using only two lines at one time and not more than two hooks or two artificial flies or lures per line.

“Single-point barbless hook” means a fishhook with a single point, manufactured without barbs, or on which the barbs have been completely closed or removed. This does not include a treble fishhook.

“Sinkbox” means a low-floating device with a depression that affords a hunter a means of concealment beneath the surface of the water.

“Smart device” means any device equipped with a target-tracking system or an electronically-controlled, electronically-assisted, or computer-linked trigger or release. This includes but is not limited to smart rifles.

“Trail Camera” means any device that is not held or manually operated by a person and is used to capture images, video, or location, time, or date data of wildlife.

“Trap flag” means an attractant made from materials other than animal parts that is suspended at least three feet above the ground.

“Water set” means any trap used and anchored in water rather than on land.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976, Amended effective June 7, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3). Editorial correction subsection (D) (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-50 renumbered as Section R12-4-301 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (A) effective May 12, 1982 (Supp. 82-3). Amended effective July 3, 1984 (Supp. 84-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Former R12-4-301 renumbered to R12-4-321; new Section made by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-302. Use of Tags

- A. In addition to meeting requirements prescribed under A.R.S. § 17-331, a person who takes wildlife shall have in possession any tag required for the particular season or hunt area.
- B. A tag obtained in violation of statute or rule is invalid and shall not be used to take, transport, or possess wildlife.
- C. A person who lawfully possesses both a nonpermit-tag and a hunt permit-tag shall not take a genus or species in excess of the bag limit established by Commission Order for that genus or species.
- D. A person shall:
 1. Take and tag only the wildlife identified on the tag.
 2. Use a tag only in the season and hunt for which the tag is valid as specified by Commission Order.
- E. Except as permitted under R12-4-217, a person shall not:
 1. Allow their tag to be attached to wildlife killed by another person,
 2. Allow their tag to be possessed by another person while taking wildlife,
 3. Allow wildlife killed by that person to be tagged with another person’s tag,
 4. Attach their tag to wildlife killed by another person, or
 5. Possess a tag issued to another person while taking wildlife.

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6. Subsections (E)(2) and (5) do not apply to a tag issued to a person under 18 years of age.
- F.** Except as permitted under R12-4-217, immediately after a person kills wildlife, the person shall attach:
1. The tag to the wildlife carcass in the manner indicated on the tag, or
 2. The validation code to the wildlife carcass in the manner indicated by the Department through the person's electronic device.
- G.** A person who authorizes another person to possess, transport, or ship a portion of their lawfully taken animal shall complete the transportation and shipping portion of the tag in the manner indicated on the tag or by the Department through the person's electronic device, as applicable.
- H.** A tag is no longer valid for the take of wildlife if:
1. The tag is mutilated or the Transportation and Shipping Permit portion of the tag is signed or filled out, or
 2. The validation code is attached to a carcass.
- Historical Note**
- Former Section R12-4-51 renumbered as Section R12-4-302 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (D), (E), and repealed subsection (G) effective May 12, 1982 (Supp. 82-3). Amended effective March 23, 1983 (Supp. 83-2). Amended subsection (F) effective October 31, 1984 (Supp. 84-5). Amended subsections (A), (D), (F) and (G) and added a new Section (H) effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section R12-4-302 repealed, new Section R12-4-302 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4).
- R12-4-303. Unlawful Activities, Ammunition, Devices, and Methods**
- A.** In addition to the prohibitions prescribed under A.R.S. §§ 17-301 and 17-309, the following activities, ammunition, devices, and methods are unlawful in this state:
1. A person shall not use any of the following to take wildlife:
 - a. Fully automatic firearms, including firearms capable of selective automatic fire.
 - b. Tracer or armor-piercing ammunition designed for military use.
 - c. Any smart device as defined under R12-4-301.
 - d. Any self-guided projectiles.
 2. A person shall not take big game using full-jacketed or total-jacketed bullets that are not designed to expand upon impact,
 3. A person shall not use or possess any of the following while taking wildlife:
 - a. Poisoned projectiles or projectiles that contain explosives or a secondary propellant.
 - b. Pitfalls of greater than 5-gallon size, explosives, poisons, or stupefying substances, except as permitted under A.R.S. § 17-239 or as allowed by a scientific collecting permit issued under A.R.S. § 17-238.
 - c. Any lure, attractant, or cover scent containing any cervid urine.
 - d. Electronic night vision equipment, electronically enhanced light-gathering devices, thermal imaging devices or laser sights projecting a visible light; except for devices such as laser range finders projecting a non-visible light, scopes with self-illuminating reticles, and fiber optic sights with self-illuminating sights or pins that do not project a visible light onto an animal.
 4. A person shall not by any means:
 - a. Hold wildlife at bay other than during daylight hours, unless authorized by Commission Order.
 - b. Injure, confine, place, or use a tracking device in or on wildlife for the purpose of taking or aiding in the take of wildlife.
 - c. Place any substance, device, or object in, on, or by any water source to prevent wildlife from using that water source.
 - d. Place any substance in a manner intended to attract bears.
 - e. Use a manual or powered jacking or prying device to take reptiles or amphibians.
 - f. Use dogs to pursue, tree, corner or hold at bay any wildlife for a hunter, unless that hunter is present for the entire hunt.
 - g. Take migratory game birds, except Eurasian collared-doves:
 - i. Using a shotgun larger than 10 gauge, a shotgun of any description capable of holding more than three shells unless it is plugged with a one-piece filler that cannot be removed without disassembling the shotgun so that its total capacity does not exceed three shells.
 - ii. Using electronically amplified bird calls or baits.
 - iii. By means or aid of any motor driven land, water, or air conveyance, or any sailboat used for the purpose of or resulting in the concentrating, driving, rallying, or stirring up of any migratory bird.
 - iv. Activities described under subsections (A)(4)(g)(i) through (A)(4)(g)(iii) are prohibited under 50 C.F.R. 20.21, revised October 1, 2015. The material incorporated by reference in this Section does not include any later amendments or editions. The incorporated material is available at any Department office, online from the Government Printing Office website www.gpoaccess.gov, or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
 - h. Use or discharge any of the following devices while taking wildlife within one-fourth mile (440 yards) of an occupied farmhouse or other residence, cabin,

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lodge or building without permission of the owner or resident:

- i. Arrow or bolt;
 - ii. Atlatl throwing dart;
 - iii. Hybrid device; or
 - iv. Pneumatic weapon .35 caliber or larger.
- i. Participate in, organize, promote, sponsor, or solicit participation in a contest where a participant uses or intends to use any device or implement to capture or kill predatory animals or fur-bearing animals as defined under A.R.S. § 17-101. For the purposes of this subsection, “contest” means a competition among participants where participants must register or record entry and pay a fee, and prizes or cash are awarded to winning or successful participants.
5. A person shall not place, maintain, or use a trail camera, or images, video, to include location, time, or data from a trail camera, for the purpose of taking or aiding in the take of wildlife or locating wildlife for the purpose of taking or aiding in the take of wildlife.
6. A person shall not use images of wildlife produced or transmitted from a satellite or other device that orbits the earth for the purpose of:
- a. Taking or aiding in the take of wildlife, or
 - b. Locating wildlife for the purpose of taking or aiding in the take of wildlife.
 - c. This subsection does not prohibit the use of mapping systems or programs.
7. A person shall not use edible or ingestible substances to aid in taking big game. The use of edible or ingestible substances to aid in taking big game is unlawful when:
- a. A person places edible or ingestible substances for the purpose of attracting or taking big game, or
 - b. A person knowingly takes big game with the aid of edible or ingestible substances placed for the purpose of attracting wildlife to a specific location.
8. For the purposes of subsection (A)(7), edible or ingestible substances do not include any of the following:
- a. Water.
 - b. Salt.
 - c. Salt-based materials produced and manufactured for the livestock industry.
 - d. Nutritional supplements produced and manufactured for the livestock industry and placed during the course of livestock or agricultural operations.
9. A person shall not place, maintain, or use an audio location device for the purpose of taking or aiding in the take of terrestrial wildlife or locating wildlife for the purpose of taking or aiding in the take of terrestrial wildlife.
10. A person shall not aid, assist, direct, lead or instruct a person in the field to locate or take wildlife, if the person’s privilege to guide is currently revoked pursuant to A.R.S. §§ 17-340 or 17-362 and the original revocation period was for five or more years.
- B.** It is unlawful for a person who is a prohibited possessor to take wildlife with a deadly weapon or prohibited weapon.
- C.** Wildlife taken in violation of this Section is unlawfully taken.
- D.** This Section does not apply to any activity allowed under A.R.S. § 17-302, to a person acting within the scope of their official duties as an employee of the state or United States, or as authorized by the Department.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 29, 1977 (Supp. 77-2). Amended effective

September 7, 1978 (Supp. 78-5). Former Section R12-4-52 renumbered as Section R12-4-303 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 28, 1983 (Supp. 83-2). Amended subsections (A) and (C) effective October 31, 1984 (Supp. 84-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 2473, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-304. Lawful Methods for Taking Wild Mammals, Birds, and Reptiles

- A.** A hybrid device is lawful for the take of wildlife provided all components of the device are authorized for the take of that species under this Section.
- B.** A person may only use the following methods to take big game when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318.
1. To take bear:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(1)(i) to be drawn and held with an assisting device; and
 - k. Pursuit with dogs only between August 1 and December 31, provided the person shall immediately kill or release the bear after it is treed, cornered, or held at bay. For the purpose of this subsection, “release” means the person removes the dogs from the area so the bear can escape on its own after it is treed, cornered, or held at bay.
 2. To take bighorn sheep:

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- a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(2)(i) to be drawn and held with an assisting device.
3. To take bison:
- a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Shotguns shooting slugs, only;
 - e. Centerfire handguns no less than .41 Magnum or centerfire handguns with an overall cartridge length of no less than two inches;
 - f. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
 - g. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
 - h. Bows with a standard pull of 40 or more pounds, using arrows with broadheads of no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - i. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(3)(h) to be drawn and held with an assisting device.
4. To take deer:
- a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(4)(i) to be drawn and held with an assisting device.
5. To take elk:
- a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(5)(i) to be drawn and held with an assisting device.
6. To take javelina:
- a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(6)(i) to be drawn and held with an assisting device;
 - k. .22 rimfire magnum rifles; and

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- l. 5 mm rimfire magnum rifles.
 - m. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
7. To take mountain lion:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs or shot;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(7)(i) to be drawn and held with an assisting device;
 - k. Artificial light, during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
 - l. Pursuit with dogs, provided the person shall immediately kill or release the mountain lion after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the mountain lion can escape on its own after it is treed, cornered, or held at bay.
 8. To take pronghorn antelope:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(8)(i) to be drawn and held with an assisting device.
 9. To take turkey:
 - a. Shotguns shooting shot;
 - b. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - c. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(9)(b) to be drawn and held with an assisting device;
 - d. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
 - e. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
 - C. A person may only use the following methods to take small game when authorized by Commission Order and subject to the restrictions under R12-4-303, R12-4-318, and R12-4-422.
 1. To take cottontail rabbits and tree squirrels:
 - a. Firearms,
 - b. Bow and arrow,
 - c. Crossbow,
 - d. Pneumatic weapons,
 - e. Slingshots,
 - f. Hand-held projectiles,
 - g. Falconry, and
 - h. Dogs.
 2. To take all upland game birds and Eurasian collared-dove:
 - a. Bow and arrow;
 - b. Falconry;
 - c. Pneumatic weapons;
 - d. Shotguns shooting shot, only;
 - e. Handguns shooting shot, only;
 - f. Crossbow;
 - g. Slingshot;
 - h. Hand-held projectiles; and
 - i. Dogs.
 3. To take migratory game birds, except Eurasian collared-dove:
 - a. Bow and arrow;
 - b. Crossbow;
 - c. Falconry;
 - d. Dogs;
 - e. Shotguns shooting shot:
 - i. Ten gauge or smaller, except that lead shot shall not be used or possessed while taking ducks, geese, swans, mergansers, gallinules, or coots; and

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- ii. Incapable of holding more than a total of three shells as prescribed under 50 C.F.R. 20.21, published October 1, 2015. The material incorporated by reference in this subsection does not include any later amendments or editions. The material is available at any Department office, online from the Government Printing Office website www.gpoaccess.gov, or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- D. A person may take waterfowl from any watercraft, except a sinkbox, subject to the following conditions:
 - 1. The motor is shut off, the sail is furled, as applicable, and any progress from a motor or sail has ceased;
 - 2. The watercraft may be:
 - a. Adrift as a result of current or wind action;
 - b. Beached;
 - c. Moored;
 - d. Resting at anchor; or
 - e. Propelled by paddle, oars, or pole; and
 - 3. The person may only use the watercraft under power to retrieve dead or crippled waterfowl; shooting is prohibited while the watercraft is under power.
- E. A person may only use the following methods to take predatory and fur-bearing animals when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
 - 1. Firearms;
 - 2. Pre-charged pneumatic weapons .22 caliber or larger;
 - 3. Bow and arrow;
 - 4. Crossbow;
 - 5. Traps not prohibited under R12-4-307;
 - 6. Artificial light while taking raccoon provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail;
 - 7. Artificial light while taking coyote during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
 - 8. Dogs.
- F. A person may take nongame mammals and birds by any method authorized by Commission Order and not prohibited under R12-4-303, R12-4-318, and R12-4-422, subject to the following restrictions. A person:
 - 1. Shall not take nongame mammals and birds using foot-hold traps;
 - 2. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
 - 3. Shall not use firearms at night; and
 - 4. May use artificial light while taking nongame mammals and birds, if the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.
- G. A person may only use the following methods to take hooved nongame mammals when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
 - 1. Centerfire rifles;
 - 2. Muzzleloading rifles;
 - 3. All other rifles using black powder or synthetic black powder;
 - 4. Centerfire handguns;
 - 5. Muzzleloading handguns;
 - 6. Shotguns shooting slugs, only;
 - 7. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
 - 8. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - 9. Bows with a standard pull of 40 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - 10. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (G)(9) to be drawn and held with an assisting device.
- H. A person may take reptiles by any method not prohibited under R12-4-303 or R12-4-318 subject to the following restrictions. A person:
 - 1. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
 - 2. Shall not use firearms at night; and
 - 3. May use artificial light while taking reptiles provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.

Historical Note

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 11, 1978 (Supp. 78-1). Amended effective September 7, 1978 (Supp. 78-5). Amended effective November 14, 1979 (Supp. 79-6). Amended effective July 22, 1980 (Supp. 80-4). Former Section R12-4-53 renumbered as Section R12-4-304 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective April 7, 1983 (Supp. 83-2). Amended subsection (I) effective June 7, 1984 (Supp. 84-3). Amended effective February 28, 1985 (Supp. 85-1). Amended effective September 16, 1985 (Supp. 85-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by exempt rulemaking at 17 A.A.R. 2629, effective December 9, 2011 (Supp. 11-4). Amended by

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final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-305. Possessing, Transporting, Importing, Exporting, and Selling Carcasses or Parts of Wildlife

- A.** A person shall ensure that evidence of legality remains with the carcass or parts of a carcass of any wildlife that the person possesses, transports, or imports until arrival at the person's permanent abode, a commercial processing plant, or the place where the wildlife is to be consumed.
- B.** In addition to the requirement under subsection (A), a person possessing or transporting the following wildlife shall ensure each:
 - 1. Big game animal and sandhill crane has the required valid tag attached in the manner indicated on the tag, as indicated by the Department through the person's electronic device, or as permitted under R12-4-302(E)(6), as applicable;
 - 2. Migratory game bird, except sandhill cranes, has one fully feathered wing attached;
 - 3. Sandhill crane and Eurasian-collared dove has either the fully feathered head or one fully feathered wing attached;
 - 4. Quail has attached a fully feathered head, or a fully feathered wing, or a leg with foot attached; and
 - 5. Freshwater fish has the head, tail, or skin attached so the species can be identified and the total number and required length determined.
- C.** A person who has lawfully taken wildlife that requires a valid tag when prescribed by the Commission may authorize its transportation or shipment by completing and signing the Transportation and Shipping Permit portion of the valid tag or as indicated by the Department through the person's electronic device, as applicable, for that animal. A separate Transportation and Shipping Permit issued by the Department is necessary to transport or ship to another state or country any big game taken with a resident license. Under A.R.S. § 17-372(B), a person may ship other lawfully taken wildlife by common carrier after obtaining a valid Transportation and Shipping Permit issued by the Department. The person shall provide the following information:
 - 1. Number and description of the wildlife to be transported or shipped;
 - 2. Name, address, license number, and license class of the person who took the wildlife;
 - 3. Tag number;
 - 4. Name and address of the person receiving a portion of the carcass of the wildlife as authorized under subsection (D), if applicable;
 - 5. Address of destination where the wildlife is to be transported or shipped; and
 - 6. Name and address of transporter or shipper.
- D.** A person who lawfully takes wildlife under a tag may authorize another individual to possess the head or carcass of the wildlife as prescribed under R12-4-302.
- E.** A person who receives a portion of the wildlife shall provide the identity of the person who took and gave the portion of the wildlife upon request to any peace officer, wildlife manager, or game ranger.
- F.** A person shall not possess the horns of a bighorn sheep, taken by a hunter in this state, unless the horns are marked or sealed as established under R12-4-308.
- G.** Except as provided under R12-4-307, before a person may sell, offer for sale, or export the raw pelt or unskinned carcass of a bobcat taken in this State, the person shall:
 - 1. Present the bobcat for inspection at any Department office, and
 - 2. Purchase a bobcat seal by paying the fee established under R12-4-102 at any Department office or other location as determined and published by the Department. Department personnel or an authorized agent shall attach and lock the bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag.
- H.** A person who takes bear or mountain lion under A.R.S. § 17-302 may retain the carcass of the wildlife if the person has a valid hunting license and the carcass is immediately tagged with a nonpermit-tag, valid hunt permit-tag, or electronic tag as required under R12-4-114 and R12-4-302, provided the person has not reached the applicable bag limit for that big game animal. An animal retained under this subsection shall count toward the applicable bag limit for bear or mountain lion as authorized by Commission Order. The person shall comply with inspection and reporting requirements established under R12-4-308.
- I.** A person may possess, transport, or import only the following portions of a cervid lawfully taken in another state, country, or designated CWD Management Zone:
 - 1. Boneless portions of meat, or meat that has been cut and packaged either personally or commercially.
 - 2. Quarters or other portions of meat with no part of the head, brain tissue, or spinal column attached, except as required for proof of legality provided the cervid quarters and portions are being transported directly to a licensed meat processor located within this State.
 - 3. Clean hides and capes with no head, brain tissue, or spinal column attached, except as required for proof of legality.
 - 4. Clean skulls and skull plates with or without hard antlers with no brain tissue or spinal column attached. This includes antlers in the velvet stage, provided they are attached to a clean skull or skull plate with no brain or spinal tissue attached and are being transported directly to a licensed taxidermist located within this State.
 - 5. Finished taxidermy mounts or products.
 - 6. Upper canine teeth with no meat or tissue attached.
 - 7. Edible organs, such as heart, liver, and kidneys, that have been removed from the cervid's body cavity.
 - 8. For the purposes of this Section, "CWD Management Zone" means the geographic area that surrounds the area where CWD is initially detected. A CWD Management Zone is established to control access to and from the designated area to ensure the appropriate sanitary disposal of cervid carcasses or parts.
- J.** For a cervid taken in another state or country, or in a designated CWD Management Zone, the cervid parts identified in subsection (I) may be transported in Arizona, however, a person is:
 - 1. Prohibited from disposing of any remaining unused tissue that is a byproduct of processing on public or private property, and
 - 2. Shall ensure the unused tissue is placed in a domestic or commercial trash receptacle designated for disposal at a commercial landfill or incinerator.
- K.** A private game farm license holder may transport a cervid lawfully killed or slaughtered at the license holder's game farm to a licensed meat processor.

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- L. A person may possess or transport only the following portions of a cervid lawfully killed or slaughtered at a private game farm authorized under R12-4-413:
 1. Quarters or other portions of meat with no part of the head, brain tissue, or spinal column attached, except as required for proof of legality;
 2. Clean hides and capes with no head, brain tissue, or spinal column attached, except as required for proof of legality;
 3. Clean skulls and skull plates with antlers with no brain tissue or spinal column attached, including antlers in the velvet stage;
 4. Finished taxidermy mounts or products;
 5. Upper canine teeth with no meat or tissue attached; and
 6. Edible organs, such as heart, liver, and kidneys, that have been removed from the cervid's body cavity.
- M. A person who obtains bison meat as authorized under R12-4-306 may sell the meat.
- N. Except for cervids, which are subject to requirements established under subsections (I) through (L), a person may import into this state the carcasses or parts of wildlife, including aquatic wildlife, lawfully taken in another state or country if transported and exported in accordance with the laws of the state or country of origin.
- O. A person shall not transport live crayfish from the site where taken, except as permitted under R12-4-314.
- P. A person in possession of a common carp (*Cyprinus carpio*), buffalofish (*Ictalobus* spp.), or crayfish (families *Astacidae*, *Cambaridae*, and *Parastacidae*) carcass taken under Commission Order may sell the carcass.
 - a. Designate the bison to be harvested to achieve management objectives, and
 - b. Assist in taking the bison if the hunter fails to dispatch a wounded bison within a reasonable period of time.
- 3. Provide a signed written acknowledgment that the hunter received, read, understands, and agrees to comply with the requirements of this Section.
- C. Failure to comply with the requirements of subsection (B) shall result in the invalidation of the hunter's permit-tag, non-permit-tag, or electronic tag, consistent with the written acknowledgment signed and agreed to by the hunter.
- D. A hunter issued a bison permit-tag, valid nonpermit-tag, or electronic tag shall check out using the Department's online hunter questionnaire no more than three days after the end of the hunt, regardless of whether the hunter harvested a bison or did not participate in the bison hunt.
- E. A hunter who harvests a bison may be required to submit a biological sample, such as teeth, blood samples, or parts of the carcass when required by Commission Order.

Historical Note

Former Section R12-4-55 renumbered as Section R12-4-306 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) effective May 12, 1982 (Supp. 82-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). The spelling of Bison was corrected in the Section heading (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Former Section R12-4-54 renumbered as Section R12-4-305 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective June 14, 1983 (Supp. 83-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective April 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-306. Bison Hunt Requirements

- A. When authorized by Commission Order, the Department shall conduct a hunt to harvest bison from the state's bison herds.
- B. A hunter with a bison permit-tag, valid nonpermit-tag, or electronic tag for the House Rock Wildlife Area or Raymond Wildlife Area herd shall:
 1. Attend a hunter orientation meeting, which may include requiring the hunter to:
 - a. Hunt in the order scheduled.
 - b. Hunt in the assigned hunt area.
 2. Allow a Department employee to:

R12-4-307. Trapping Regulations, Licensing; Methods; Tagging of Bobcat Pelts

- A. An Arizona trapping license permits a person to trap predatory and fur-bearing animals.
- B. A trapping license is required for any person 10 years of age and older. A person under the age of 10 is not required to purchase a trapping license, but shall apply for and obtain a registration number. The trapper registration number is not transferable.
- C. A person born on or after January 1, 1967 shall successfully complete a Department-approved trapping education course before applying for a trapping license.
- D. A person applying for a trapping registration number or trapping license shall pay the applicable fees established under R12-4-102.
- E. A person applying for a trapping registration number or trapping license shall apply using a form furnished by the Department. The form is available at any Department office and online at www.azgfd.gov. The person shall provide all of the following information on the form:
 1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number;

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- e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 - 2. Category of license:
 - a. Resident,
 - b. Nonresident, or
 - c. Youth, and
 - 3. The applicant's signature and date.
- F.** A trapper may only trap predatory and fur-bearing animals during trapping seasons established by Commission Order.
- G.** A trapper shall:
- 1. Inspect traps daily;
 - 2. Kill or release all predatory and fur-bearing animals;
 - 3. Possess a choke restraint device that enables the trapper to release a javelina from a trap when trapping in a javelina hunt unit as designated by Commission Order;
 - 4. Possess a device that is designed or manufactured to restrain a trapped animal while it is being removed from a trap when its release is required under this Section; and
 - 5. Release, without additional injury, all animals that cannot lawfully be taken by trap.
 - 6. Subsections (G)(3) and (G)(4) do not apply when the trapper is using a confinement trap.
- H.** A trapper shall not:
- 1. Bait a confinement trap with:
 - a. A live animal;
 - b. Any edible parts of small game, big game, or game fish; or
 - c. Any part of any game bird or nongame bird.
 - 2. Set any trap within:
 - a. One-half mile (880 yards) of any of the following areas developed for public use:
 - i. Boat ramp or launching area,
 - ii. Camping area,
 - iii. Picnic area,
 - iv. Roadside rest area, or
 - v. Developed wildlife viewing platform.
 - b. One-half mile of any occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident.
 - c. One-hundred yards of an interstate highway or any other highway maintained by the Arizona Department of Transportation.
 - d. Fifty feet of any trail maintained for public use by a government agency.
 - e. Seventy-five feet of any other road as defined under A.R.S. § 17-101.
 - f. Subsections (H)(2)(b), (H)(2)(c), (H)(2)(d), and (H)(2)(e) do not apply when the trapper is using a confinement trap.
 - 3. Set a foothold trap within 30 feet of sight-exposed bait.
 - 4. Use any:
 - a. Body-gripping or other instant kill trap with an open jaw spread that exceeds 5 inches for any land set or 10 inches for any water set;
 - b. Foothold trap with an open jaw spread that exceeds 7 1/2 inches for any water set;
 - c. Snare, unless authorized under subsection (I);
 - d. Trap with an open jaw spread that exceeds 6 1/2 inches for any land set; or
 - e. Trap with teeth.
- I.** A trapper who uses a foothold trap to take wildlife with a land set shall use commercially manufactured traps that meet the following specifications:
- 1. A padded or rubber-jawed trap or an unpadded trap with jaws permanently offset to a minimum of 3/16 inch and a device that allows for pan tension adjustment;
 - 2. A foothold trap that captures wildlife by means of an enclosed bar or spring designed to prevent the capture of non-targeted wildlife or domestic animals; or
 - 3. A powered cable device with an inside frame hinge width no wider than 6 inches, a cable loop stop size of at least 2 inches in diameter to prevent capture of small non-target species, and a device that allows for a pan tension adjustment.
- J.** A trapper who uses a foothold trap to take wildlife with a land set shall ensure that the trap has an anchor chain equipped with at least two swivels as follows:
- 1. An anchor chain 12 inches or less in length shall have a swivel attached at each end.
 - 2. An anchor chain greater than 12 inches in length shall have one swivel attached at the trap and one swivel attached within 12 inches of the trap. The anchor chain shall be equipped with a shock-absorbing spring that requires less than 40 pounds of force to extend or open the spring.
- K.** A trapper shall ensure that each trap has either the name and address or the registration number of the trapper marked on a metal tag attached to the trap. The registration number assigned by the Department is the only acceptable registration number.
- L.** A trapper shall immediately attach a valid bobcat transportation tag to the pelt or unskinned carcass of a bobcat taken in this state. The trapper shall validate the transportation tag by providing all of the following information on the bobcat transportation tag:
- 1. Current trapping license number,
 - 2. Management unit where the bobcat was taken,
 - 3. Sex of the bobcat, and
 - 4. Method by which the bobcat was taken.
- M.** The Department shall provide transportation tags with each trapping license. Additional transportation tags are available at any Department office at no charge.
- N.** A trapper shall ensure that all bobcats taken in this state have a bobcat seal attached and locked either through the mouth and an eye opening or through both eye openings no later than April 1 of each year.
- 1. When available, bobcat seals are issued on a first-come, first-served basis at Department offices and other locations at those times and places as determined and published by the Department.
 - 2. The trapper shall pay the bobcat seal fee established under R12-4-102.
 - 3. Department personnel or an authorized agent shall attach and lock a bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag and a complete lower jaw identified with labels provided with the transportation tag. Department personnel or authorized agents shall collect the transportation tags and jaws before attaching the bobcat seal.
- O.** Department personnel shall attach a bobcat seal to a bobcat pelt seized under A.R.S. § 17-211(E)(4) before disposal by the Department to the public.

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- P.** A licensed trapper shall file the annual report prescribed under A.R.S. § 17-361(D). The report form is available at any Department office and online at www.azgfd.gov.
- The trapper shall submit the report to Arizona Game and Fish Department, Terrestrial Wildlife Branch, 5000 W. Carefree Highway, Phoenix, AZ 85086 by April 1 of each year.
 - A report is required even when trapping activities were not conducted.
 - The Department shall deny a trapping license to any trapper who fails to submit an annual report until the trapper complies with reporting requirements.
- Q.** Persons suffering property loss or damage due to wildlife and who take responsive measures as permitted under A.R.S. §§ 17-239 and 17-302 are exempt from this Section. This exemption does not authorize any form of trapping prohibited under A.R.S. § 17-301.

Historical Note

Repealed effective May 3, 1976 (Supp. 76-3). New Section R12-4-56 adopted effective September 2, 1977 (Supp. 77-5). Amended effective December 27, 1979 (Supp. 79-6). Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981. New Section R12-4-307 amended effective August 31, 1981 (Supp. 81-4). Amended effective August 4, 1982 (Supp. 82-4). Correction, Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981 should read "effective August 31, 1981." Amended as an emergency effective March 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-2). Amended subsections (B), (C)(6), (7), and (8) and added subsection (I)(5) as a permanent rule effective August 27, 1984 (Supp. 84-4). Amended subsection (C), paragraph (4), subsection (D), subsection (H), paragraph (1), subsection (I), paragraphs (3), (4) and (5) effective September 12, 1986 (Supp. 86-5). Amended effective March 1, 1994; filed in the Office of the Secretary of State November 23, 1993; Exhibit A - "Trapping Report" Form 2050, repealed from Section R12-4-307 (Supp. 93-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Corrected mislabeled subsection "C" to subsection "D" as per the Commission's request July 22, 1997 (Supp. 97-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-308. Wildlife Inspections; Check Stations; Road-blocks; Harvest Reporting; Hunt Surveys

- A.** The Department has the authority to establish mandatory wildlife check stations.
- The Department shall publish in the Commission Order establishing the season the:
 - Location,
 - Check in requirements, and
 - Check out requirements for that specific season.
 - The Department shall ensure a wildlife check station with a published:
 - Check in requirement is open:
 - 8:00 a.m. the day before the season until 8:00 p.m. the first day of the season, and
 - 8:00 a.m. to 8:00 p.m. during each day of the season.
 - Check out requirement is open:
 - 8:00 a.m. to 8:00 p.m. during each day of the season, and
 - Until 12:00 p.m. on the day after the close of the season.
- 3.** A hunter shall:
- Check in at a wildlife check station in person before hunting when the Department includes a check in requirement in the Commission Order for that season;
 - Check out at a wildlife check station in person after hunting when the Department includes a check out requirement in the Commission Order for that season and shall:
 - Present for inspection any wildlife taken; and
 - Display any license, tag, or permit required for taking or transporting wildlife.
- B.** The Department may conduct inspections of lawfully taken wildlife at the Department's Phoenix and regional offices or designated locations during the posted business hours.
- A bighorn sheep hunter shall check out either in person or by designee within three days after the close of the season. The hunter or designee shall submit the intact horns and skull for inspection and photographing. A Department representative shall affix a mark or seal to one horn of each bighorn sheep lawfully taken under Commission Order. It is unlawful for any person to remove, alter, or obliterate the mark or seal.
 - A hunter who harvests a bear or mountain lion shall:
 - Report information about the kill to the Department either in person or by telephone within 48 hours of taking the wildlife. The report shall include the:
 - Name of the hunter;
 - Hunter's hunting license number;
 - Sex of the wildlife taken;
 - Management unit where the wildlife was taken;
 - Hunter's email address, when available;
 - Telephone number where the hunter can be reached for additional information; and
 - Any additional information required by the Department.
 - Present either in person or by designee the skull, hide, and attached proof of sex for inspection within 10 days of taking the wildlife. If a hunter freezes the skull or hide before presenting it for inspection, the hunter shall prop the jaw open to allow access to the teeth and ensure that the attached proof of sex is identifiable and accessible.
- C.** For seasons other than bear, bighorn sheep, or mountain lion, a hunter who harvests wildlife for which a harvest limit is established shall report information about the kill either in person, by telephone, or through the person's electronic device, as applicable, within 48 hours of taking the wildlife. The report shall include the information required under subsection (B)(2)(a).
- D.** When required by Commission Order:
- A hunter who is issued a permit-tag, nonpermit-tag, or electronic tag shall submit to the Department a completed hunter survey within 30 days following the close of the season.

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2. A hunter who harvests wildlife may be required to submit a biological sample, such as teeth or parts of the carcass, within 10 days of taking the wildlife.
- E. The Director may establish vehicle roadblocks at specific locations when necessary to ensure compliance with applicable wildlife laws. Any occupant of a vehicle at a roadblock shall, upon request, present for inspection all wildlife in possession, and provide evidence of legality as defined under R12-4-301.
- F. It is unlawful for any person to submit a false report under this Section.
- G. This Section does not limit the game ranger or wildlife manager's authority to conduct stops, searches, and inspections authorized under A.R.S. §§ 17-211(E), 17-250(A)(4), and 17-331, or to establish voluntary wildlife survey stations to gather biological information.

Historical Note

Amended effective June 29, 1978 (Supp. 78-3). Former Section R12-4-57 renumbered as Section R12-4-308 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective May 12, 1982 (Supp. 82-3). Amended subsections (B), (D), and (F), and added subsection (G) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective July 12, 1996 (Supp. 96-3). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-309. Authorization for Use of Drugs on Wildlife

- A. A person shall not administer any drug to any wildlife under the jurisdiction of the state, including but not limited to drugs used for fertility control, disease prevention or treatment, immobilization, or growth stimulation without written authorization from the Department or as otherwise provided under subsection (E). This authorization does not:
 1. Exempt a person from any state or federal statute, rule, or regulation, or any municipal or county code or ordinance; or
 2. Authorize a person to engage in any activity using federally protected wildlife.
- B. A person requesting written authorization for the use of drugs on wildlife shall submit the request in writing to the Department at 5000 W. Carefree Highway, Phoenix, AZ 85086 and at least 120 days before the anticipated start date of the activity. The written request shall include all of the following:
 1. A plan that includes:
 - a. The purpose and need for the proposed activity;
 - b. A clear statement of the objectives; for fertility control the statement shall include the target wildlife population goals or densities and the anticipated time-frame for meeting these objectives;
 - c. A description of the agent, drug, or method and any mandated labeling restrictions or limitations designed to reduce or minimize detrimental effects to wildlife and humans;
 - d. Citations of published scientific literature documenting field studies on the efficacy and safety for both target and non-target species, including predators, scavengers, and humans;
 - e. A description of the activity area;
 - f. A description of the target species population and current status;
 - g. A description of the field methodology for delivery that includes the following, as applicable:
 - i. Timing,
 - ii. Sex and number of animals to be treated,
 - iii. Percentage of the population to be treated,
 - iv. Calculated population effect, and
 - v. Short and long term monitoring and evaluation procedures.
2. Documentation regarding the experience and credentials of the applicant or the applicant's agents as it applies to the requested activity;
3. Written permission from landowners or lessees in all locations where the drug will be administered; and
4. Written endorsement from the agency or institution; required when the applicant is a government agency, university, or other institution. The person signing the written endorsement shall have the authority to execute the written endorsement on behalf of the agency or institution.

C. The Department shall notify the applicant of the Department's decision to grant or deny the request within 90 days. The Department has the authority to place conditions on the written authorization regarding:

1. Locations and time-frames,
2. Drugs and methodology,
3. Limitations,
4. Reporting requirements, and
5. Any other conditions deemed necessary by the Department.

D. A person with authorization shall:

1. Carry written authorization while engaged in the activity and exhibit it upon request to any peace officer, wildlife manager, or game ranger;
2. Allow Department personnel to be present to monitor activities for compliance, public safety, and proper treatment of animals;
3. Adhere to all drug label restrictions and precautions;
4. Provide an annual and final report:
 - a. The annual report shall include the number of animals treated, the level of treatment effect obtained to date, and any problems including mortalities or morbidities of target animals. The person shall submit the annual report to the Department by January 31 of each year or as otherwise specified in the written authorization.
 - b. The final report shall include the end results, including the number of wildlife treated and treatment effects on target and non-target wildlife, including mortalities, morbidities, and reproductive rate changes. The person shall submit the final report to the Department no later than 90 days after the completion of the project for which the permit was issued.

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5. Comply with all conditions and requirements set forth in the written authorization.
- E.** This Section does not prohibit the treatment of wildlife by a licensed veterinarian or holder of a special license in accordance with R12-4-407(B)(2) and (8), R12-4-413(K)(5), R12-4-420(J)(3), activities as authorized under R12-4-418, R12-4-420, R12-4-421, and R12-4-423, a person exempt from special licensing under R12-4-407(A)(4) and (5), or reasonable lethal removal activities for wildlife control as authorized under A.R.S. § 17-239(A).
- F.** This Section does not limit:
1. Department employees or Department agents in the performance of their official duties related to wildlife management,
 2. The practices of aquaculture facilities administered by the U.S. Fish and Wildlife Service, and commercial aquaculture facilities operating under a valid license from the Arizona Department of Agriculture, or
 3. The use of supplements or drugs as a part of conventional livestock operations where those supplements may incidentally be consumed by wildlife.
- G.** The Department shall take possession of and dispose of any remaining wildlife drugs administered in violation of this Section and any devices and paraphernalia used to administer those drugs as authorized under A.R.S. §§ 17-211(E), 17-231(A), and 17-240(B).
- H.** Require the person with authorization to indemnify the Department against any injury or damage resulting from the use of animal drugs.
- Historical Note**
- Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-58 renumbered as Section R12-4-309 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended effective January 1, 1999; filed with the Office of the Secretary of State December 4, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). New Section made by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).
- R12-4-310. Fishing Permits**
- A.** The Department may issue a fishing permit to state, county, or municipal agencies or departments and to nonprofit organizations whose primary purpose is to provide treatment and care for persons with physical, developmental, or mental disabilities.
- B.** The permit:
1. Is valid for any two days within a 30 day period;
 2. Authorizes persons with physical, developmental, or mental disabilities to fish without a fishing license upon any public waters except that fishing in the waters of the Colorado River is restricted to fishing from the Arizona shoreline only, unless the persons fishing under the authority of the permit also possess a valid Colorado River stamp from the adjacent state; and
 3. Does not exempt persons fishing under the authority of the permit from compliance with other statutes, Commission Orders, and rules not contained in this Section.
- C.** An applicant for a fishing permit shall submit a properly completed application to the Department. The application is furnished by the Department and is available from any Department office and online at www.azgfd.gov.
1. The applicant shall provide all of the following information:
 - a. The name, address, and telephone number of the agency, department, or nonprofit organization requesting the permit;
 - b. The name, position title, and telephone number of the persons responsible for supervising the persons fishing under the authority of the permit;
 - c. The total number of persons who will be fishing under the authority of the permit;
 - d. The dates for which the permit will be used; and
 - e. The location for which the permit will be valid.
 2. In addition to the information required under subsection (C)(1), nonprofit organizations shall also submit:
 - a. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department; and
 - b. Document identifying the organization's mission.
- D.** The Department shall either grant or deny the fishing permit within the applicable overall time-frame established under R12-4-106.
- E.** The fishing permit holder shall provide instruction on fish identification, fishing ethics, safety, and techniques to the persons who will be fishing under authority of the permit curriculum outline provided by the Department.
- F.** Each person fishing under the sole authority of the fishing permit may take only one-half the regular bag limit established by Commission Order for any species, unless the regular bag limit is one, in which case the permit authorizes the regular bag limit.
- G.** The permit holder shall submit a report to the Department no later than 30 days after the end of the authorized fishing dates. The report form is furnished by the Department and is available at any Department office. The permit holder shall report all of the following information on the form:
1. The fishing permit number and the information contained in the permit;
 2. The total number of persons who fished and total hours fished;
 3. The total number of fish caught, kept, and released, by species.
- H.** The Department may deny future fishing permits to a permit holder who failed to submit the report required under subsection (G) until the permit holder complies with reporting requirements.

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Historical Note

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). New Section adopted November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-311. Exemptions from Requirement to Possess an Arizona Fishing License or Hunting License While Taking Wildlife
In addition to the exemptions prescribed under A.R.S. § 17-335, R12-4-206(E), and R12-4-207(E) and provided the person’s fishing, hunting, or trapping license privileges are not currently revoked by the Commission:

1. A fishing license is not required when a person is:
 - a. Fishing from artificial ponds, tanks, and lakes contained entirely on private lands that are not:
 - i. Open to the public, and
 - ii. Managed by the Department.
 - b. Taking from private property crayfish and other non-native crustaceans and terrestrial mollusks considered to be garden pests, such as but not limited to brown garden snails (*Helix aspersa*) and decollate snails (*Rumina decollata*), pillbugs (*Armadillidium vulgare*), and woodlice (*Armadillidium nasatum*).
 - c. Fishing in Arizona on any designated Saturday occurring during National Fishing and Boating Week, except in waters of the Colorado River forming the common boundaries between Arizona and California, Nevada, or Utah where fishing without a license is limited to the shoreline, unless the state with concurrent jurisdiction removes licensing requirements on the same day.
 - d. Participating in an introductory fishing education program sanctioned by the Department, during scheduled program hours, only. A sanctioned program shall have a Department employee, or authorized volunteer instructor present during scheduled program hours. For the purposes of this subsection, “authorized volunteer instructor” means a person who has successfully passed the Department’s required background check, or provided documentation of the person’s application for a fingerprint clearance card, and sport fishing education workshop.
2. A hunting license is not required when a person is participating in an introductory hunting event organized, sanctioned, or sponsored by the Department. The person may hunt small game, fur-bearing, predator, and designated mammals during scheduled event hours, only. To hunt migratory game birds, the person shall have any stamps required by federal regulation. The introductory hunting event shall have a Department employee, certified hunter education instructor, or authorized volunteer present during scheduled hunting hours. For the purposes of this subsection, “authorized volunteer” means a person who has successfully passed the Department’s required back-

ground check, or provided documentation of the person’s application for a fingerprint clearance card, and Department event best practices training. This subsection does not apply to any event that requires a participant to obtain a permit-tag or nonpermit-tag.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3). Amended effective May 31, 1979. Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-60 renumbered as Section R12-4-311 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) and added subsections (F) and (G) effective December 17, 1981 (Supp. 81-6). Amended as an emergency effective May 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-3). Emergency certification expired. Amended subsections (A) through (E) effective December 7, 1982 (Supp. 82-6). Amended subsections (C) and (D) effective February 9, 1984 (Supp. 84-1). Amended effective December 13, 1985 (Supp. 85-6). Amended subsections (A) and (D) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-311 repealed, new Section R12-4-311 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Former Section R12-4-322 repealed, new Section R12-4-311 adopted effective January 1, 1989, filed effective December 30, 1988” (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-312. Repealed**Historical Note**

Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-61 renumbered as Section R12-4-312 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (E) and (F) effective December 17, 1981 (Supp. 81-6). Amended subsections (A), (C), (D), (E), and added subsection (G) effective December 9, 1982 (Supp. 82-6). Amended subsection (A), paragraph (1) effective November 27, 1984 (Supp. 84-6). Amended effective December 13, 1985 (Supp. 85-6). Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective January 1, 1989, filed December 30, 1988 (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-313. Lawful Methods of Take and Season for Aquatic

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Wildlife

- A.** Subject to the restrictions of this Section, a person may take aquatic wildlife during the day or night using artificial light as prescribed under A.R.S. § 17-301. When a fish die-off is imminent or when otherwise deemed appropriate, the Commission may designate a special season by Commission Order to allow fish to be taken by hand or by any hand-held, non-motorized implement that does not discharge a projectile.
- B.** A person who possesses a valid Arizona fishing license may take aquatic wildlife by angling or simultaneous fishing as defined under R12-4-301 with any bait, artificial fly, or lure subject to the following restrictions:
1. Except for sunfish of the genus *Lepomis*, the flesh of game fish may not be used as bait.
 2. Live baitfish, as defined under R12-4-101, may only be used in designated areas prescribed by Commission Order and designated areas may subsequently be closed or restricted by Commission Order.
 3. Waterdogs may not be used as live bait in that portion of Santa Cruz County lying east and south of State Highway 82 or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
 4. Shall not use more than two lines at any one time.
 5. The Commission may further restrict the lawful methods of take on particular waters by designating one or more of the following special seasons by Commission Order:
 - a. An “artificial flies and lures” season in which only artificial flies and lures may be used in designated areas,
 - b. A “barbless hooks” season in which only the use of barbless or single-point barbless hooks may be used in designated areas,
 - c. An “immediate kill or release” season in which a person must kill and retain the designated species as part of the person’s bag limit or immediately release the wildlife,
 - d. A “catch and immediate release” in which a person must immediately release the designated species,
 - e. An “immediate kill” season in which a person must immediately kill and retain the designated species as part of the person’s bag limit, or
 - f. A “limited-entry” season in which a limited number of permits is made available to the public for a designated species, a particular water, or both.
- C.** In addition to angling, a person who possesses a valid Arizona fishing license may also take the following aquatic wildlife using the following methods:
1. A hybrid device is lawful for the take of aquatic wildlife provided all components of the device are authorized for the take of that species under this subsection.
 2. Carp (*Cyprinus carpio*), buffalofish, mullet, tilapia, goldfish, and shad may be taken by:
 - a. Bow and arrow,
 - b. Crossbow,
 - c. Snare,
 - d. Gig,
 - e. Spear or spear gun, or
 - f. Snagging.
 3. A person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of a designated swimming area as indicated by way of posted signs or notices.
 4. Except for snagging, a person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of any boat dock or fishing pier.
 5. Striped bass may be taken by spear or spear gun in waters designated by Commission Order.
 6. Catfish may be taken by bow and arrow or crossbow in waters designated by Commission Order.
 7. Amphibians, soft-shelled turtles, mollusks, and crustaceans may be taken by minnow trap, crayfish net, hand, or with any hand-held, non-motorized implement that does not discharge a projectile, unless otherwise permitted under this Section.
 8. In addition to the methods described under subsection (C)(7), bullfrogs may be taken by:
 - a. Bow and arrow,
 - b. Crossbow,
 - c. Pneumatic weapon, or
 - d. Slingshot.
 9. Live baitfish may be taken for personal use as bait by:
 - a. A cast net not to exceed a radius of 4 feet measured from the horn to the leadline;
 - b. A minnow trap, as defined under R12-4-301;
 - c. A seine net not to exceed 10 feet in length and 4 feet in width; or
 - d. A dip net.
 10. In addition to the methods described under subsection (C)(7), crayfish may be taken with the following devices:
 - a. A trap not more than 3 feet in the greatest dimension,
 - b. A dip net as defined under R12-4-301, or
 - c. A seine net not larger than 10 feet in length and 4 feet in width.
 11. The Commission may further specify the lawful methods of take on particular waters and for particular species by designating one or more of the following special seasons by Commission Order:
 - a. A “snagging” season in which a person may use this method only at times and locations designated by Commission Order, or
 - b. A “spear or spear gun” season in which a person may use this method only at times and locations designated by Commission Order.
- D.** Aquatic wildlife taken in violation of this Section is unlawfully taken.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 17, 1977 (Supp. 77-3). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-62 renumbered as Section R12-4-313 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 7, 1982 (Supp. 82-6). Amended subsection (A)(7) and added subsection (E)(3) effective November 27, 1984 (Supp. 84-6). Amended subsections (A) and (E) effective December 9, 1985 (Supp. 85-6). Amended subsections (A) and (E) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective October 14, 1993

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(Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-314. Possession, Transportation, or Importation of Aquatic Wildlife

- A. The Commission may prescribe legal sizes for possession of aquatic wildlife through Commission Order.
- B. A person who possesses a valid Arizona fishing license may possess live aquatic wildlife lawfully taken on the waters where taken, but the person shall not transport the aquatic wildlife alive from the waters where taken except that:
1. A person may transport live baitfish listed in subsection (C)(1);
 2. A person may transport live waterdogs except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82; and
 3. Any crayfish taken on waters within Yuma or La Paz Counties may be transported alive for use as live bait in that portion of La Paz County west of Highway 95 and south of Interstate 10, Yuma County, and on the Colorado River from the Palo Verde Diversion Dam downstream to the Southern international boundary with Mexico.
- C. A person who possesses a valid Arizona fishing license may import, transport, or possess live baitfish, crayfish, or waterdogs for personal use as live bait only as follows:
1. A person may possess or transport only the following live baitfish for personal use as live bait:
 - a. Fathead minnow (*Pimephales promelas*),
 - b. Golden shiners (*Notemigonus crysoleucas*),
 - c. Goldfish (*Carassius auratus*),
 - d. Longfin Dace (*Agosia chrysogaster*),
 - e. Sonora Sucker (*Catostomus insignis*),
 - f. Speckled Dace (*Rhynchithys osculus*), and
 - g. Desert Sucker (*Catostomus clarki*).
 2. A person may import for personal use live baitfish listed in subsection (C)(1) from:
 - a. California or Nevada, or
 - b. From any other state with accompanying documentation certifying that the fish are free of Furunculosis.
 3. A person may import, transport, or possess live waterdogs for personal use as bait, except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
 4. A person shall not import, transport, or move live crayfish between waters for personal use as live bait except as allowed in 12 A.A.C. 4, Article 4, or except as allowed in subsection (B)(3).
- D. A person shall attach water-resistant identification to any unattended live boxes or stringers holding fish and ensure the identification bears the person's:
1. Name,
 2. Address, and

3. Fishing license number.

- E. A person who uses a crayfish net or a minnow trap shall raise and empty the trap daily and shall attach water-resistant identification to any unattended traps and ensure the identification bears the person's:
1. Name,
 2. Address, and
 3. Fishing license number.
- F. A person shall not knowingly disturb the crayfish net, live box, minnow trap, or stringer of another unless authorized to do so by the owner.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-63 renumbered as Section R12-4-314 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (B) effective December 31, 1984 (Supp. 84-6). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-315. Repealed**Historical Note**

Former Section R12-4-64 renumbered as Section R12-4-315 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-316. Repealed**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 4, 1979 (Supp. 79-3). Amended subsections (A), (B), (C), and (D) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-65 renumbered as Section R12-4-316 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (C) and (F) effective February 9, 1984 (Supp. 84-1). Amended effective December 31, 1984 (Supp. 84-6). Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2147, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

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R12-4-317. Repealed**Historical Note**

Renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-66 renumbered as Section R12-4-317 without change effective August 13, 1981 (Supp. 81-4).

Correction, Section R12-4-317 formerly shown as repealed should have read reserved. Former Historical Note erroneous, see R12-4-202. Section R12-4-317 adopted effective June 20, 1984 (Supp. 84-3). Repealed effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Repealed effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-318. Seasons for Lawfully Taking Wild Mammals, Birds, and Reptiles

A. Methods of lawfully taking wild mammals, birds, and reptiles during seasons designated by Commission Order as "general" seasons are designated under R12-4-304.

1. Lawful devices are defined under R12-4-101 and R12-4-301.
2. Lawful devices are listed under this Section by the range of effectiveness, from greatest range to least range.
3. A hybrid device may be used in a general season, provided:
 - a. All components of the hybrid device are designated as lawful for a given species under R12-4-304, and
 - b. No components are prohibited under R12-4-303.

B. Methods of lawfully taking big game during seasons designated by Commission Order as "special" are designated under R12-4-304. "Special" seasons are open only to a person who possesses a special big game license tag authorized under A.R.S. § 17-346 and R12-4-120.

C. When designated by Commission Order, the following seasons have specific requirements and lawful methods of take more restrictive than those for general and special seasons, as established under this Section. While taking the species authorized by the season, a person participating in:

1. A "CHAMP" season shall be a challenged hunter access/mobility permit holder as established under R12-4-217.
2. A "pioneer one-horned ram" season shall be a pioneer license holder as established under R12-4-201 and the legal animal defined under R12-4-101.
3. A "youth-only hunt" shall be under the age of 18. A youth hunter whose 18th birthday occurs during a "youth-only hunt" for which the youth hunter has a valid permit or tag may continue to participate for the duration of that "youth-only hunt."
4. A "pursuit-only" season may use dogs to pursue bears, mountain lions, or raccoons as designated by Commission Order, but shall not kill or capture the quarry.
 - a. A person participating in a "pursuit-only" season shall possess and, at the request of Department personnel, produce an appropriate and valid hunting license and any required tag or pursuit-only permit for the wildlife pursued, even though there shall be no kill.

- b. Pursuit is allowed regardless of whether a person has met the bag limit established under R12-4-104(J) for that genus.
- c. A person does not commit an offense under A.R.S. § 17-309 where the person causes or allows a dog to pursue a bear, mountain lion, or raccoon when all of the following apply:
 - i. A pursuit-only season for the wildlife pursued is authorized by Commission Order;
 - ii. The person possesses a valid hunting license and tag;
 - iii. The bear, mountain lion, or raccoon is not injured or killed in the course of the pursuit.
5. A "restricted season" may use any lawful method authorized for a specific species under R12-4-304, except dogs may not be used to pursue the wildlife for which the season was established.
6. An "archery-only" season shall not use any other weapons, including crossbows or bows with a device that holds the bow in a drawn position except as authorized under R12-4-216. A person participating in an "archery-only" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Bows and arrows;
 - b. Falconry; and
 - c. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
7. A "handgun, archery, and muzzleloader (HAM)" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Muzzleloading rifles;
 - b. Handguns without a vertical foregrip or any form of fixed, detachable, or collapsible buttstock, or any apparatus or extension capable of being used to steady the handgun against the body while firing;
 - c. Muzzleloading handguns;
 - d. Bows and arrows;
 - e. Crossbows or bows to be drawn and held with an assisting device;
 - f. Pre-charged pneumatic weapons capable of holding and discharging a single projectile .35 caliber or larger;
 - g. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
 - h. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
8. A "muzzleloader" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Muzzleloading rifles or muzzleloading handguns
 - b. Bows and arrows, and

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- c. Crossbows or bows to be drawn and held with an assisting device.
- 9. A "limited weapon" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Bows and arrows,
 - b. Crossbows or bows to be drawn and held with an assisting device,
 - c. Pneumatic weapons capable of holding and discharging a single projectile .25 caliber or smaller,
 - d. Hand-propelled projectiles,
 - e. Any trap except foothold traps,
 - f. Slingshots,
 - g. Dogs,
 - h. Falconry,
 - i. Nets, or
 - j. Capture by hand.
- 10. A "limited weapon hand or hand-held implement" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Catch-pole,
 - b. Hand,
 - c. Snake hook, or
 - d. Snake tongs.
- 11. A "limited weapon-pneumatic" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Pneumatic weapons discharging a single projectile .25 caliber or smaller,
 - b. Hand-propelled projectiles,
 - c. Slingshots,
 - d. Dogs,
 - e. Falconry,
 - f. Nets, or
 - g. Capture by hand.
- 12. A "limited weapon-rimfire" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Rifled firearms using rimfire cartridges,
 - b. Shotgun shooting shot or slug,
 - c. Bows and arrows,
 - d. Crossbows or bows to be drawn and held with an assisting device,
 - e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
- 13. A "limited weapon-shotgun" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Shotgun shooting shot or slug,
 - b. Muzzleloading shotgun,
 - c. Bows and arrows,
 - d. Crossbows or bows to be drawn and held with an assisting device,
 - e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
- 14. A "limited weapon-shotgun shooting shot" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Shotgun shooting shot,
 - b. Muzzleloading shotgun shooting shot,
 - c. Bows and arrows,
 - d. Crossbows or bows to be drawn and held with an assisting device,
 - e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
- 15. A "falconry-only" season shall be a falconer licensed under R12-4-422 unless exempt under A.R.S. § 17-236(C) or R12-4-407. A falconer participating in a "falconry-only" season shall use no other method of take except falconry.
- 16. A "raptor capture" season shall be a falconer licensed under R12-4-422 unless exempt under R12-4-407.
- 17. A "limited-entry" season means any hunting opportunity for which a limited number of permits is made available to the public.

Historical Note

Adopted effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended effective January 1, 1998; filed in the Office of the Secretary of State November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by

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final rulemaking at 30 A.A.R. 2308 (July 12, 2024),
effective August 10, 2024 (Supp. 24-2).

R12-4-319. Use of Aircraft to Take or Locate Wildlife

- A. A person shall not take, or assist in taking wildlife from or with the aid of aircraft, including drones.
- B. Except in hunt units with Commission-ordered special seasons under R12-4-115 and R12-4-120 and hunt units with seasons only for mountain lion and no other concurrent big game season, a person shall not knowingly locate or assist in locating wildlife from or with the aid of an aircraft, including drones, in a hunt unit with an open big game season. This restriction begins 48 hours before the opening of a big game season in a hunt unit and extends until the close of the big game season for that hunt unit.
- C. A person who possesses a special big game license tag for a special season under R12-4-115 or R12-4-120 or a person who assists or will assist such a licensee shall not knowingly locate or assist in locating wildlife from or with the aid of an aircraft, including drones, within 48 hours before and during a Commission-ordered special season.
- D. This Section does not apply to any person acting within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.
- E. For the purposes of this Section, "locate" means any act or activity that does not take or harass wildlife and is directed at finding wildlife in a hunt area.

Historical Note

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 12, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-68 renumbered as Section R12-4-319 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-319 adopted as an emergency effective October 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. New Section adopted by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-320. Harassment of Wildlife

- A. In addition to the provisions established under A.R.S. § 17-301, it is unlawful to harass, molest, chase, rally, concentrate, herd, intercept, torment, or drive wildlife with or from any aircraft, including drones, as defined under R12-4-301, or with or from any motorized terrestrial or aquatic vehicle.
- B. This Section does not apply to person's acting:
 - 1. In accordance with the provisions established under A.R.S. § 17-239; or
 - 2. Within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-321. Restrictions for Taking Wildlife in City, County, or Town Parks and Preserves

- A. All city, county, and town parks and preserves are closed to hunting and trapping, unless open by Commission Order.
- B. Unless otherwise provided under Commission Order or rule, a city, county, or town may:
 - 1. Limit or prohibit any person from hunting within one-fourth mile (440 yards) or trapping within one half mile (880 yards) of any:
 - a. Developed picnic area,
 - b. Developed campground,
 - c. Developed trailhead,
 - d. Developed wildlife viewing platform,
 - e. Boat ramp,
 - f. Shooting range,
 - g. Occupied structure, or
 - h. Golf course.
 - 2. Require a person entering a city, county, or town park or preserve, for the purpose of hunting, to declare the person's intent to hunt within the park or preserve, if the park or preserve has a check in process established.
 - 3. Allow a person to take wildlife in a city, county, or town park or preserve only during the posted park or preserve hours.
- C. The requirements of subsection (B)(1) do not apply to a reptile and amphibian limited weapon hand or hand-held implement season established by Commission Order.

Historical Note

New Section R12-4-321 renumbered from R12-4-301 and amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-322. Pickup and Possession of Wildlife Carcasses or Parts

- A. For the purposes of this Section, the following definitions apply:
 - 1. "Fresh" means the majority of the wildlife carcass or part is not exposed dry bone and is comprised mainly of hair, hide, or flesh.
 - 2. "Not fresh" means the majority of the wildlife carcass or part is exposed dry bone due to natural processes such as scavenging, decomposition, or weathering.
- B. If not contrary to federal law or regulation, a person may pick up and possess naturally shed antlers or horns or other wildlife parts that are not fresh without a permit or inspection by a Department law enforcement officer.
- C. Except for wildlife carcasses for which a big game salvage permit is issued under A.R.S. § 17-319, a person may only pick up and possess a fresh wildlife carcass or its parts under this Section if the person notifies the Department prior to pick up and possession and:
 - 1. The Department's first report or knowledge of the carcass or its parts is voluntarily provided by the person wanting to possess the carcass or its parts;
 - 2. A Department law enforcement officer or an authorized Department employee or agent is able to observe the car-

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cass or its parts at the site where the animal was found in the same condition and location as when the animal was originally found by the person wanting to possess the carcass or its parts; and

3. A Department law enforcement officer, using the officer's education, training, and experience, determines the animal died from natural causes. The Department may require the person to take the officer to the site where the animal carcass or parts were found when an adequate description or location cannot be provided to the officer.
- D. If a Department law enforcement officer determines that the person wanting to possess the carcass or its parts is authorized to do so under subsection (C), the officer may authorize possession of the carcass or its parts.
- E. Wildlife parts picked up and possessed from areas under control of jurisdictions that prohibit such activity, such as other states, reservations, or national parks, are illegal to possess in this state.
- F. This Section does not authorize the pickup and possession of a threatened or endangered species carcass or its parts.

Historical Note

New Section made by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

ARTICLE 4. LIVE WILDLIFE**R12-4-401. Live Wildlife Definitions**

In addition to definitions provided under A.R.S. § 17-101, and for the purposes of this Article, the following definitions apply:

“Adoption” means the transfer of custody of live wildlife to a member of the public, initiated by either the Department or its authorized agent, when no special license is required.

“Agent” means the person identified on a special license and who assists a special license holder in performing activities authorized by the special license to achieve the objectives for which the license was issued. “Agent” has the same meaning as “sublicensee” and “subpermittee” as these terms are used for the purpose of federal permits.

“Aquarium trade” means the commercial industry and its customers who lawfully trade in aquatic live wildlife.

“Aversion training” means behavioral training in which an aversive stimulus is paired with an undesirable behavior in order to reduce or eliminate that behavior.

“Captive live wildlife” means live wildlife held in captivity, physically restrained, confined, impaired, or deterred to prevent it from escaping to the wild or moving freely in the wild.

“Captive-reared” means wildlife born, bred, raised, or held in captivity.

“Circus” means a scheduled event where a variety of entertainment is the principal business, primary purpose, and attraction. “Circus” does not include animal displays or exhibits held as an attraction for a secondary commercial endeavor.

“Commercial purpose” means the bartering, buying, leasing, loaning, offering to sell, selling, trading, exporting or importing of wildlife or their parts for monetary gain.

“Domestic” means an animal species that does not exist in the wild, and includes animal species that have only become feral after they were released by humans who held them in captivity or individuals or populations that escaped from human captivity.

“Educational display” means a display of captive live wildlife to increase public understanding of wildlife biology, conservation, and management which may or may not include soliciting payment from an audience or an event sponsor with the intent to recover costs incurred in providing the educational display. For the purposes of this Article, “to display for educational purposes” refers to display as part of an educational display.

“Educational institution” means any entity that provides instructional services or education-related services to persons.

“Endangered or threatened wildlife” means wildlife listed under 50 CFR 17.11, revised October 1, 2019, which is incorporated by reference. A copy of the list is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

“Evidence of lawful possession” means any license or permit authorizing possession of a specific live wildlife species or individual, or other documentation establishing lawful possession. Other forms of documentation may include, but are not limited to, a statement issued by the country or state of origin verifying a license or permit for that specific live wildlife species or individual is not required.

“Exhibit” means to display captive live wildlife in public or to allow photography of captive live wildlife for any commercial purpose.

“Exotic” means wildlife or offspring of wildlife not native to North America.

“Fish farm” means a commercial operation designed and operated for propagating, rearing, or selling aquatic wildlife for any purpose.

“Game farm” means a commercial operation designed and operated for the purpose of propagating, rearing, or selling wildlife for any purpose stated under R12-4-413.

“Health certificate” means a certificate of an inspection completed by a licensed veterinarian or federal- or state-certified inspector verifying the animal examined appears to be healthy and free of infectious, contagious, and communicable diseases.

“Hybrid wildlife” means an offspring from two different wildlife species or genera. Offspring from a wildlife species and a domestic animal species are not considered wildlife. This definition does not apply to bird hybrids as defined under the Migratory Bird Treaty Act, under 50 CFR 21.3, revised October 1, 2019.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-314.

“Live bait” means aquatic live wildlife used or intended for use in taking aquatic wildlife.

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“Migratory birds” mean all species listed under 50 CFR 10.13 revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.

“Noncommercial purpose” means the use of products or services developed using wildlife for which no compensation or monetary value is received.

“Nonhuman primate” means any nonhuman member of the order Primate of mammals including prosimians, monkeys, and apes.

“Nonnative” means wildlife or its offspring that did not occur naturally within the present boundaries of Arizona before European settlement.

“Photography” means any process that creates durable images of wildlife or parts of wildlife by recording light or other electromagnetic radiation, either chemically by means of a light-sensitive material or electronically by means of an image sensor.

“Rehabilitated wildlife” means live wildlife that is injured, orphaned, sick, or otherwise debilitated and is provided care to restore it to a healthy condition suitable for release to the wild or for lawful captive use.

“Research facility” means any association, institution, organization, school, except an elementary or secondary school, or society that uses or intends to use live animals in research.

“Restricted live wildlife” means wildlife that cannot be imported, exported, or possessed without a special license or lawful exemption.

“Shooting preserve” means any operation where live wildlife is released for the purpose of hunting.

“Special license” means any license issued under this Article, including any additional stipulations placed on the license authorizing specific activities normally prohibited under A.R.S. § 17-306 and R12-4-402.

“Species of greatest conservation need” means any species listed in the Department’s Arizona’s State Wildlife Action Plan list Tier 1a and 1b published by the Arizona Game and Fish Department. The material is available for inspection at any Department office and on the Department’s website.

“Stock” and “stocking” means to release live aquatic wildlife into public or private waters other than the waters where taken.

“Taxa” means groups of animals within specific classes of wildlife occurring in the state with common characteristics that establish relatively similar requirements for habitat, food, and other ecological, genetic, or behavioral factors.

“Unique identifier” means a permanent marking made of alphanumeric characters that identifies an individual animal, which may include, but is not limited to, a tattoo or microchip.

“USFWS” means the United States Fish and Wildlife Service.

“Volunteer” means a person who:

Assists a special license holder in conducting activities authorized under the special license,

Is under the direct supervision of the license holder at the premises described on the license,

Is not designated as an agent, and

Receives no compensation.

“Wildlife disease” means any disease that poses a health risk to wildlife in Arizona.

“Zoo” means any facility licensed by the Arizona Game and Fish Department under R12-4-420 or, for facilities located outside of Arizona, licensed or recognized by the applicable governing agency.

“Zoonotic” means a disease that can be transmitted from animals to humans or, more specifically, a disease that normally exists in animals but that can infect humans.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-402. Live Wildlife: Unlawful Acts

- A. A person shall not perform any of the following activities with live wildlife unless authorized by a federal license or permit, this Chapter, or A.R.S. Title 3, Chapter 16:
 1. Import any live wildlife into the state;
 2. Export any live wildlife from the state;
 3. Conduct any of the following activities with live wildlife within the state:
 - a. Display,
 - b. Exhibit,
 - c. Give away,
 - d. Lease,
 - e. Offer for sale,
 - f. Possess,
 - g. Propagate,
 - h. Purchase,
 - i. Release,
 - j. Rent,
 - k. Sell,
 - l. Sell as live bait,
 - m. Stock,
 - n. Trade,
 - o. Transport; or
 4. Kill any captive live wildlife.
- B. The Department may seize, quarantine, hold, or euthanize any lawfully possessed wildlife held in a manner that poses an actual or potential threat to the wildlife, other wildlife, or the safety, health, or welfare of the public. The Department shall make reasonable efforts to find suitable placement for any animal prior to euthanizing it.
- C. A person who does not lawfully possess wildlife in accordance with this Article shall be responsible for all costs associated with the care and keeping of the wildlife.
- D. Performing activities authorized under a federal license or permit does not exempt a federal agency or its employees from complying with state permit requirements.

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Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 492, effective April 8, 2017 (Supp. 20-3).

R12-4-403. Escaped or Released Live Wildlife

- A. The Department may seize, quarantine, or euthanize any live wildlife that has been released, has escaped, or is likely to escape if the wildlife poses an actual or potential threat to:
 - 1. Native wildlife;
 - 2. Wildlife habitat; or
 - 3. Public health, safety, or welfare; or
 - 4. Property.
- B. A person shall not release live wildlife, unless specifically directed to do so by the Department or authorized under this Article.
- C. The person releasing or allowing the escape of wildlife shall be responsible for all costs incurred by the Department associated with seizing or quarantining the wildlife.
- D. All special license holders shall be subject to the requirements of this Section.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-404. Possession of Live Wildlife Taken Under an Arizona Hunting or Fishing License

- A. A person may take live wildlife from the wild under a valid Arizona hunting or fishing license provided the current Commission Order authorizes a live bag and possession limit for that wildlife and the individual possesses the appropriate hunting or fishing license and special license, when applicable.
- B. Except for live baitfish which may only be possessed and transported as established under R12-4-316, a person may conduct any of the following activities with wildlife taken under an Arizona hunting or fishing license provided the activity is for a noncommercial purpose:
 - 1. Export,
 - 2. Kill,
 - 3. Place on educational display,
 - 4. Possess,
 - 5. Propagate, and
 - 6. Transport.
- C. A person possessing wildlife or offspring of wildlife taken under this Section shall dispose of the wildlife or offspring of wildlife using any one or more of the following methods:
 - 1. Giving the wildlife as a gift,
 - 2. Exporting the wildlife to another state or jurisdiction, or
 - 3. Disposing of the wildlife as directed by the Department.
- D. A person shall not use wildlife or offspring of wildlife taken under this Section for commercial purposes.
- E. A person exporting live wildlife for a noncommercial purpose shall verify exported live wildlife and offspring of wildlife shall not be:
 - 1. Bartered,
 - 2. Leased,

- 3. Offered for sale,
- 4. Purchased,
- 5. Rented,
- 6. Sold, or
- 7. Used for any commercial purpose.

- F. A person may temporarily hold and release live wildlife possessed under this Section into the wild, provided the person did not remove the wildlife from the immediate area where it was taken.
- G. A person shall not exceed the possession limit of live wildlife established by Commission Order for that species.
 - 1. Offspring of wildlife possessed under this Section shall count towards the established possession limit.
 - 2. A person may possess offspring of amphibians or reptiles in excess of the possession limit for no more than 12 months from the date of birth or hatching.
 - 3. On or before the day the offspring reach 12 months of age, the person possessing them shall dispose of them as prescribed under subsection (C).
 - 4. A person is prohibited from releasing offspring of propagated wildlife into the wild.
- H. A person may use reptiles and amphibians taken under a valid Arizona hunting license for the purpose of providing aversion or avoidance training when the current Commission Order authorizes a live bag and possession limit for that reptile or amphibian.
- I. A person may sell photographs of wildlife taken under a valid hunting or fishing license.
- J. A person who possesses live wildlife or offspring of wildlife taken under this Section shall comply with the requirements prescribed under R12-4-425 if the wildlife becomes listed as restricted wildlife under R12-4-406.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-405. Importing, Purchasing, and Transporting Live Wildlife Without an Arizona License or Permit

- A. A person may import mammals, birds, amphibians, and reptiles not listed as restricted wildlife under R12-4-406 without a special license required under this Article, provided the animals are:
 - 1. Lawfully possessed under a:
 - a. Lawful exemption; or
 - b. Valid license, permit, or other form of authorization from another state, the United States, or another country; and
 - 2. Accompanied by the health certificate required under 3 A.A.C. 2, Article 6, and this Article, when applicable.
- B. A person may import live aquatic wildlife not listed as restricted wildlife under R12-4-406 without a special license under the following conditions:
 - 1. The aquatic wildlife is lawfully possessed under a lawful exemption, valid license, permit, or other form of authorization from another state, the United States, or another country; and
 - 2. The aquatic wildlife is used only for restaurants or markets that are licensed to sell food to the public and the wildlife is killed before it is transported from the restaurant or market, or, if transported alive from the market, is

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conveyed directly to its final destination for preparation as food; or

3. The aquatic wildlife is used only for the aquarium trade or a fish farm and is accompanied by a valid license or permit issued by another state or the United States that allows the wildlife to be transported into this state.

- a. A person in the aquarium trade shall:
 - i. Only use aquatic wildlife used in the aquarium trade as a pet or in an educational display, and
 - ii. Keep aquatic wildlife used in the aquarium trade in an aquarium or enclosed pond that does not allow the wildlife to leave the aquarium or pond and does not allow other live aquatic wildlife to enter the aquarium or pond.
- b. A person in the aquarium trade shall not use or possess aquatic wildlife listed as restricted live wildlife under R12-4-406.

- C. A person shall obtain the appropriate special license listed under R12-4-409(A) before importing aquatic live wildlife for any purpose not stated under subsection (B), unless exempt under this Chapter.

- D. A person may purchase, possess, exhibit, transport, propagate, trade, rent, lease, give away, sell, offer for sale, export, or kill wildlife or aquatic wildlife or its offspring without an Arizona license or permit if the wildlife is lawfully imported and possessed as prescribed under subsections (A) or (B).

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-406. Restricted Live Wildlife

- A. In order to lawfully possess wildlife listed as restricted under this Section, for any activity prohibited under A.R.S. §§ 17-255.02, 17-306, R12-4-902, or this Article, a person shall possess:
 1. All applicable federal licenses and permits; and
 2. The appropriate special license listed under R12-4-409(A); or
 3. Act under a lawful exemption authorized under A.R.S. § 17-255.04, R12-4-314, R12-4-404, R12-4-405, R12-4-407, R12-4-425, R12-4-427, and R12-4-430.
- B. The Commission recognizes the online taxonomic classification from the Integrated Taxonomic Information System as the authority in determining the designations of restricted live mammals, birds, reptiles, amphibians, fish, crustaceans, and mollusks referenced under this Article. The Integrated Taxonomic Information System is available at any Department office and at www.itis.gov.
- C. All of the following are considered restricted live wildlife and are subject to the requirements of this Article, unless otherwise specified:
 1. Hybrid wildlife, as defined under R12-4-401, resulting from the interbreeding of at least one parent species of wildlife that is listed as restricted under this Section. Hybrid wildlife that is the progeny of a restricted wildlife species and a nonrestricted wildlife species is considered restricted wildlife.

2. Transgenic species, unless otherwise specified under this Article. For the purposes of this Section, “transgenic species” means any organism that has had genes from another organism put into its genome through direct human manipulation of that genome. Transgenic species do not include natural hybrids or individuals that have had their chromosome number altered to induce sterility. A transgenic animal is considered wildlife if the genetic material originated from a restricted wildlife species.

- D. Domestic animals, as defined under R12-4-401, are not subject to restrictions under A.R.S. Title 17, 12 A.A.C. 4, or Commission Orders.

- E. For subsections (F) through (M), the common names are provided as examples only and are not all-inclusive of the order, family, or genus.

- F. Unless otherwise specified, all mammals listed below are considered restricted live wildlife:

1. All species of the order *Afrosoricida*. Common names include: golden moles and tenrecs.
2. All species of the following families of the order *Artiodactyla*. Common name: even-toed ungulates:
 - a. The family *Antilocapridae*. Common name: pronghorns.
 - b. The family *Bovidae*. Common names include: antelopes, bison, buffalo, cattle, duikers, gazelles, goats, oxen, and sheep. Except the following genera which are not restricted:
 - i. The genus *Bubalus*. Common name: water buffalo.
 - ii. The genus *Bison*. Common name: American bison, bison, or buffalo.
 - c. The family *Cervidae*. Common names include: cervid, deer, elk, moose, red deer, and wapiti.
 - d. The family *Tayassuidae*. Common name: peccaries.
3. All species of the order *Carnivora*. Common names include: bears, foxes, ocelot, raccoons, servals, skunks, wolves, and weasels.
4. All species of the order *Chiroptera*. Common name: bats.
5. All species of the genus *Didelphis*. Common name: American opossums.
6. All species of the order *Erinaceomorpha*. Common names include: European hedgehogs, gymnures, and moonrats. Except members of the genus *Atelerix*, which are not restricted. Common name: longeared and pygmy hedgehogs.
7. All species of the order *Lagomorpha*. Common names include: hares, pikas, and rabbits. Except for members of the genus *Oryctolagus* containing domestic rabbits, which are not wildlife and are not restricted.
8. All nonhuman primates. Common names include: chimpanzees, gorillas, macaques, orangutans, and spider monkeys.
9. All species of the following families of the order *Rodentia*. Common name: rodents:
 - a. The family *Capromyidae*. Common name: hutias.
 - b. The family *Castoridae*. Common name: beavers.
 - c. The family *Dipodidae*. Common name: jumping mouse.
 - d. The family *Echimyidae*. Common names include: coypus and nutrias.
 - e. The family *Erethizontidae*. Common name: new world porcupines.
 - f. The family *Geomyidae*. Common name: pocket gophers.

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- g. The family *Sciuridae*. Common names include: chipmunks, marmots, prairie dogs, squirrels, and woodchucks.
10. All species of the order *Soricomorpha*. Common names include: desmans, moles, shrews, and shrew-moles.
11. All species of the order *Xenarthra*. Common names include: anteaters, armadillos, and edentates, or sloths.
- G.** Birds listed below are considered restricted live wildlife:
1. The following species within the family *Phasianidae*. Common names: grouse, pheasants, partridges, quail, and turkeys:
- Alectoris chukar*. Common name: chukar.
 - Callipepla gambelii*. Common name: Gambel's quail.
 - Callipepla squamata*. Common name: scaled quail.
 - Colinus virginianus*. Common name: northern bobwhite. Restricted only in game management units 36A, 36B, and 36C as prescribed under R12-4-108.
 - Cyrtonyx montezumae*. Common name: harlequin, Mearn's, or Montezuma quail.
 - Dendragapus obscurus*. Common name: dusky grouse.
 - Mealagris gallopavo gallopavo*, *M. g. intermedia*, *M. g. merriami*, *M. g. mexicana*, *M. g. osceola*, *B. g. silvestris*, and *M. ocellata*. Common name: wild turkey.
2. All species listed under the Migratory Bird Treaty Act listed under 50 CFR 10.13 revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- H.** Reptiles listed below are considered restricted live wildlife:
1. All species of the order *Crocodylia*. Common names include: alligators, caimans, crocodiles, and gavials.
2. All species of the following families or genera of the order *Squamata*:
- The family *Atractaspididae*. Common name: burrowing asps.
 - The following species and genera of the family *Colubridae*:
 - Boiga irregularis*. Common name: brown tree snake.
 - Dispholidus typus*. Common name: boomslang.
 - Rhabdophis*. Common name: keelback.
 - Thelotornis kirtlandii*. Common names include: bird snake or twig snake.
 - The family *Elapidae*. Common names include: Australian elapids, cobras, coral snakes, kraits, mambas, and sea snakes.
 - The family *Helodermatidae*. Common names include: Gila monster and Mexican beaded lizard.
 - The family *Viperidae*. Common names include: pit and true vipers, including rattlesnakes.
3. The following species of the order *Testudines*:
- All species of the family *Chelydridae*. Common name: snapping turtles.
 - All species of the genus *Gopherus*. Common names include: gopher tortoises, including the desert tortoise.
- I.** Amphibians listed below are considered restricted live wildlife. The following species within the order *Anura*, common names frogs and toads:
- The species *Bufo horribilis*, *Bufo marinus*, *Bufo schneideri*. Common names include: giant or marine toads.
 - All species of the genus *Rana*. Common names include: bullfrogs and leopard frogs. Except bullfrogs possessed under A.R.S. § 17-102.
 - All species of the genus *Xenopus*. Common name: clawed frogs.
- J.** Fish listed below are considered restricted live wildlife:
- All species of the family *Acipenseridae*. Common name: sturgeon.
 - The species *Amia calva*. Common name: bowfin.
 - The species *Aplodinotus grunniens*. Common name: freshwater drum.
 - The species *Arapaima gigas*. Common name: bony tongue.
 - All species of the genus *Astyanax*. Common name: tetra.
 - The species *Belonesox belizanus*. Common name: pike topminnow.
 - All species, both marine and freshwater, of the orders *Carcharhiniformes*, *Heterodontiformes*, *Hexanchiformes*, *Lamniformes*, *Orectolobiformes*, *Pristiophoriformes*, *Squaliformes*, *Squatiformes*, and except for all species of the families *Brachaeluridae*, *Hemiscylliidae*, *Orectolobidae*, and *Triakidae*; genera of the family *Scyliorhinidae*, including *Aulohaelaelurus*, *Halaehurus*, *Haploblepharus*, *Poroderma*, and *Scyliorhinus*; and genera of the family *Parascylliidae*, including *Cirrhoscyllium* and *Parascyllium*. Common name: sharks.
 - All species of the family *Centrarchidae*. Common name: sunfish.
 - All species of the family *Cetopsidae* and *Trichomycteridae*. Common name: South American catfish.
 - All species of the family *Channidae*. Common name: snakehead.
 - All of the species *Cirrhinus mrigala*, *Gibelion catla*, and *Labeo rohita*. Common name: Indian carp.
 - All species of the family *Clariidae*. Common names include: airbreathing catfish or labyrinth.
 - All species of the family *Clupeidae* except threadfin shad, species *Dorosoma petenense*. Common names include: herring and shad.
 - The species *Ctenopharyngodon idella*. Common names include: white amur or grass carp.
 - The species *Cyprinella lutrensis*. Common name: red shiner.
 - The species *Electrophorus electricus*. Common name: electric eel.
 - All species of the family *Esocidae*. Common names include: pickerels and pike.
 - All species of the family *Hiodontidae*. Common names include: goldeye and mooneye.
 - The species *Hoplias malabaricus*. Common name: tiger fish.
 - The species *Hypophthalmichthys molitrix*. Common name: silver carp.
 - The species *Hypophthalmichthys nobilis*. Common name: bighead carp.
 - All species of the family *Ictaluridae*. Common name: catfish.
 - All species of the genus *Lates* and *Luciolates*. Common name: Nile perch.
 - All species of the family *Lepisosteidae*. Common name: gar.

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25. The species *Leuciscus idus*. Common names include: ide and whitefish.
 26. The species *Malapterurus electricus*. Common name: electric catfish.
 27. All species of the family *Moronidae*. Common name: temperate bass.
 28. The species *Mylopharyngodon piceus*. Common name: black carp.
 29. All species of the family *Percidae*. Common names include: pike and walleye perches.
 30. All species of the family *Petromyzontidae*. Common name: lamprey.
 31. The species *Polyodon spathula*. Common name: American Paddlefish.
 32. All species of the family *Potamotrygonidae*. Common name: stingray.
 33. All species of the genera *Pygocentrus*, *Pygopristis*, and *Serrasalmus*. Common name: piranha.
 34. All species of the family *Salmonidae*. Common names include: salmon and trout.
 35. The species *Scardinius erythrophthalmus*. Common name: rudd.
 36. All species of the family *Serranidae*. Common name: bass.
 37. The following species, and hybrid forms, of the Genus *Tilapia*: *O. aureus*, *O. mossambica*, *O. niloticus*, *O. urolepis hornorum* and *T. zilli*. Common name: tilapia.
 38. The species *Thymallus arcticus*. Common name: Arctic grayling.
- K.** Crustaceans listed below are considered restricted live wildlife:
1. All freshwater species within the families *Astacidae*, *Cambaridae*, and *Parastacidae*. Common name: crayfish.
 2. The species *Eriocheir sinensis*. Common name: Chinese mitten crab.
- L.** Mollusks listed below are considered restricted live wildlife:
1. The species *Corbicula fluminea*. Common name: Asian clam.
 2. All species of the family *Dreissenidae*. Common names include: quagga and zebra mussel.
 3. The species *Euglandina rosea*. Common name: rosy wolfsnail.
 4. The species *Mytilopsis leucophaeata*. Common names include: Conrad's false dark mussel or false mussel.
 5. All species of the genus *Pomacea*. Common names include: apple snail or Chinese mystery snail.
 6. The species *Potamopyrgus antipodarum*. Common name: New Zealand mud snail.
- M.** All wildlife listed within Aquatic Invasive Species Director's Order #1.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by

final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-407. Exemptions from Special License Requirements for Restricted Live Wildlife

- A.** All live cervids may only be imported, possessed, or transported as authorized under R12-4-430.
- B.** A person is not required to possess a special license to lawfully possess restricted live wildlife under the following circumstances:
1. A person may possess, transport, or give away a desert tortoise (*Gopherus morafkai*) or the progeny of a desert tortoise provided the person lawfully possessed the desert tortoise prior to April 28, 1989 or obtained the tortoise through a Department authorized adoption program. A person who receives a desert tortoise that is given away under this Section is also exempt from special license requirements.
 - a. A person shall not:
 - i. Export a live desert tortoise from this state unless authorized in writing by the Department's special license administrator. A person may only export a live desert tortoise to an education or research institution or zoo located in another state.
 - ii. Possess desert tortoise in excess of the possession limit established under Commission Order 43.
 - iii. Propagate lawfully possessed desert tortoises or their progeny unless authorized in writing by the Department's special license administrator.
 - vi. Release a desert tortoise into the wild.
 - b. A person who possesses a desert tortoise and is moving out-of-state shall gift the desert tortoise to an Arizona resident or to the Department's Tortoise Adoption Program.
 2. A licensed veterinarian may possess restricted wildlife while providing medical care to the wildlife and may release rehabilitated wildlife as directed in writing by the Department, provided:
 - a. The veterinarian keeps records of restricted live wildlife as required by the Veterinary Medical Examining Board, and makes the records available for inspection by the Department.
 - b. The Department assumes no financial responsibility for any care the veterinarian provides, except care that is specifically authorized by the Department.
 3. A person may transport restricted live wildlife through this state provided the person:
 - a. Transports the wildlife through the state within 72 continuous and consecutive hours;
 - b. Ensures at least one person is continually present with, and accountable for, the wildlife while in this state;
 - c. Ensures the wildlife is neither transferred nor sold to another person;
 - d. Ensures the wildlife is accompanied by evidence of lawful possession, as defined under R12-4-401;
 - e. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable; and
 - f. Ensures the carcasses of any wildlife that die while in transport through this state are disposed of only as directed by the Department.

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4. A person may exhibit, export, import, possess, and transport restricted live wildlife for a circus, temporary animal exhibit, or government-authorized state or county fair, provided the person:
 - a. Possesses evidence of lawful possession as defined under R12-4-401, for the wildlife;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Ensures the wildlife does not come into physical contact with the public;
 - e. Keeps the wildlife under complete control by safe and humane means; and
 - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
5. A person may export, import, possess, and transport restricted live wildlife for the purpose of commercial photography, provided the person:
 - a. Possesses evidence of lawful possession as defined under R12-4-401 for the wildlife;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Ensures the wildlife does not come into physical contact with the public;
 - e. Keeps the wildlife under complete control by safe and humane means; and
 - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
6. A person may exhibit, import, possess, and transport restricted live wildlife for advertising purposes other than photography, provided the person:
 - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Maintains the wildlife under complete control by safe and humane means;
 - e. Prevents the wildlife from coming into contact with the public or being photographed with the public;
 - f. Does not charge the public a fee to view the wildlife; and
 - g. Exports the wildlife from the state within 10 days of importation.
7. A person may export restricted live wildlife, provided the person:
 - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Maintains the wildlife under complete control by safe and humane means;
 - d. Prevents the wildlife from coming into contact with the public or being photographed with the public;
 - e. Does not charge the public a fee to view the wildlife; and
 - f. Exports the wildlife from the state within 10 days of importation.
8. A person may possess restricted live wildlife taken alive under R12-4-404, R12-4-405, and R12-4-427, provided the person possesses the wildlife in compliance with those Sections.
9. A person who holds a falconry license issued by another state or country is exempt from obtaining an Arizona Sport Falconry License under R12-4-422, unless remaining in this state for more than 180 consecutive days.
 - a. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
 - b. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry License in order to continue practicing sport falconry in this state.
10. A person may export, give away, import, kill, possess, propagate, purchase, trade, and transport restricted live wildlife provided the person is doing so for a medical or scientific research facility registered with the United States Department of Agriculture under 9 CFR Subpart C 2.30 revised January 1, 2019, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference contains no future editions or amendments.
11. A person may import and transport restricted live game fish, crayfish, and the following species, and hybrid forms, of the Genus *Tilapia*, *O. aureus* *O. mossambica*; *O. niloticus*, *O. urolepis* *honorum* and *T. zilli* directly to restaurants or markets licensed to sell food to the public, when accompanied by a current valid transporter license issued under A.A.C. R3-2-1007.
12. A person operating a restaurant or market licensed to sell food to the public may exhibit, offer for sale, possess, and sell restricted live game fish or crayfish, provided the live game fish and crayfish are killed before being transported from the restaurant or market.
13. A person may export, giveaway, import, kill, possess, propagate, purchase, and trade transgenic animals provided the person is doing so for a medical or scientific research facility.
- C. An exemption granted under this Section is not valid for any wildlife protected by federal law nor does it allow the take of wildlife from the wild.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). The Commission requested an error be corrected in subsection R12-4-

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407(B)(1)(a)(ii) which was amended by final rulemaking in Supp. 21-1. Under Commission Order 43 *possession limits*, of a desert tortoise are established, not *bag limits* as submitted and published. Documentation of the Commission's intent to use the term *possession limits* is published at 21 A.A.R. 324; see also Commission Order 43, Note #4 (Supp. 21-2).

R12-4-408. Holding Wildlife for the Department

- A. A game ranger may authorize a person to possess or transport live wildlife on behalf of the Department if the wildlife is needed as evidence in a pending civil or criminal proceeding.
- B. With the exception of live cervids, the Department has the authority to allow a person to possess and transport captive live wildlife for up to 72 hours or as otherwise directed by the Department.
- C. The Director has the authority to allow a person to hold a live cervid on behalf of the Department.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-409. General Provisions and Penalties for Special Licenses

- A. A special license is required when a person intends to conduct any activity using restricted live wildlife. Special licenses are listed as follows:
 - 1. Aquatic wildlife stocking license, established under R12-4-410;
 - 2. Game bird license, established under R12-4-414;
 - 3. Live bait dealer's license, established under R12-4-411;
 - 4. Private game farm license, established under R12-4-413;
 - 5. Scientific activity license, established under R12-4-418;
 - 6. Sport falconry license, established under R12-4-422;
 - 7. White amur stocking and restocking license, established under R12-4-424;
 - 8. Wildlife holding license, established under R12-4-417;
 - 9. Wildlife rehabilitation license, established under R12-4-423;
 - 10. Wildlife service license, established under R12-4-421; and
 - 11. Zoo license, established under R12-4-420.
- B. An applicant for a special license listed under subsection (A) shall:
 - 1. Submit an application to the Department meeting the specific application requirements established under the applicable governing Section.
 - a. Applications for special licenses are furnished by the Department and are available at any Department office and on the Department's website.
 - b. An application is required upon initial application for a special license and when renewing a special license. A renewal application is appropriate where there are no changes to the:
 - i. Licensed facility location,
 - ii. Species of wildlife held under the special license, or
 - iii. Staff conducting the wildlife activities under the license.
 - 2. Be at least 18 years of age, unless applying for a Game Bird Field Training or Sport Falconry license.

- 3. Pay all applicable fees required under R12-4-412.
- C. At the time of application, the person shall certify:
 - 1. The information provided on the application is true and correct to the applicant's knowledge;
 - 2. The applicant shall comply with any municipal, county, state or federal code, ordinance, statute, regulation, or rule applicable to the license held; and
 - 3. The applicant's live wildlife privileges are not currently suspended or revoked in this state, any other state or territory, or by the United States.
- D. A special license obtained by fraud or misrepresentation is invalid from the date of issuance.
- E. The Department shall either grant or deny a special license within the applicable overall time-frame established for that special license under R12-4-106.
- F. In addition to the criteria prescribed under the applicable governing Section, the Department shall deny a special license when:
 - 1. When it is in the best interest of public health or safety or the welfare of the wildlife;
 - 2. The applicant's live wildlife privileges are revoked or suspended in this state, any other state, or by the United States;
 - 3. The applicant was convicted of illegally holding or possessing live wildlife within five years preceding the date of application for the special license;
 - 4. The applicant knowingly provides false information on an application;
 - 5. The person fails to meet the requirements established under the applicable governing Section or this Section. The Department shall provide a written notice to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- G. A special license holder may only engage in activities using federally-protected wildlife when the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license. A special license issued by the Department does not:
 - 1. Exempt the license holder from any municipal, county, state or federal code, ordinance, statute, regulation, or rule; or
 - 2. Authorize the license holder to engage in any activity using wildlife that is protected by federal regulation.
- H. The Department may place additional stipulations on a special license whenever it is determined necessary to:
 - 1. Conserve wildlife populations,
 - 2. Prevent the introduction and proliferation of wildlife diseases,
 - 3. Prevent wildlife from escaping,
 - 4. Protect public health or safety, or
 - 5. Ensure humane care and treatment of wildlife.
- I. A special license holder shall keep live wildlife in a facility according to the captivity standards prescribed under R12-4-428 and as otherwise required under this Article. The captivity standards prescribed under R12-4-428 are not applicable to a special license holder licensed under R12-4-410, R12-4-411, R12-4-422, and R12-4-424.
- J. A special license holder shall keep records in compliance with the requirements established under the governing Section for a period of at least five years and shall make the records available for inspection to the Department upon request.

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- K.** The Department may conduct an inspection of an applicant's or license holder's facility at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
- L.** Upon determining a disease or other emergency condition exists that poses an immediate threat to the public or the welfare of any wildlife, the Department may immediately order a cessation of operations under the special license and, if necessary, order the humane disposition or quarantine of any exposed, contaminated or affected wildlife.
1. When directed by the Department, a special license holder shall:
 - a. Perform disease testing,
 - b. Submit biological samples to the Department or its designee,
 - c. Surrender the wildlife to the Department,
 - d. Quarantine the wildlife, or
 - e. Humanely euthanize the wildlife.
 2. The license holder shall:
 - a. Ensure any disease or other emergency condition under this subsection is diagnosed by a person professionally certified to make the diagnosis.
 - b. Be responsible for all costs associated with the testing and treatment of the contaminated and affected wildlife.
- M.** If a condition exists, including disease or any violation of this Article, that poses a threat to the public or the welfare of any wildlife, but the threat does not constitute an emergency, the Department may issue a written notice of the condition to the special license holder specifying a reasonable period of time for the license holder to remedy the noticed condition. The notice of condition shall be delivered to the special license holder by certified mail or personal service. Failure of the license holder to remedy the noticed condition within the time specified by the Department is a violation under subsection (N).
- N.** A special license holder shall not:
1. Violate any provision of the governing Section or this Section;
 2. Violate any provision of the special license that the person possesses, including any stipulations specified on the special license;
 3. Violate A.R.S. § 13-2908, relating to criminal nuisance;
 4. Violate A.R.S. § 13-2910, relating to cruelty to animals; or
 5. Refuse to allow the inspection of facilities, wildlife, or required records.
- O.** The Department may take one or more of the following actions when a special license holder is convicted of a criminal offense involving cruelty to animals, violates subsection (N), or fails to comply with any requirement established under the governing Section or this Section:
1. File criminal charges,
 2. Suspend or revoke a special license,
 3. Humanely dispose of the wildlife,
 4. Seize or seize in place any wildlife held under a special license.
 5. A person may appeal to the Commission any Department action listed under this subsection as prescribed under A.R.S. Title 41, Chapter 6, Article 10, except the filing of criminal charges.
- P.** A special license holder who wishes to continue conducting activities authorized under the special license shall submit a renewal application to the Department on or before the special license expiration date.
1. The current license will remain valid until the Department grants or denies the new special license.
 2. If the Department denies the renewal application and the license holder appeals the denial to the Commission as prescribed under subsection (F)(4), the license holder may continue to hold the wildlife until:
 - a. The date on which the Commission makes its final decision on the appeal, or
 - b. The final date on which a person may request judicial review of the decision.
 3. A special license holder who fails to submit a renewal application to the Department before the date the license expires, cannot lawfully possess any live wildlife currently possessed under the license.
- Q.** A special license holder who no longer wishes to continue conducting activities authorized under the special license shall notify the Department in writing of this decision no less than 30 days prior to ceasing wildlife related activities. This notice shall include the proposed disposition of all wildlife held under the special license.
- R.** If required by the governing Section, a special license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The special license becomes invalid if the special license holder fails to submit the annual report by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. When the license holder is acting as a representative of an institution, organization, or agency for the purposes of the special license, the license holder shall submit the report required under subsection this Section:
 - a. By January 31 of each year the license holder is affiliated with the institution, organization, or agency; or
 - b. Within 30 days of the date of termination of the license holder's affiliation with the institution, organization, or agency.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-410. Aquatic Wildlife Stocking License; Restocking License

- A.** An aquatic wildlife stocking or restocking license allows a person to import, possess, purchase, stock, and transport any

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restricted species designated on the license at the location specified on the license.

- B. The aquatic wildlife stocking or restocking license is valid for no more than 20 consecutive days, except that an aquatic wildlife stocking or restocking license is valid for one calendar year when issued to a political subdivision of the state for the purpose of vector control.
- C. In addition to the requirements established under this Section, an aquatic wildlife stocking or restocking license holder shall comply with the special license requirements established under R12-4-409.
- D. The aquatic wildlife stocking and restocking license holder shall be responsible for compliance with all applicable regulatory requirements. The licenses do not:
 - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- E. The Department shall deny an aquatic wildlife stocking or restocking license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny an aquatic wildlife stocking license when:
 - 1. The Department determines that issuance of the license will result in a negative impact to native wildlife; or
 - 2. The applicant proposes to use aquatic wildlife that is not compatible with, or poses a threat to, any wildlife within the river drainage or the area where the stocking is to occur.
- F. An applicant for an aquatic wildlife stocking or restocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following on the application:
 - 1. The applicant's information:
 - a. Name;
 - b. Mailing address; and
 - c. Department ID number, when applicable;
 - 2. When the applicant proposes to use the aquatic wildlife for a commercial purpose the applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 - 3. Aquatic wildlife species information:
 - a. Common name of the aquatic wildlife species;
 - b. Number of animals for each species; and
 - c. Approximate size of the aquatic wildlife that will be used under the license;
 - 4. The purpose for introducing the aquatic wildlife species;
 - 5. For each location where the aquatic wildlife will be stocked, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location of the stocking site, to include river drainage and the Global Positioning System location;
- 6. A detailed description or diagram of the facilities where the applicant will stock the aquatic wildlife, which includes:
 - a. Size of waterbody proposed for stocking aquatic wildlife;
 - b. Nearest river, stream, or other freshwater system;
 - c. Points where water enters each waterbody, when applicable;
 - d. Points where water leaves each waterbody, when applicable; and
 - e. Location of fish containment barriers;
- 7. For each supplier from whom the applicant will obtain aquatic wildlife, the supplier's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
- 8. The dates on which the person will stock aquatic wildlife;
- 9. Any other information required by the Department; and
- 10. The certification required under R12-4-409(C).
- G. In addition to the requirements listed under subsection (F), when an applicant wishes to stock an aquatic species in an area where that species has not yet been introduced, is not currently established, or there is potential for conflict with Department efforts to conserve wildlife, the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following information:
 - 1. Anticipated benefits resulting from the introduction of the aquatic live wildlife species;
 - 2. Potential adverse economic impacts;
 - 3. Potential dangers the introduced aquatic species may possibly create for native aquatic species and game fish, to include all of the following:
 - a. Determination of whether or not the introduced aquatic species is compatible with native aquatic species or game fish;
 - b. Potential ecological problems created by the introduced aquatic species;
 - c. Anticipated hybridization concerns with introducing the aquatic species; and,
 - d. Future plans designed to evaluate the status and impact of the species after it is introduced.
 - 4. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's Online Environmental Review Tool, which is available on the Department's website. The proposal must address each species listed.
- H. An application for an aquatic restocking license is considered to be a renewal of the license when there are no changes to the:
 - 1. Aquatic wildlife species,
 - 2. The purpose for introducing the aquatic wildlife species, and
 - 3. The facilities where the applicant stocked the aquatic wildlife.
- I. An applicant for an aquatic wildlife stocking or restocking license shall pay all applicable fees required under R12-4-412.
- J. An aquatic wildlife stocking or restocking license holder shall:

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1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified to be free of diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to stocking.
 - c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
 3. Maintain records associated with the license for a period of five years following the date of disposition.
 4. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 5. Possess the license or legible copy of the license while conducting any activities authorized under the aquatic stocking license and presents it for inspection upon the request of any Department employee or agent.
 6. Dispose of wildlife only as authorized under this Section or as directed in writing by the Department.
- K.** An aquatic wildlife stocking or restocking license holder shall comply with the requirements established under R12-4-409.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).
- R12-4-411. Live Bait Dealer's License**
- A.** A live bait dealer's license allows a person to perform any of the following activities using the aquatic live wildlife listed under subsection (B): exhibit for sale, export, import, kill, offer for sale, possess, purchase, sell, trade, or transport.
- B.** A live bait dealer's license allows a person to perform any of the activities listed under subsection (A) with any or all of the following aquatic live wildlife:
1. Desert Sucker, *Catostomus clarkii*;
 2. Fathead minnow, *Pimephales promelas*;
 3. Golden shiner, *Notemigonus crysoleucas*;
 4. Goldfish, *Carassius auratus*;
 5. Longfin Dace, *Agosia chrysogaster*;
 6. Speckled Dace, *Rhynchithys osculus*; and
 7. Waterdogs, *Ambystoma tigrinum*, except in that portion of Santa Cruz County lying east and south of State Highway 82, or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
- C.** A live bait dealer's license expires on the last day of the third December from the date of issuance.
- D.** In addition to the requirements established under this Section, a live bait dealer license holder shall comply with the special license requirements established under R12-4-409.
- E.** The live bait dealer's license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F.** The Department shall deny a live bait dealer's license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- G.** An applicant for a live bait dealer's license shall submit an application to the Department. The application is available from any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. The applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number of the applicant's business;
 3. Wildlife species information:
 - a. Common name of all wildlife species; and
 - b. The number of animals for each species that will be sold under the license.
 4. For each location where the wildlife will be used, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 5. A detailed description or diagram of the facilities where the applicant will hold the wildlife;
 6. For each supplier from whom the applicant will obtain wildlife, the supplier's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 7. Any other information required by the Department; and
 8. The certification required under R12-4-409(C).
- H.** An applicant for a live bait dealer's license shall pay all applicable fees required under R12-4-412.
- I.** A live bait dealer's license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).

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2. Obtain live baitfish from a facility certified free of the diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the facility where the wildlife is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to shipping.
 - c. The applicant shall submit a copy of the certification to the Department prior to conducting any activities authorized under the license.
 - d. The live bait dealer's license holder shall include a copy of the certification in each shipment.
3. Maintain records associated with the license for a period of five years following the date of disposition.
4. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
5. Possess the license or legible copy of the license while conducting activities authorized under the live bait dealers license and presents it for inspection upon the request of any Department employee or agent.
6. Dispose of aquatic wildlife only as authorized under this Section or as directed by the Department.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-412. Special License Fees

- A. A person who applies for a special license authorized under this Article shall pay all applicable fees at the time of application. The fees listed below include a \$20 application processing fee.
- B. An initial license fee is required upon initial application or when an applicant fails to renew a special license before the license expires.
- C. A renewal license fee is required when an applicant submits an application to renew the special license before the license expires and provided there are no changes to any of the following:
 1. Licensed facility location,
 2. Species of wildlife held under the special license, and
 3. Staff conducting the wildlife activities under the license.

Short-term Special License Fees	Initial License	Valid For
Aquatic Wildlife Stocking License	\$100	20-days
Aquatic Wildlife Restocking License	\$20	20-days
Aquatic Wildlife Stocking License issued to a political subdivision of the state	no fee	365-days

Aquatic Wildlife Restocking License issued to a political subdivision of the state	no fee	365-days
Game Bird Field Trial License	\$45	10-days
White Amur Stocking License	\$270	20-days
White Amur Restocking License	\$120	20-days

Three-year Special License Fees	Initial License	Renewal License
Game Bird Field Training License	\$95	\$45
Game Bird Hobby License	\$80	\$40
Game Bird Shooting Preserve License	\$425	\$155
Live Bait Dealer's License	\$125	\$35
Private Game Farm License	\$395	\$145
Scientific Activity License	\$70	\$70
Sport Falconry License validates an Arizona hunting or combination hunting and fishing license for hunting or taking quarry with a trained raptor.	\$145	\$145
Wildlife Holding License	\$20	\$20
Wildlife Rehabilitation License	\$20	\$20
Wildlife Service License	\$245	\$95
Zoo License	\$425	\$155

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). New Section adopted effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section repealed by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 27 A.A.R. 400, effective July 1, 2021 (Supp. 21-1).

R12-4-413. Private Game Farm License

- A. A private game farm license authorizes a person to commercially farm and sell captive pen-reared game birds as specified on the license at the location designated on the license.
 1. A private game farm license allows the license holder to display for sale, give away, import, offer for sale, possess, propagate and rear, purchase, rent or lease, sell, trade, or transport captive pen-reared game birds carcasses or parts.
 2. The Private Game Farm License expires on the last day of the third December from the date of issuance.
- B. Private game farm captive pen-reared game birds may be killed or slaughtered, but a person shall not kill or allow the captive pen-reared game birds to be killed by hunting or in a manner that could be perceived as hunting or recreational sport harvest while under the care and control of the private game farm license holder.
- C. Private game farm captive pen-reared game birds shall not be killed by a person who pays a fee to the owner of the private game farm for killing the captive pen-reared game birds, nor shall the game farm owner accept a fee for killing the captive pen-reared game birds, except as authorized under R12-4-414.
- D. A private game farm licenses authorizes the use of only the following captive-reared game birds:
 1. *Alectoris chukar*, Chukar;

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2. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
 3. *Callipepla californica*, California or valley quail;
 4. *Callipepla gambelii*, Gambel's quail;
 5. *Callipepla squamata*, Scaled quail;
 6. *Colinus virginianus*, Northern bobwhite;
 7. *Cyrtonyx montezumae*, Montezuma or Mearns' quail;
 8. *Dendragapus obscurus*, Dusky grouse;
 9. *Oreortyx pictus*, Mountain Quail; and
 10. Phasianus colchicus, Ringneck and whitewing pheasant;
 11. For subsection (D)(2), the incorporated by material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
- E.** The Department shall deny an application for:
1. A new private game farm license for mammals. The Department may accept a renewal application for a private game farm license holder currently permitted to possess mammals, provided the license holder is in compliance with all applicable requirements under R12-4-409, R12-4-428, R12-4-430, and this Section.
 2. A private game farm license for Northern bobwhite, *Colinus virginianus*, in game management units 36A, 36B, and 36C, as prescribed under R12-4-108.
- F.** In addition to the requirements established under this Section, a private game farm holder shall comply with the special license requirements established under R12-4-409.
- G.** The private game farm license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- H.** The Department shall deny a private game farm license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission. An applicant applying for a private game farm license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use captive pen-reared game birds. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. The applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
- I.** For captive pen-reared game birds to be used under the license:
- a. Common name of the captive pen-reared game birds species;
 - b. Number of birds for each species; and
 - c. When the applicant is renewing the private game farm license, the species and number of captive pen-reared game birds for each species currently held in captivity under the license;
- J.** For each location where the applicant proposes to use the captive pen-reared game birds will be used, the land owner's:
- a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
- K.** A detailed description or diagram of the facilities where the applicant will hold the captive pen-reared game birds, and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
- L.** For each wildlife supplier from whom the special license applicant will obtain wildlife, the supplier's:
- a. Name;
 - b. Mailing address; and
 - c. Telephone number;
- M.** Any other information required by the Department; and
- N.** The certification required under R12-4-409(C).
- O.** An applicant for a private game farm license shall pay all applicable fees required under R12-4-412.
- P.** A private game farm license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Ensure each shipment of live captive pen-reared game birds imported into the state is accompanied by a health certificate or other similar form that indicates the captive pen-reared game birds identified on the form appears to be healthy and free of infectious, contagious, and communicable diseases.
 - a. The certificate or other similar form shall be issued no more than 30 days prior to the date on which the captive pen-reared game birds shipped.
 - b. A copy of the certificate shall be submitted to the Department prior to importation.
 3. Ensure the following documentation accompanies each shipment of captive pen-reared game birds made by the game farm:
 - a. Name of the private game farm license holder,
 - b. Private game farm license number,
 - c. Date captive pen-reared game birds were shipped,
 - d. Number of captive pen-reared game birds, by species, included in the shipment,
 - e. Name of the person or common carrier transporting the shipment, and
 - f. Name of the person receiving the shipment.
 4. Provide each person who transports a captive pen-reared game birds carcass from the site of the game farm with a receipt that includes all of the following:
 - a. Date the captive pen-reared game birds were purchased, traded, or given as a gift;

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- b. Name of the game farm; and
 - c. Number of captive pen-reared game birds carcasses, by species, being transported.
- 5. Ensure each facility is inspected by the attending veterinarian at least once every year.
- 6. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
- 7. Maintain records of all captive pen-reared game birds possessed under the license for a period of three years. In addition to the information required under subsections (M)(4)(a) through (M)(4)(e), the records shall also include:
 - a. The private game farm license holder's:
 - i. Name;
 - ii. Mailing address;
 - iii. Telephone number; and
 - iv. Special license number;
 - b. Copies of all federal, state, and local licenses, permits, and authorizations required for the lawful operation of the private game farm;
 - c. Copies of the annual report required under subsection (M);
 - d. Number of all captive pen-reared game birds, by species and the date it was obtained;
 - e. Source of all captive pen-reared game birds and the date it was obtained;
 - f. Number of offspring propagated by all captive pen-reared game birds; and
 - g. For all captive pen-reared game birds disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Manner of disposition to include the names and addresses of persons to whom the captive pen-reared game birds were bartered, given, or sold, when authorized.
- 8. Immediately report to the Department any mortality event that results in the loss of 10% or more of the adult captive pen-reared game birds held on the facility within any seven day period and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
- L. A private game farm license holder shall not:
 - 1. Propagate hybrid wildlife or domestic birds with captive pen-reared game birds; or
 - 2. Possess domestic species under the special license.
- M. A private game farm license holder shall submit an annual report to the Department before January 31 of each year for activities performed under the license for the previous calendar year. The report form is furnished by the Department.
 - 1. A report is required regardless of whether or not activities were performed during the previous year.
 - 2. The private game farm license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 - 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 - 4. The annual report shall include all of the following information, as applicable:
 - a. Number of captive pen-reared game birds, by species;
 - b. Source of all captive pen-reared game birds that the license holder obtained or propagated;
 - c. Date on which the captive pen-reared game birds was obtained or propagated;
 - d. Date on which the captive pen-reared game birds was disposed of and the manner of disposition; and
 - e. Name of person who received captive pen-reared game birds disposed of by barter, given as a gift, or sale.
- N. Except for cervids which shall be disposed of only as established under R12-4-430, a private game farm license holder who no longer uses the captive pen-reared game birds for a commercial purpose shall dispose of the captive pen-reared game birds as follows:
 - 1. Export,
 - 2. Transfer to another private game farm licensed under this Section,
 - 3. Transfer to a zoo licensed under R12-4-420,
 - 4. Transfer to a medical or scientific research facility exempt under R12-4-407,
 - 5. As directed by the Department, or
 - 6. As otherwise authorized under this Section.
- O. A private game farm license holder shall comply with the requirements established under R12-4-428 and R12-4-430.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-414. Game Bird License

- A. A game bird license authorizes a person to conduct certain activities with the captive pen-reared game birds specified on the license and only at the location or locations specified on the license, as described below:
 - 1. Game Bird Hobby:
 - a. Authorizes a license holder to:
 - i. Possess no more than 50 captive pen-reared game birds at any one time;
 - ii. Export, import, kill, possess, propagate, purchase, and transport the captive pen-reared game birds specified on the license for personal, noncommercial purposes only; and
 - iii. Gift a captive pen-reared game bird to another special license holder who is authorized to possess the game bird species.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Hobby license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Callipepla californica*, California or valley quail;
 - iii. *Callipepla gambelii*, Gambel's quail;
 - iv. *Callipepla squamata*, Scaled quail;

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- v. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
 - vi. *Cyrtonyx montezumae*, Montezuma or Mearns' quail; and
 - vii. *Dendragapus obscurus*, Dusky grouse.
 - c. The license holder shall immediately report to the Department any mortality event that results in the loss of 10% or more of the adult game birds held on the facility and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
 - d. The Game Bird Hobby license expires on the last day of the third December from the date of issuance.
2. Game Bird Shooting Preserve:
- a. Authorizes a license holder to:
 - i. Release captive pen-reared game birds for the purpose of hunting or shooting.
 - ii. Export, display, gift, import, kill, offer for sale, possess, propagate, purchase, trade, and transport the captive pen-reared game birds specified on the license.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Shooting Preserve license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D); and
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. The license holder shall:
 - i. Restrict the release and take of the live captive pen-reared game birds on private lands to an area not more than 1,000 acres.
 - ii. Immediately report to the Department any mortality event that results in the loss of 10% or more of the adult game birds held on the facility and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
 - d. The license holder may charge a fee to allow persons to take captive pen-reared game birds on the shooting preserve.
 - e. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
 - f. A captive pen-reared game bird released under a Game Bird Shooting Preserve license may be taken with any method designated under R12-4-304.
 - g. The Game Bird Shooting Preserve license expires on the last day of the third December from the date of issuance.
3. Game Bird Field Trial:
- a. Authorizes a license holder to:
 - i. Release and take captive pen-reared game birds for the purpose of conducting a competition to test the performance of hunting dogs in one field trial event;
 - ii. Import, kill, possess, purchase within the state, and transport the captive pen-reared game birds specified on the license for one field trial event; and
 - iii. Export, gift, kill, or transport any captive pen-reared game bird held after the field trial event.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Trial license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. A person is not required to possess a hunting license in order to participate in a field trial event held under the provisions of this Section.
 - d. A captive pen-reared game bird released under a Game Bird Field Trial license may be taken with any method designated under R12-4-304.
 - e. The Game Bird Field Trial license is valid for no more than ten consecutive days.
4. Game Bird Field Training:
- a. Authorizes a license holder to:
 - i. Release and take released live captive pen-reared game birds specified on the license for the purpose of training a dog or raptor to hunt game birds; and
 - ii. Import, possess, purchase within the state, and transport the captive pen-reared game birds specified on the license; and
 - iii. Export, gift, kill, or transport any captive pen-reared game bird possessed under the license.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Training license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D)(2)(b);
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
 - d. A captive pen-reared game bird released under a Game Bird Field Training license may be taken with any method designated under R12-4-304.
 - e. The Game Bird Field Training license expires on the last day of the third December from the date of issuance.
5. For subsections (A)(2)(b)(ii), (A)(3)(b)(ii), and (A)(4)(b)(ii), the incorporated material is available at any

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Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

- B.** In addition to the requirements established under this Section, a game bird license holder shall comply with the special license requirements established under R12-4-409.
- C.** The game bird license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- D.** The Department shall deny a game bird license to a person who fails to meet the requirements under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department may deny a game bird license when:
1. The applicant proposes to release captive pen-reared game birds:
 - a. At a location where an established wild population of the same species exists.
 - b. During nesting periods of upland game birds or waterfowl that nest in the area.
 2. The applicant requests a license:
 - a. For the sole purpose described under subsection (A)(1) and proposes to possess more than 50 captive pen-reared game birds at any one time.
 - b. To possess Northern bobwhites, *Colinus virginianus*, in any one of the following game management units, as described under R12-4-108; 36A, 36B, and 36C.
 3. The Department determines the:
 - a. Authorized activity listed under this Section may pose a threat to native wildlife, wildlife habitat, or public health or safety.
 - b. Escape of any species listed on the application may pose a threat to native wildlife or public health or safety.
 - c. Release of captive pen-reared game birds may interfere with a wildlife or habitat restoration program.
- E.** An applicant for a game bird license shall submit an application to the Department. A person applying for multiple Game Bird Field Trial licenses shall submit a separate application for each date and location where a competition will occur. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Physical address;
 - d. Telephone number; and
 - e. Department ID number, when applicable;
 2. For captive pen-reared game birds to be used under the license:
 - a. Common name of game bird species;
 - b. Number of animals for each species; and
 - c. When the applicant is renewing a Game Bird Hobby or Shooting Preserve license, the species and number of animals for each species currently held in captivity under the license;
 3. The type of game bird license:
 - a. Game Bird Hobby;
 - b. Game Bird Shooting Preserve;
 - c. Game Bird Field Trial; or
 - d. Game Bird Field Training;
 4. For each location where captive pen-reared game birds will be held, the owner's:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location, when available;
 5. For each location where captive pen-reared game birds will be released, the land owner's or agency's:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location, when available; and
 6. For each captive pen-reared game bird supplier from whom the applicant will obtain game birds, the supplier's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 7. An applicant who is applying for a Game Bird Shooting Preserve or Field Trial license and intends to use the captive pen-reared game birds for a commercial purpose shall also provide the applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 8. An applicant who intends to use the captive pen-reared game birds for an activity affiliated with a sponsoring organization shall also provide the organization's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number of the organization chair or local chapter;
 9. An applicant who is applying for a Game Bird Field Trial license shall also specify the range of dates within which the field trial event will take place, not to exceed a 10-day period;
 10. An applicant who is applying for a Game Bird Hobby or Game Bird Shooting Preserve license shall also provide a detailed description or diagram of the facilities where the applicant will hold captive pen-reared game birds and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
 11. Any other information required by the Department; and
 12. The certification required under R12-4-409(B).

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- F.** An applicant for a game bird license shall pay all applicable fees required under R12-4-412.
- G.** A game bird license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 3. Possess the license or legible copy of the license while conducting any activity authorized under the game bird license and present it for inspection upon the request of any Department employee or agent.
 4. Ensure each shipment of captive pen-reared game birds imported into the state is accompanied by a health certificate.
 - a. The certificate shall be issued no more than 30 days prior to the date on which the game birds are shipped.
 - b. A copy of the certificate shall be submitted to the Department prior to importation.
 5. Provide each person who transports captive pen-reared game birds taken under the game bird license with documentation that includes all of the following:
 - a. Name of the game bird license holder;
 - b. Game bird license number;
 - c. Date the captive pen-reared game bird was obtained;
 - d. Number of captive pen-reared game birds, by species; and
 - e. When the captive pen-reared game birds are being shipped:
 - i. Name of the person or common carrier transporting the shipment, and
 - ii. Name of the person receiving the shipment.
 6. Maintain records of all captive pen-reared game birds possessed under the license for a period of five years. In addition to the information required under subsections (G)(5)(a) through (G)(5)(b), the records shall also include:
 - a. The game bird license holder's:
 - i. Name;
 - ii. Mailing address;
 - iii. Telephone number; and
 - iv. Special license number;
 - b. Copies of the annual report required under subsection (H);
 7. Dispose of captive pen-reared game birds only as authorized under this Section or as directed by the Department.
 8. Conduct license activities solely at the locations and within the timeframes approved by the Department. A Game Bird License holder may request permission to amend the license to conduct activities authorized under the license at an additional location by submitting the application required under subsection (E) to the Department.
- H.** A game bird license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The game bird license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department shall not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall include all of the following information, as applicable:
 - a. Number of all captive pen-reared game birds, by species and the date obtained;
 - b. Source of all captive pen-reared game birds and the date obtained;
 - c. Number of offspring propagated by all captive pen-reared game birds; and
 - d. For all captive pen-reared game birds disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Manner of disposition to include the names and addresses of persons to whom the wildlife was bartered, given, or sold, when authorized.
- I.** A game bird license holder shall comply with the requirements established under R12-4-428.
- J.** A game bird released under a game bird license and found outside of the location specified on the license shall become property of the state and is subject to the requirements prescribed under A.R.S. Title 17 and 12 A.A.C. 4, Article 3.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 2557, effective September 6, 2017 (Supp. 17-3). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-415. Repealed**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-416. Repealed**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-417. Wildlife Holding License

- A.** A wildlife holding license authorizes a person to display for educational purposes, euthanize, export, give away, import, photograph for commercial purposes, possess, propagate, purchase, or transport, restricted and nonrestricted live wildlife lawfully:
1. Held under a valid hunting or fishing license for a purpose listed under subsection (C),
 2. Collected under a valid scientific activity license issued under R12-4-418,
 3. Obtained under a valid wildlife rehabilitation license issued under R12-4-423,

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4. Or as otherwise authorized by the Department.
- B.** A wildlife holding license expires on the last day of the third December from the date of issuance, or, if the license holder is a representative of an institution, organization, or agency described under subsection (C)(4), upon termination of the license holder's affiliation with that entity, whichever comes first.
- C.** A wildlife holding license is valid for the following purposes, only:
1. Advancement of science;
 2. Lawfully possess restricted or nonrestricted live wildlife when it is:
 - a. Necessary to give humane treatment to live wildlife that is declared unsuitable for release by a licensed veterinarian, and is therefore unable to meet its own needs in the wild; or
 - b. Previously possessed under another special license and the primary purpose for that special license no longer exists;
 3. Promotion of public health or welfare;
 4. Provide education under the following conditions:
 - a. The applicant is an educator affiliated or partnered with an educational institution; and
 - b. The educational institution permits the use of live wildlife.
 5. Photograph for a commercial purpose live wildlife provided:
 - a. The wildlife will be photographed without posing a threat to other wildlife or the public, and
 - b. The photography will not adversely impact other affected wildlife in this state, or
 6. Wildlife management.
- D.** The Department shall deny an application for a wildlife holding license for the possession of cervids.
- E.** In addition to the requirements established under this Section, a wildlife holding license holder shall comply with the special license requirements established under R12-4-409.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The wildlife holding license does not:
1. Exempt the license holder or their agent from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder or their agent to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G.** The Department shall deny a wildlife holding license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's wildlife holding privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a wildlife holding when:
1. It is in the best interest of public health or safety or the welfare of the wildlife; or
 2. The issuance of the license will adversely impact other wildlife or their habitat in the state.
- H.** An applicant for a wildlife holding license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and on the Department's website. The applicant shall provide the following information:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. If the applicant will use the wildlife for a commercial purpose, the applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 3. If the applicant will use wildlife for activities authorized by a scientific institution that employs, contracts, or is similarly affiliated with the applicant, the institution's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 4. For wildlife to be used under the license:
 - a. Common name of the wildlife species;
 - b. Number of animals for each species;
 - c. When the application is for the use of multiple species, the applicant shall list each species and the number of animals for each species; and
 - d. When the applicant is renewing the wildlife holding license, the species and number of animals for each species currently held in captivity under the license;
 5. For wildlife to be used for educational purposes:
 - a. The affiliated educational institution's:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number of the educational institution;
 - b. A copy of the established curriculum utilizing sound educational objectives; and
 - c. A plan for how the applicant will address any safety concerns associated with the use of live wildlife in a public setting.
 6. For each location where the applicant proposes to hold the wildlife, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
 7. A detailed description and diagram, or photographs, of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
 8. The dates that the applicant will begin and end holding wildlife;
 9. A clear description of how the applicant intends to dispose of the wildlife once the proposed activity for which the license was issued ends;
 10. Any other information required by the Department; and
 11. The certification required under R12-4-409(C).

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12. For subsection (H)(7), the Department may, at its discretion, accept documented current certification or approval by the applicant's institutional animal care and use committee or similar committee in lieu of the description, diagram, and photographs of the facilities.
- I.** In addition to the requirements listed under subsection (H), at the time of application, an applicant for a wildlife holding license shall also submit:
 1. Evidence of lawful possession, as defined under R12-4-401;
 2. A statement of the applicant's experience in handling and providing care for the wildlife to be held or experience relevant to handling or providing care for wildlife;
 3. A written proposal that contains all of the following information:
 - a. A detailed description of the activity the applicant intends to perform under the license;
 - b. Purpose for the proposed activity;
 - c. The contribution the proposed activity will make to one or more of the primary purposes listed under subsection (C).
 - d. For an applicant who wishes to possess restricted or nonrestricted live wildlife for the purpose of providing humane treatment, a written explanation stating why the wildlife is unable to meet its own needs in the wild and the following information for the licensed veterinarian who will provide care for the wildlife:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
- J.** An applicant for a wildlife holding license shall pay all applicable fees required under R12-4-412.
- K.** A wildlife holding license holder shall:
 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Maintain records associated with the license for a period of five years following the date of disposition.
 3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 4. Possess the license or legible copy of the license while conducting any activity authorized under the wildlife holding license and presents it for inspection upon the request of any Department employee or agent.
 5. Permanently mark any restricted live wildlife used for lawful activities under the authority of the license, when required by the Department.
 6. Ensure that a copy of the license accompanies any transportation or shipment of wildlife made under the authority of the license.
 7. Surrender wildlife held under the license to the Department upon request.
- L.** A wildlife holding license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year or as indicated under subsection (O). The report form is furnished by the Department.
 1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The wildlife holding license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall include all of the following information, as applicable:
 - a. A list of animals held during the year, the list shall be by species and include the source and date on which the wildlife was acquired.
 - b. The permanent mark or identifier of the wildlife, such as name, number, or another identifier for each animal held during the year, when required by the Department. This designation or identifier shall be provided with other relevant reported details for the holding or disposition of the individual animal;
 - c. Whether the wildlife is alive or dead.
 - d. The current location of the wildlife.
 - e. A list of all educational displays where the wildlife was utilized to include the date, location, institution or audience, approximate attendance, and wildlife used.
- M.** A wildlife holding license holder may authorize an agent to assist the license holder in conducting activities authorized under the wildlife holding license, provided the agent's wildlife privileges are not suspended or revoked in any state.
 1. The license holder shall obtain written authorization from the Department before allowing a person to act as an agent.
 2. The license holder shall notify the Department in writing within 10 calendar days of terminating any agent.
 3. The Department may suspend or revoke the license holder's license if an agent violates any requirement of this Section or Article or any stipulations placed upon the license.
 4. An agent may possess wildlife for the purposes outlined under subsection (C), under the following conditions:
 - a. The agent shall possess evidence of lawful possession, as defined under R12-4-401, for all wildlife possessed by the agent;
 - b. The agent shall return the wildlife to the primary license holder's facility within two days of receiving the wildlife.
- N.** A wildlife holding license holder or their agent shall not barter, give as a gift, loan for commercial activities, offer for sale, sell, trade, or dispose of any restricted or nonrestricted live wildlife, offspring of restricted or nonrestricted live wildlife, or their parts except as stipulated on the wildlife holding license or as directed in writing by the Department.
- O.** A wildlife holding license is no longer valid once the primary purpose for which the license was issued, as prescribed in subsection (C), no longer exists. When this occurs, the wildlife holding license holder shall immediately submit the annual report required under (L) to the Department.
- P.** A wildlife license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006

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(Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).
Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-418. Scientific Activity License

- A.** A scientific activity license allows a person to conduct any of the following activities with wildlife when specified on the license:
1. Capture, hold, and release wildlife as directed by the Department,
 2. Collection of dead wildlife,
 3. Display,
 4. Photograph for noncommercial purposes,
 5. Possess,
 6. Propagate,
 7. Take of live wildlife,
 8. Transport, and
 9. Use for educational purposes.
- B.** The Department issues five types of scientific collecting licenses:
1. Academic institution,
 2. Government agency,
 3. Non-governmental organization,
 4. Nonprofit organization, and
 5. Personal.
- C.** A person may apply for a scientific activity license only when the license is requested for:
1. The purpose of wildlife management, gathering information valuable to the maintenance of wild populations, education, the advancement of science, or promotion of the public health or welfare;
 2. A purpose that is in the best interest of the wildlife or the species, will not adversely impact other affected wildlife in this state, and may be authorized without posing a threat to wildlife or public safety; and
 3. A purpose that does not unnecessarily duplicate previously documented projects.
- D.** A scientific activity license expires on December 31 of each year.
- E.** For the protection of wildlife or public safety, the Department has the authority to take any one or more of the following actions:
1. Rescind or modify any method of take authorized by the license;
 2. Restrict the number of animals for each species or other taxa the license holder may take under the license;
 3. Restrict the age, condition, or location of wildlife the license holder may take under the license; or
 4. Deny or substitute the number of specimens and taxa requested on an application.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The scientific activity license does not:
1. Exempt the license holder or their agent from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder or their agent to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G.** The Department may deny a scientific activity license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's scientific activity privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a scientific activity license when:
1. It is in the best interest of the wildlife.
 2. The issuance of the license will adversely impact other wildlife or their habitat in the state; or
 3. It is in the best interest of public health or safety.
- H.** An applicant for a scientific activity license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office, and on the Department's website. A person applying for a scientific activity license shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number; when applicable;
 2. If the applicant will use wildlife for activities supported by a scientific, educational, or government institution, nonprofit organization, or agency that employs, contracts, or is similarly affiliated with the applicant, the applicant shall provide the institution's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number of the institution; and
 - d. The applicant's title or a description of the nature of affiliation with the institution or nonprofit organization;
 3. When the applicant is renewing the scientific activity license, the species and number of animals for each species currently held in captivity;
 4. For each location where the live wildlife will be held, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
 5. A detailed description and diagram, photographs, or documented current certification or approval by the applicant's institutional animal care and use committee or similar committee of the facilities of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
 6. List of activities the applicant intends to perform under the license;
 7. Purpose and justification for the use of wildlife as established under subsection (B);
 8. When the applicant intends to use wildlife for educational purposes, the proposal shall also include the:
 - a. Minimum number of presentations the applicant anticipates to provide under the license;
 - b. Name, title, address, and telephone number of persons whom the applicant has contacted to offer educational presentations; and

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- c. Number of specimens the applicant already possesses for any species requested on the application;
- 9. Applicant's relevant qualifications and experience in handling and, when applicable, providing care for the wildlife to be held under the license;
- 10. Methods of take that the applicant will use, to include:
 - a. Justification for using the method, and
 - b. Proposed method of disposing wildlife taken under the license and any subsequent offspring, when applicable;
- 11. Any other information required by the Department; and
- 12. The certification required under R12-4-409(C).
- J.** An applicant for a scientific activity license shall pay all applicable fees required under R12-4-412.
- K.** A scientific activity license holder shall:
 - 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 - 2. Possess the license or legible copy of the license while conducting any activity authorized under the scientific activity license and presents it for inspection upon the request of any Department employee or agent.
 - 3. Notify the Department in writing within 10 calendar days of terminating any agent.
 - 4. Use the most humane and practical method possible prescribed under R12-4-304, R12-4-313, or as directed by the Department in writing.
 - 5. Conduct activities authorized under the scientific activity license only at the locations and time periods specified on the scientific activity license.
 - 6. Dispose of wildlife, wildlife parts, or offspring, only as directed by the Department.
 - 7. Maintain records associated with the license for a period of five years following the date of disposition.
- L.** A scientific activity license holder shall not:
 - 1. Exhibit any wildlife held under the license, unless the person also possesses a zoo license authorized under R12-4-420.
 - 2. Administer any drug to any wildlife during the term of the scientific activity license without advance written authorization from the Department, unless the drug is administered in the course of treatment by a licensed veterinarian.
- M.** A scientific activity license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the scientific activity license by submitting a written request to the Department.
 - 1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
 - a. An employment or supervisory relationship exists between the applicant and the agent, and
 - b. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
 - 2. The license holder shall obtain approval from the Department prior to allowing the agent assist in any activities.
 - 3. The license holder is liable for all acts the agent performs under the authority of this Section.
 - 4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
 - 5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the scientific activity license and presents it for inspection upon the request of any Department employee or agent.
- N.** A scientific activity license holder may submit to the Department a written request to amend the license to add or delete an agent, location, project, or other component documented on the license at any time during the license period.
- O.** A scientific activity license holder shall submit an annual report to the Department before January 31 of each year. The report form is furnished by the Department.
 - 1. A report is required regardless of whether or not activities were performed during the previous year.
 - 2. The scientific activity license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 - 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 - 4. The Department may stipulate submission of additional interim reports upon license application or renewal.
- P.** A scientific activity license holder who wishes to permanently hold wildlife species collected under the license in Arizona that will no longer be used for activities authorized under the license shall apply for and obtain a wildlife holding license in compliance with R12-4-417 or another appropriate special license.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-419. Repealed**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-420. Zoo License

- A.** A zoo license allows a person to exhibit, export, euthanize, display for educational purposes, give away, import, offer for sale, possess, propagate, purchase, sell, or transport any lawfully possessed restricted and nonrestricted live wildlife.
- B.** A person may apply for a zoo license only for a commercial facility open to the public where the principal business is holding wildlife in captivity for exhibition purposes and for one or more of the following purposes:
 - 1. Advancement of science or wildlife management;
 - 2. Promotion of public health or welfare;
 - 3. Public education; or
 - 4. Wildlife conservation.
- C.** A zoo license expires on the last day of the third December from the date of issuance.
- D.** In addition to the requirements established under this Section, a zoo license holder shall comply with the special license requirements established under R12-4-409.

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- E. The zoo license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F. The Department shall deny a zoo license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a zoo license when:
1. It is in the best interest of the wildlife; or
 2. The issuance of the license will adversely impact other wildlife or their habitat in the state;
- G. An applicant for a zoo license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office, and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. If the applicant is employed by, contracted with, or affiliated with an educational or scientific institution, the applicant shall provide the institution's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 3. Wildlife species to be held under the license:
 - a. Common and current scientific name of the wildlife species; and
 - b. Number of individuals for each species;
 4. If the applicant is renewing the zoo license, the number of animals of each species that are currently in captivity, and evidence of lawful possession as defined under R12-4-401;
 5. For each location where the wildlife will be exhibited, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
 6. A detailed description and diagram of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428;
 7. A description of how the facility or operation meets the definition of a zoo, as defined under A.R.S. § 17-101(A)(26);
 8. The purpose of the license, as described under subsection (B);
 9. Any other information required by the Department; and
 10. The certification required under R12-4-409(C).
- H. In addition to the requirements listed under subsection (G), an applicant for a zoo license shall also submit at the time of application:
1. Proof of current licensing by the United States Department of Agriculture under 9 CFR Subpart A, Animal Welfare;
 2. Photographs of the facility when the zoo is not accredited by the Association of Zoos and Aquariums or Zoological Association of America.
 3. For subsection, (H)(1), 9 CFR Subpart A, Animal Welfare revised January 1, 2019, and no later amendments or editions, which is incorporated by reference. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- I. An applicant for a zoo license shall pay all applicable fees required under R12-4-412.
- J. A zoo license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 3. Ensure each facility is inspected by the attending veterinarian at least once every year.
 4. Hold all wildlife in such a manner designed to prevent wildlife from escaping from the facility specified on the license.
 5. Hold all wildlife in a manner designed to prevent the entry of unauthorized persons or other wildlife.
 6. Hold all wildlife lawfully possessed under the zoo license in the facility specified on the license, except when transporting the wildlife:
 - a. To or from a temporary exhibit;
 - b. For medical treatment; or
 - c. Other activities approved by the Department in writing.
 7. Ensure a temporary exhibit shall not exceed 60 consecutive days at any one location, unless approved by the Department in writing.
 8. Clearly display a sign at the facility's main entrance that states the days of the week and hours when the facility is open for viewing by the general public.
 9. Ensure all wildlife held under the license that has the potential to come into contact with the public is tested for zoonotic diseases appropriate to the species no more than 12 months prior to importation or display. Any wildlife that tests positive for a zoonotic disease shall not be imported into this state without review and approval by the Department in writing.
 10. Dispose of the following wildlife only as directed by the Department:
 - a. Wildlife obtained under a scientific activity license; or
 - b. Wildlife loaned to the zoo by the Department.
 11. Maintain records of all wildlife possessed under the license for a period of five years following the date of dis-

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position. In addition to the information required under subsections (H)(1) through (H)(3), the records shall also include:

- a. Number of all restricted live wildlife, by species and the date it was obtained;
- b. Source of all restricted live wildlife and the date it was obtained;
- c. Number of offspring propagated by all restricted live wildlife; and
- d. For all restricted live wildlife disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Method of disposition.

K. A zoo license holder shall not:

1. Accept any wildlife that is donated, purchased, or otherwise obtained without accompanying evidence of lawful possession.
2. Import into this state any wildlife that may come into contact with the public and tests positive for zoonotic disease, as established under subsection (J)(9).

L. A zoo license holder shall dispose of restricted live wildlife in this state by:

1. Giving, selling, or trading the wildlife to:
 - a. Another zoo licensed under this Section;
 - b. An appropriate special license holder or appropriately licensed or permitted facility in another state or country authorized to possess the wildlife being disposed;
2. Giving selling, or donating the wildlife to a medical or scientific research facility exempt from special license requirements under R12-4-407;
3. Exporting the wildlife to a zoo certified by the Association of Zoos and Aquariums or Zoological Association of America; or
4. As otherwise directed by the Department.

M. A zoo license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.

1. A report is required regardless of whether or not activities were performed during the previous year.
2. The zoo license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
4. The report shall summarize the current species inventory, and acquisition and disposition of all wildlife held under the license.

N. A zoo license holder shall request the authority to possess a new species of restricted live wildlife by submitting a written request to the Department prior to acquisition, unless the wildlife was:

1. Held under the previous year's zoo license and included in the previous annual report, or
2. Authorized in advance by the Department in writing.

O. A zoo license holder shall comply with the requirements established under R12-4-409, R12-4-426, R12-4-428, and R12-4-430, as applicable.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1,

2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Subsections (J) through (O) omitted in supplement 15-4; errors corrected at the request of the Commission at R18-91 (Supp. 18-1). Subsections (A) through (I) amendments omitted in supplement 15-4; full text has been included as submitted at 21 A.A.R. 2813, File No. R15-155, effective December 5, 2015 (Supp. 19-1). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-421. Wildlife Service License

A. A wildlife service license authorizes a person to provide, advertise, or offer assistance in removing the live wildlife listed below to the general public. For the purposes of this Section, the following wildlife, as defined under A.R.S. § 17-101(B), are designated live wildlife:

1. Furbearing animals;
2. Javelina (*Pecari tajacu*);
3. Nongame animals;
4. Predatory animals; and
5. Small game.

B. A wildlife service license is not required when conducting pest control removal services authorized under A.R.S. § Title 3, Chapter 20 for the following wildlife not protected under federal regulation:

1. Rodents, except those in the family Sciuridae;
2. European starlings (*Sturnus vulgaris*);
3. Rosy-faced lovebirds (*Agapornis roseicollis*);
4. House sparrows (*Passer domesticus*);
5. Eurasian collared-doves (*Streptopelia decaocto*);
6. Rock pigeons (*Columba livia*); and
7. Any other non-native wildlife species.

C. A wildlife service license allows a person to conduct activities that facilitate the removal and relocation of live wildlife listed under subsection (A) when the wildlife causes property damage, poses a threat to public health or safety, or if the health or well-being of the wildlife is threatened by its immediate environment. Authorized activities include, but are not limited to, capture, removal, transportation, and relocation.

D. The wildlife service license expires on the last day of the third December from the date of issuance.

E. An employee of a governmental public safety agency is not required to possess a wildlife service license when the employee is acting within the scope of the employee's official duties.

F. In addition to the requirements established under this Section, a wildlife service license holder shall comply with the special license requirements established under R12-4-409.

G. The wildlife service license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:

1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.

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- H.** The Department shall deny a wildlife service license to a person who fails to meet the requirements established under R12-4-409 or this Section or when the person's wildlife service privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I.** An applicant for a wildlife service license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 - d. Physical description, to include the applicant's eye color, hair color, height, and weight; and
 - e. Department ID number, when applicable;
 2. If the applicant will perform license activities for a commercial purpose, the applicant's business:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Hours and days of the week the applicant will be available for service;
 3. The designated wildlife species or groups of species listed under subsection (A) that will be removed under the license;
 4. The methods that the wildlife license holder will use to perform authorized activities;
 5. The general geographic area where services will be performed;
 6. Any other information required by the Department; and
 7. The certification required under R12-4-409(C).
- J.** In addition to the requirements listed under subsection (I), at the time of application, an applicant for a wildlife service license shall also submit:
1. Proof the applicant has a minimum of six months full-time employment or volunteer experience handling wildlife of the species or groups designated on the application; and
 2. A written proposal that contains all of the following information:
 - a. Applicant's experience in the capture, handling, and removal of wildlife;
 - b. Specific species the applicant has experience capturing, handling, or removing;
 - c. General location and dates when the activities were performed;
 - d. Methods used to carry out the activities;
 - e. The methods used to dispose of the wildlife.
- K.** When renewing a license without change to the species or species groups authorized under the current license, the wildlife service license holder may reference supporting materials previously submitted in compliance with subsection (J).
- L.** An applicant for a wildlife service license shall pay all applicable fees required under R12-4-412.
- M.** A wildlife service license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Facilitate the removal and relocation of designated wildlife in a manner that:
 - a. Is least likely to cause injury to the wildlife; and
 - b. Will prevent the wildlife from coming into contact with the general public.
 3. Obtain special authorization from the Department regional office that has jurisdiction over the area where the activities will be conducted when performing any activities involving javelina.
 4. Release captured designated wildlife only as follows:
 - a. Without immediate threat to the animal or potentially injurious contact with humans;
 - b. During an ecologically appropriate time of year;
 - c. Into a suitable habitat;
 - d. In the same geographic area as the animal was originally captured, except that birds may be released at any location statewide within the normal range of that species in an ecological suitable habitat; and
 - e. In an area designated by the Department regional office that has jurisdiction over the area where it was captured.
 5. Euthanize the wildlife using the safest, quickest, and most humane method available.
 6. Dispose of all wildlife that is euthanized or that otherwise dies while possessed under the license by burial or incineration within 30 days of death, unless otherwise directed by the Department.
 7. Possess the license or legible copy of the license while conducting any wildlife service activity and presents it for inspection upon the request of any Department employee or agent.
 8. Inform the Department in writing within five working days of any change in telephone number, area of service, or business hours or days.
 9. Maintain records associated with the license for a period of five years following the date of disposition.
- N.** A wildlife service license holder may submit to the Department a written request to amend the license to add or delete authority to control and release designated species of wildlife, provided the request meets the requirements of this Section.
- O.** A wildlife service license holder shall not:
1. Exhibit wildlife or parts of wildlife possessed under the license.
 2. Possess designated wildlife beyond the period necessary to transport and relocate or euthanize the wildlife.
 3. Retain any parts of wildlife.
- P.** A wildlife service license holder may:
1. Euthanize designated wildlife only when authorized by the Department.
 2. Give injured or orphaned wildlife to a wildlife rehabilitation license holder.
- Q.** A wildlife service license holder shall submit an annual report to the Department before January 31 of each year on activities performed under the license for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The wildlife service license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.

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4. The annual report shall provide a list of all services performed under the license to include:
 - a. The date and location of service;
 - b. The number and species of wildlife removed, and
 - c. The method of disposition for each animal removed, including the location and date of release.
- R. A wildlife service license holder shall comply with the requirements established under R12-4-409 and R12-4-428.

Historical Note

Adopted effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-422. Sport Falconry License

- A. In addition to the definitions provided under A.R.S. § 17-101, R12-4-101, and R12-4-401, and for the purposes of this Section, the following definitions apply:

“Abatement” means the use of a trained raptor to scare, flush, or haze wildlife to manage depredation or other damage, including threats to human health and safety, caused by the wildlife.

“Captive-bred raptor” means a raptor hatched in captivity.

“Hack” means the temporary release of a raptor into the wild to condition the raptor for use in falconry.

“Hybrid” has the same meaning as prescribed under 50 CFR 21.3, revised October 1, 2019. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.

“Imping” means using a molted feather to replace or repair a damaged or broken feather.

“Imprint” has the same meaning as prescribed under 50 CFR 21.3, revised October 1, 2019. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.

“Retrices” means a raptor’s tail feathers.

“Sponsor” means a licensed General or Master falconer with a valid Arizona Sport Falconry license who has committed to mentoring an Apprentice falconer.

“Suitable perch” means a perch that is of the appropriate size and texture for the species of raptor using the perch.

“Wild raptor” means a raptor taken from the wild, regardless of how long the raptor is held in captivity or whether the raptor is transferred to another licensed falconer or other permit type.

- B. An Arizona Sport Falconry license permits a person to capture, possess, train, and transport a raptor for the purpose of sport falconry in compliance with the Migratory Bird Treaty Act and the Endangered Species Act of 1973.

1. The sport falconry license validates the appropriate license for hunting or taking quarry with a trained raptor. When taking quarry using a raptor, a person must possess a valid:
 - a. Sport falconry license, and
 - b. Appropriate hunting license.
2. The sport falconry license is valid until the third December from the date of issuance.
3. A licensed falconer may capture, possess, train, or transport wild, captive-bred, or hybrid raptors, subject to the limitations established under subsections (H)(1), (H)(2), and (H)(3), as applicable.
- C. The Department shall comply with the licensing time-frame established under R12-4-106.
- D. A resident who possesses or intends to possess a raptor for the purpose of sport falconry shall hold an Arizona Sport Falconry license, unless the person is exempt under A.R.S. § 17-236(C) or possesses only raptors not listed under 50 CFR Part 10.13, revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- E. In addition to the requirements established under this Section, a licensed falconer shall also comply with special license requirements established under R12-4-409.
- F. The sport falconry license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
 3. Authorize a licensed falconer to capture or release a raptor or practice falconry on public lands where prohibited or on private property without permission from the land owner or land management agency.
- G. The Department shall deny a sport falconry license to a person who fails to meet the requirements established under R12-4-409, or this Section. The Department shall provide a written notice to an applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- H. The Department may issue a Sport Falconry license for the following levels to an eligible person:
 1. Apprentice level license:
 - a. An Apprentice falconer shall:
 - i. Be at least 12 years of age; and
 - ii. Have a written statement from a sponsor who is a licensed Master Falconer or a General Falconer while practicing falconry as an apprentice. The written statement shall meet the requirements established under subsection (K)(3)(a)(vi). When a sponsorship is terminated, the apprentice is prohibited from practicing falconry until a new sponsor is acquired. After acquiring a new sponsor, an apprentice shall submit a written statement from the new sponsor to the Department within 30 days. The

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- written statement shall meet the requirements established under subsection (K)(3)(a)(vi).
- b. An Apprentice falconer may possess only one raptor at a time for use in falconry.
 - c. An Apprentice falconer is prohibited from possessing any:
 - i. Species listed under 50 CFR 17.11, revised October 1, 2019, and subspecies,
 - ii. Raptor taken from the wild as a nestling,
 - iii. Raptor that has imprinted on humans,
 - iv. Bald eagle (*Haliaeetus leucocephalus*),
 - v. White-tailed eagle (*Haliaeetus albicilla*),
 - vi. Steller's sea-eagle (*Haliaeetus pelagicus*), or
 - vii. Golden eagle (*Aquila chrysaetos*).
 - viii. For the purposes of subsection (H)(1)(c)(i), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
2. General level license:
 - a. A General falconer shall:
 - i. Be at least 16 years of age; and
 - ii. Have submit a written statement provided by the Apprentice Falconer's sponsor, stating that the General falconer practiced falconry as an apprentice falconer for at least two years, including maintaining, training, flying, and hunting with a raptor for at least four months in each year. An applicant cannot substitute any falconry school program or education to shorten the two-year Apprentice period.
 - b. A General falconer may possess:
 - i. Up to three raptors at a time for use in falconry; and
 - ii. Up to the total number of federally permitted or sub-permitted raptors as indicated on the Master falconer's respective federal abatement or propagation permit.
 - c. A General falconer is prohibited from possessing a:
 - i. Bald eagle,
 - ii. White-tailed eagle,
 - iii. Steller's sea-eagle, or
 - iv. Golden eagle.
 3. Master level license:
 - a. A Master falconer shall have practiced falconry as a General falconer for at least five years using raptors possessed by that falconer.
 - b. A Master falconer may possess:
 - i. Any species of wild, captive-bred, or hybrid raptor;
 - ii. Any number of captive-bred raptors provided they are trained and used in the pursuit of wild game;
 - iii. Up to three of the following species, provided the requirements established under subsection (H)(3)(d) are met: Golden eagle, White-tailed eagle, or Steller's Sea eagle; and
 - iv. Up to the total number of federally permitted abatement or propagation raptors as indicated on the Master falconer's respective federal abatement or propagation permit.
 - c. A Master falconer is prohibited from possessing:
 - i. More than three eagles,
 - ii. A bald eagle, or
 - iii. More than five wild caught raptors.
 - d. A Master falconer who wishes to possess an eagle shall apply for and receive approval from the Department before possessing an eagle for use in falconry. The licensed falconer shall submit the following documentation to the Department before a request may be considered:
 - i. Proof the licensed falconer has experience in handling large raptors such as, but not limited to, ferruginous hawks (*Buteo regalis*) and goshawks (*Accipiter gentilis*);
 - ii. Information regarding the raptor species, to include the type and duration of the activity in which the experience was gained; and
 - iii. Written statements of reference from two persons who have experience handling or flying large raptors such as, but not limited to, eagles, ferruginous hawks, and goshawks. Each written statement shall contain a concise history of the author's experience with large raptors, and an assessment of the applicant's ability to care for and fly an eagle in falconry.
- I. A sponsor shall:
 1. Be at least 18 years of age.
 2. Have practiced falconry as a Master or General falconer for at least two years.
 3. Sponsor no more than three apprentices at any one time.
 4. Notify the Department within 30 consecutive days after a sponsorship is terminated.
 5. Determine the appropriate species of raptor for possession by an apprentice.
 6. Provide instruction to the Apprentice falconer pertaining to:
 - a. Husbandry, training, and trapping of raptors held for falconry;
 - b. Hunting with a raptor; and
 - c. Relevant wildlife laws and regulations.
 - J. A falconer licensed in another state or country is exempt from obtaining an Arizona Sport Falconry license under R12-4-407(B)(9), unless the falconer remains in Arizona for more than 180 consecutive days. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry license in order to continue practicing sport falconry in this state. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
 1. A falconer licensed in another state shall:
 - a. Comply with all applicable state and federal falconry regulations,
 - b. Possess only those raptors authorized under the out-of-state sport falconry license, and
 - c. Provide a health certificate for each raptor possessed under the out-of-state sport falconry license when the raptor is present in this state for more than 30 consecutive days. The health certificate may be issued after the date of the interstate importation, but shall have been issued no more than 30 consecutive days prior to the interstate importation.
 2. A falconer licensed in another country may possess, train, and use for falconry only those raptors authorized under

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the out-of-country sport falconry license, provided the import of that species into the United States is not prohibited. This subsection does not prohibit the falconer from flying or training a raptor lawfully possessed by any other licensed falconer.

3. A falconer licensed in another country is prohibited from leaving an imported raptor in this state, unless authorized under federal permit. The falconer shall report the death or escape of a raptor possessed by that falconer to the Department as established under subsection (O)(1) or prior to leaving the state, whichever occurs first.
4. A falconer licensed in another country shall:
 - a. Comply with all applicable state and federal falconry regulations;
 - b. Comply with falconry licensing requirements prescribed by the country of licensure not in conflict with federal or state law;
 - c. Notify the Department no less than 30 consecutive days prior to importing a raptor into this state;
 - d. Provide a health certificate, issued no earlier than 30 consecutive days prior to the date of importation, for each raptor imported into this state; and
 - e. Attach two functioning radio transmitters to any raptor imported into this country by the falconer while flown free in this state by any falconer.
- K. An applicant for a Sport Falconry license shall pass the examination required under subsection (N), ensure their raptor housing facility is inspected and meets the requirements established under subsection (M), and submit an application to the Department. The application is furnished by the Department and is available at any Department office and on the Department's website.
 1. An applicant shall provide the following information on the application:
 - a. Falconry level desired;
 - b. Name;
 - c. Date of birth;
 - d. Mailing address;
 - e. Telephone number, when available;
 - f. Department I.D. number;
 - g. Applicant's physical description, to include the applicant's eye color, hair color, height, and weight;
 - h. Arizona hunting license number, when available;
 - i. Number of years of experience as a falconer;
 - j. Current Falconry license level;
 - k. Physical address of a housing facility when the raptor is kept at another location, when applicable;
 - l. Information documenting all raptors possessed by the applicant at the time of application, to include:
 - i. Species;
 - ii. Subspecies, when applicable;
 - iii. Age;
 - iv. Sex;
 - v. Band or microchip number, as applicable;
 - vi. Date and source of acquisition; and
 - m. The certification required under R12-4-409(C);
 - n. Parent or legal guardian's signature, when the applicant is under the age of 18;
 - o. Date of application; and
 - p. Any other information required by the Department.
 2. An applicant shall certify that the applicant has read and is familiar with applicable state laws, rules, and the regulations under 50 CFR Part 13 and the other applicable parts in 50 CFR Chapter I, Subchapter B and that the information submitted is complete and accurate to the best of their knowledge and belief.
3. In addition to the information required under subsection (K)(1), a person applying for:
 - a. An Apprentice level license shall also provide the sponsor's:
 - i. Name,
 - ii. Date of birth,
 - iii. Mailing address,
 - iv. Department I.D. number,
 - v. Telephone number, and
 - vi. A written statement from the sponsor stating that the falconer agrees to sponsor the applicant.
 - b. A General level license shall also provide:
 - i. Information documenting the applicant's experience in maintaining falconry raptors, to include the species and period of time each raptor was possessed while licensed as an Apprentice falconer; and
 - ii. A written statement from the sponsor certifying that the applicant has practiced falconry at the Apprentice falconer level for at least two years, and maintained, trained, flown, and hunted with a raptor for at least four months in each year.
 - c. A Master level license shall certify that the falconer has practiced falconry as a General falconer with his or her own raptors for at least five years.
- L. An applicant for any level Sport Falconry license shall pay all applicable fees required under R12-4-412.
- M. The Department shall inspect the applicant's raptor housing facilities, materials, and equipment to verify compliance with the requirements established under R12-4-409(I), and this Section before issuing a Sport Falconry license. The applicant or licensed falconer shall ensure all raptors currently possessed by the falconer and kept in the housing facility are present at the time of inspection.
 1. The Department may inspect a housing facility, equipment, raptors, or records:
 - a. At any time before or during the license period to determine compliance with this Section,
 - b. After a change of location, when the Department cannot verify the housing facility is the same facility as the one approved by a previous inspection, or
 - c. Prior to the acquisition of a new species or addition of another raptor when the previous inspection does not indicate the housing facilities can accommodate a new species or additional raptor.
 - d. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 2. A licensed falconer shall notify the Department no more than five business days after changing the location of a housing facility.
 3. When a housing facility is located on property not owned by the licensed falconer, the falconer shall provide a written statement signed and dated by the property owner at the time of inspection. The written statement shall specify that the licensed falconer has permission to keep a raptor on the property and the property owner permits the Department to inspect the falconry housing facility at any reasonable time of day and in the presence of the licensed falconer.

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4. A licensed falconer shall ensure the housing facility:
 - a. Provides a healthy and safe environment,
 - b. Is designed to keep predators and domestic animals out,
 - c. Is designed to avoid injury to the raptor,
 - d. Is easy to access,
 - e. Is easy to clean, and
 - f. Provides access to fresh water and sunlight.
 5. In addition to the requirements established under R12-4-409(I):
 - a. A licensed falconer shall ensure housing facilities where raptors are held:
 - i. Has a suitable perch that is protected from extreme temperatures, wind, and excessive disturbance for each raptor;
 - ii. Has at least one opening for sunlight; and
 - iii. Has walls that are solid, constructed of vertical bars spaced narrower than the width of the body of the smallest raptor housed therein, or any other suitable materials approved by the Department. A nestling may be kept in any suitable container or enclosure until it is capable of flight.
 - b. A licensed falconer shall possess all of the following equipment:
 - i. At least one flexible, weather-resistant leash;
 - ii. One swivel appropriate to the raptor being flown;
 - iii. At least one water container, available to each raptor kept in the housing facility, that is at least two inches deep and wider than the length of the largest raptor using the container;
 - iv. A reliable scale or balance suitable for weighing raptors, graduated in increments of not more than 15 grams;
 - v. Suitable equipment that protects the raptor from extreme temperatures, wind, and excessive disturbance while transporting or housing a raptor when away from the permanent housing facility where the raptor is kept; and
 - vi. At least one pair of jesses constructed of suitable material or Alymeri jesses consisting of an anklet, grommet, and removable strap that attaches the anklet and grommet to a swivel. The falconer may use a one-piece jess only when the raptor is not being flown.
 6. A licensed falconer may keep a falconry raptor inside the falconer's residence provided a suitable perch is supplied. The falconer shall ensure all flighted raptors kept inside a residence are tethered or otherwise restrained at all times, unless the falconer is moving the raptor into or out of the residence. This subsection does not apply to nestlings, which do not need to be tethered or otherwise restrained.
 7. A licensed falconer may keep multiple raptors together in one enclosure untethered only when the raptors are compatible with each other.
 8. A licensed falconer may keep a raptor temporarily outdoors in the open provided the raptor is continually under observation by the falconer or an individual designated by the falconer.
 9. A licensed falconer may keep a raptor in a temporary housing facility that the Department has inspected and approved for no more than 120 consecutive days.
 10. A licensed falconer may keep a raptor in a temporary housing facility that the Department has not inspected or approved for no more than 30 consecutive days. The falconer shall notify the Department of the temporary housing facility prior to the end of the 30-day period. The Department may inspect a temporary housing facility as established under R12-4-409(J).
- N.** Prior to the issuance of a Sport Falconry license, an applicant shall:
1. Present proof of a previously held state-issued sport falconry license, or
 2. Correctly answer at least 80% of the questions on the Department administered written examination.
 - a. A person whose Sport Falconry license is expired more than five years shall take the examination. The Department shall issue to an eligible applicant a license for the sport falconry license type previously held by the applicant after the applicant correctly answers at least 80% of the questions on the written examination and presents proof of the previous Sport Falconry license.
 - b. A person who holds a falconry license issued in another country shall correctly answer at least 80% of the questions on the written examination. The Department shall determine the level of license issued based upon the applicant's documentation.
- O.** A licensed falconer shall:
1. Submit a paper copy of the 3-186A form to report any of the following raptor possession changes to the Department no more than 10 business days after the occurrence:
 - a. Acquisition,
 - b. Banding,
 - c. Escape into the wild without recovery after 30 consecutive days have passed,
 - d. Death,
 - e. Microchipping,
 - f. Rebanding,
 - g. Release,
 - h. Take, or
 - i. Transfer.
 2. Submit a copy of the falconer's federal propagation report, when applicable.
 3. Submit a copy of the falconer's federal abatement report, when applicable.
 4. Upon discovering the theft of a raptor, the falconer shall immediately report the theft of a raptor to the Department and USFWS by:
 - a. Contacting the Department's regional office within 48 hours; and
 - b. Submitting the electronic 3-186A form within 10 days.
- P.** A licensed falconer shall print and maintain copies of all required 3-186A form and associated documents for each abatement, falconry, and propagation raptor possessed by the falconer, as applicable. The falconer shall retain copies of all required documents for a period of five years from the date on which the raptor left the falconer's possession.
- Q.** A licensed falconer or a person with a valid falconry license, or its equivalent, issued by any state meeting federal falconry standards may capture a raptor for the purpose of falconry only when authorized by Commission Order.
1. A falconer attempting to capture a raptor shall possess:

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- a. A valid Arizona Sport Falconry license or valid falconry license, or its equivalent, issued by another state, and
- b. Any required Arizona hunt permit-tag issued to the licensed falconer for take of the authorized raptor, and
- c. A valid Arizona hunting or combination license. A short-term combination hunting and fishing license is not valid for capturing a raptor under this subsection.
2. An Apprentice falconer may take from the wild:
 - a. Any raptor not prohibited under subsection (H)(1)(c) that is less than one year of age, except nestlings, or
 - b. An adult raptor.
3. A General or Master falconer may take from the wild:
 - a. A raptor of any age, including nestlings, provided at least one nestling remains in the nest; or
 - b. An adult raptor.
4. A licensed falconer shall take no more than two raptors from the wild for use in falconry each calendar year. For the purpose of take limits, a raptor is counted towards the licensed falconer's take limit by the falconer who originally captured the raptor.
5. A falconer attempting to capture a raptor shall:
 - a. Not use stupefying substances;
 - b. Use a trap or bird net that is not likely to cause injury to the raptor;
 - c. Ensure that each trap or net the falconer is using is continually attended; and
 - d. Ensure that each trap used for the purpose of capturing a raptor is marked with the falconer's name, address, and license number.
6. A licensed falconer shall report the injury of any raptor injured due to capture techniques to the Department. The falconer shall transport the injured raptor to a veterinarian or licensed rehabilitator and pay for the cost of the injured raptor's care and rehabilitation. After the initial medical treatment is completed, the licensed falconer shall either:
 - a. Keep the raptor and the raptor shall count towards the falconer's take and possession limit, or
 - b. Transfer the raptor to a permitted wildlife rehabilitator and the raptor shall not count against the falconer's take or possession limit.
7. When a licensed falconer takes a raptor from the wild and transfers the raptor to another falconer who is present at a capture site, the falconer receiving the raptor is responsible for reporting the take of the raptor.
8. A General or Master falconer may capture a raptor that will be transferred to another licensed falconer who is not present at the capture site. The falconer who captured the raptor shall report the take of the raptor and the capture shall count towards the General or Master falconer's take limit. The General or Master falconer may then transfer the raptor to another falconer.
9. A General or Master falconer may capture a raptor for another licensed falconer who cannot attend the capture due to a long-term or permanent physical impairment. The licensed falconer with the physical impairment is responsible for reporting the take of the raptor and the raptor shall count against their take and possession limits.
10. A licensed falconer may capture any raptor displaying a seamless metal band, or any other item identifying it as a falconry raptor, regardless of whether the falconer is prohibited from possessing the raptor. The capturing falconer shall return the recaptured raptor to the falconer of record. The raptor shall not count towards the capturing falconer's take or possession limits, provided the capturing falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor.
 - a. When the falconer of record cannot or does not wish to possess the raptor, the falconer who captured the raptor may keep the raptor, provided the falconer is eligible to possess the species and may do so without violating any requirement established under this Section.
 - b. When the falconer of record cannot be located, the Department shall determine the disposition of the recaptured raptor.
11. A licensed falconer may capture and shall report the capture of any raptor wearing a transmitter to the Department no more than five business days after the capture. The falconer shall attempt to contact the researcher or licensed falconer who applied the transmitter and facilitate the replacement or retrieval of the transmitter and raptor. The falconer may possess the raptor for no more than 30 consecutive days while waiting for the researcher or falconer to retrieve the transmitter and raptor. The raptor shall not count towards the falconer's take or possession limits, provided the falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor. The Department shall determine the disposition of a raptor when the researcher or falconer does not replace the transmitter or retrieve the raptor within the initial 30-day period.
12. A licensed falconer may capture any raptor displaying a federal Bird Banding Laboratory (BBL) aluminum research band or tag, except a peregrine falcon (*Falco peregrinus*). A licensed falconer who captures a raptor wearing a research band or tag shall report the following information to BBL and the Department:
 - a. Species,
 - b. Band or tag number,
 - c. Location of the capture, and
 - d. Date of capture.
 - e. A person can report the capture of a raptor wearing a research band or tag to BBL by submitting information regarding the capture online at the BBL website.
13. A licensed falconer may recapture a falconer's lost or any escaped falconry raptor at any time. The Department does not consider the recapture of a wild falconry raptor as taking a raptor from the wild.
14. When attempting to trap a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties, a licensed falconer shall:
 - a. Not begin trapping while a northern aplomado falcon (*Falco femoralis septentrionalis*) is observed in the vicinity of the trapping location.
 - b. Suspend trapping when a northern aplomado falcon arrives in the vicinity of the trapping location.
15. In addition to the requirements in subsection (Q)(14), an apprentice falconer shall be accompanied by a General or Master falconer when attempting to capture a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties.
16. A licensed Master falconer may take up to two golden eagles from the wild only as authorized under 50 CFR Parts 21 and 22. The Master falconer may:

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- a. Capture a golden eagle or an immature or sub-adult golden eagle during the time a livestock depredation area and associated depredation permit or depredation control order are in effect as declared by USDA Wildlife Services and permitted under 50 CFR 22.23, or upon the request of the Arizona Governor pursuant to 50 CFR 22.31 and 22.32.
 - b. Take a nestling from its nest or a nesting adult golden eagle in a livestock depredation area if a biologist representing the agency responsible for declaring the depredation area determines the adult eagle is preying on livestock or wildlife and that any nestling of the adult will be taken by a falconer authorized to possess it or by the biologist and transferred to a person authorized to possess it.
 - c. The falconer shall inform the Department of the capture plans in person, in writing, or by telephone at least three business days before trapping is initiated. The falconer may send written notification to the Arizona Game and Fish Department's Law Enforcement Programs Coordinator at 5000 West Carefree Highway, Phoenix, Arizona 85086.
17. A licensed falconer shall ensure any falconry activities the falconer is conducting do not cause unlawful take under the Endangered Species Act of 1973, 16 U.S.C. § 1531 et seq., or the Bald and Golden Eagle Protection Act, 16 U.S.C. §§ 668 through 668d. The Department or USFWS may provide information regarding where take is likely to occur. The falconer shall report the take of any federally listed threatened or endangered species or bald or golden eagle to the USFWS Arizona Ecological Services Field Office.
- R. A licensed falconer shall comply with all of the following banding requirements:
1. A licensed falconer shall ensure the following raptors are banded after capture:
 - a. Northern Goshawk,
 - b. Harris's hawk (*Parabuteo unicinctus*), and
 - c. Peregrine falcon.
 2. The falconer shall request a band no more than five consecutive days after the capture of a raptor by contacting the Department. A Department representative or a General or Master licensed falconer may attach the USFWS leg band to the raptor.
 3. A licensed falconer shall not use a counterfeit, altered, or defaced band.
 4. A falconer holding a federal propagation permit shall ensure a raptor bred in captivity wears a seamless metal band furnished by USFWS, as prescribed under 50 CFR 21.30.
 5. A licensed falconer may remove the rear tab on a band and smooth any imperfections on the surface, provided doing so does not affect the band's integrity or numbering.
 6. A licensed falconer shall report the loss of a band to the Department no more than five business days after discovering the loss. The falconer shall reband the raptor with a new USFWS leg band furnished by the Department.
- S. A licensed falconer may request Department authorization to implant an ISO-compliant [134.2 kHz] microchip in lieu of a band into a captive-bred raptor or raptor listed under subsection (R)(1).
1. The falconer shall submit a written request to the Department.
 2. The falconer shall retain a copy of the Department's written authorization and any associated documentation for a period of five years from the date the raptor permanently leaves the falconer's possession.
 3. The falconer is responsible for the cost of implanting the microchip and any associated veterinary fees.
- T. A licensed falconer may allow a falconry raptor to feed on any species of wildlife incidentally killed by the raptor for which there is no open season or for which the season is closed, but shall not take such wildlife into possession.
- U. A General or Master falconer may hack a falconry raptor. Any raptor the falconer is hacking shall count towards the falconer's possession limit during hacking.
1. A falconer is prohibited from hacking a raptor near the nesting area of a federally threatened or endangered species or in any other location where the raptor is likely to disturb or harm a federally listed threatened or endangered species. The Department may provide information regarding where this is likely to occur.
 2. A licensed falconer shall ensure any hybrid raptor flown free or hacked by the falconer is equipped with at least two functioning radio transmitters.
- V. A licensed falconer may release:
1. A wild-caught raptor permanently into the wild under the following circumstances:
 - a. The raptor is native to Arizona,
 - b. The falconer removes the raptor's falconry band and any other falconry equipment prior to release, and
 - c. The falconer releases the raptor in a suitable habitat and under suitable seasonal conditions.
 2. A captive-bred raptor permanently into the wild only when the raptor is native to Arizona and the Department approves the release of the raptor. The falconer shall request permission to release the captive-bred raptor by contacting the Department. When permitted by the Department and before releasing the captive-bred raptor, the General or Master falconer shall hack the captive-bred raptor in a suitable habitat and the appropriate season.
 3. A licensed falconer is prohibited from intentionally releasing any hybrid or non-native raptor permanently into the wild.
- W. A Master falconer may conduct and receive payment for abatement conducted with a falconry raptor or federally permitted abatement raptor. The falconer shall apply for and obtain all required federal permits prior to conducting any abatement activities. The falconer shall comply with the reporting requirement under subsection (O). A General falconer may conduct abatement activities only when authorized under the federal permit held by the Master falconer.
- X. A person other than a licensed falconer may temporarily care for a falconry raptor for no more than 45 consecutive days, unless approved by the Department. The raptor under temporary care shall remain in the falconer's facility. The raptor shall continue to count towards the falconer's possession limit. An unlicensed caretaker shall not fly the raptor. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.
- Y. A licensed falconer may serve as a caretaker for another licensed falconer's raptor for no more than 120 consecutive days, unless approved by the Department. The falconer shall provide the temporary caretaker with a signed and dated state-

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ment authorizing the temporary possession of each raptor and a copy of USFWS form 3-186A that shows that the licensed falconer is the possessor of each raptor. The statement shall also include the temporary possession period and activities the caretaker may conduct with the raptor. a The raptor under temporary care shall not count toward the caretakers possession limit. The temporary caretaker may fly or train the raptor when permitted by the falconer in writing. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.

Z. A General or Master falconer may assist any federally licensed wildlife rehabilitator in conditioning a raptor the licensed falconer is authorized to possess in preparation for the raptor's release to the wild. The falconer may temporarily remove the raptor from the rehabilitation facilities while conditioning the raptor. The raptor shall remain under the rehabilitator's license and shall not count towards the falconer's possession limit. The rehabilitator shall provide the licensed falconer with a written statement authorizing the falconer to assist the rehabilitator. The written statement shall also identify the raptor by species, type of injury, and band number, when available. The licensed falconer shall return the raptor to the rehabilitator within the 180-day period established under R12-4-423(T), unless the raptor is:

1. Released into the wild in coordination with the rehabilitator and as authorized under this subsection,
2. Allowed to remain with the rehabilitator for a longer period of time as authorized under R12-4-423(U), or
3. Transferred permanently to the falconer, provided the falconer may legally possess the raptor and the Department approves the transfer. The raptor shall count towards the falconer's possession limit.

AA. A licensed falconer may use a raptor possessed for falconry in captive propagation, when permitted by USFWS. A licensed falconer is not required to transfer a raptor from a Sport Falconry license to another license when the raptor is used for captive propagation less than eight months in a year.

BB. A General or Master licensed falconer may use a lawfully possessed raptor in a conservation education program presented in a public venue. An Apprentice falconer, under the direct supervision of a General or Master falconer, may use a lawfully possessed raptor in a conservation education program presented in a public venue. The primary use for a raptor is falconry; a licensed falconer shall not possess a raptor solely for the purpose of providing a conservation education program. The falconer shall ensure the focus of the conservation education program is to provide information about the biology, ecological roles, and conservation needs of raptors and other migratory birds. The falconer may charge a fee for presenting a conservation education program; however, the fee shall not exceed the amount required to recoup the falconer's costs for providing the program. As a condition of the Sport Falconry License, the licensed falconer agrees to indemnify the Department, its officers, and employees. The falconer is liable for any damages associated with the conservation education activities.

CC. A licensed falconer may allow the photography, filming, or similar uses of a falconry raptor possessed by the licensed falconer, provided:

1. The falconer is not compensated for these activities; and
2. The final product from these activities:
 - a. Promotes the practice of falconry;

- b. Provides information about the biology, ecological roles, and conservation needs of raptors and other migratory birds;
- c. Endorses a nonprofit falconry organization or association, products, or other endeavors related to falconry; or
- d. Is used in scientific research or science publications.

DD. A licensed falconer may use or dispose of lawfully possessed falconry raptor feathers. A falconer shall not buy, sell, or barter falconry raptor feathers. A falconer may possess feathers for imping from each species of raptor that the falconer currently possesses or has possessed.

1. The licensed falconer may transfer or receive feathers for imping from:
 - a. Another licensed falconer,
 - b. A licensed wildlife rehabilitator, or
 - c. Any licensed propagator located in the United States.
2. A licensed falconer may donate falconry raptor feathers, except bald and golden eagle feathers, to:
 - a. Any person or institution permitted to possess falconry raptor feathers,
 - b. Any person or institution exempt from the permit requirement under 50 CFR 21.12, or
 - c. A non-eagle feather repository. The Department may provide information regarding the submittal of falconry raptor feathers to a non-eagle feather repository.
3. A licensed falconer shall gather primary and secondary flight feathers or retrices that are molted or otherwise lost from a golden eagle and either retain the feathers for imping purposes or submit the feathers to the U.S. Fish and Wildlife Service, National Eagle Repository, Rocky Mountain Arsenal, Building 128, Commerce City, Colorado 80022.
4. A falconer whose license is either revoked or expired shall dispose of all falconry raptor feathers in the falconer's possession.

EE. Arizona licensed falconers importing raptors into Arizona shall have a health certificate issued no more than 30 consecutive days:

1. Prior to the international importation, or
2. Prior to or after the inter-state importation.

FF. A licensed falconer may conduct any of the following activities with any captive-bred raptor provided the raptor is wearing a seamless band and the person receiving the raptor possesses an appropriate special license:

1. Barter,
2. Offer for barter,
3. Gift,
4. Purchase,
5. Sell,
6. Offer for sale, or
7. Transfer.

GG. A licensed falconer is prohibited from conducting any of the following activities with any wild-caught raptor protected under the Migratory Bird Treaty Act:

1. Barter,
2. Offer for barter,
3. Purchase,
4. Sell, or
5. Offer for sale.

HH. A licensed falconer may transfer:

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1. Any wild-caught falconry raptor lawfully captured in Arizona with or without a permit tag to another Arizona Sport Falconry License holder at any time.
 - a. The raptor shall count towards the take limit for that calendar year for the falconer taking the raptor from the wild.
 - b. The raptor shall not count against the take limit of the falconer receiving the raptor.
 2. Any wild-caught falconry raptor to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least two years preceding the transfer.
 3. A wild-caught falconry sharp-shinned hawk (*Accipiter striatus*), Cooper's hawk (*Accipiter cooperii*), merlin (*Falco columbarius*), or American kestrel (*Falco sparverius*) to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least one-year preceding the transfer.
 4. Any hybrid or captive-bred raptor to another licensed falconer or permit type under this Article or federal law at any time.
 5. Any falconry raptor that is no longer capable of being flown, as determined by a veterinarian, to another permit type at any time. The licensed falconer shall provide a copy of the documentation from the veterinarian stating that the raptor is not useable in falconry to the Federal Migratory Bird Permits office that administers the other permit type.
- II.** A licensed falconer shall not transfer a wild-caught raptor species to a licensed falconer in another state for at least one year from the date of capture if either resident or nonresident take is managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system. However, a licensed falconer may transfer a wild-caught raptor that is not managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system to a licensed falconer in another state at any time.
- JJ.** A surviving spouse, executor, administrator, or other legal representative of a deceased or incapacitated licensed falconer shall transfer any raptor held by the licensed falconer to another licensed falconer no more than 90 consecutive days after the death of the falconer. The Department shall determine the disposition of any raptor not transferred prior to the end of the 90-day period.
- KK.** A licensed falconer shall conduct the following activities, as applicable, no more than 10 business days after either the death of a falconry raptor or the final examination of a deceased raptor by a veterinarian:
1. Dispose of any raptor suspected or confirmed with West Nile Virus or poisoning, except for lead poisoning, by incineration.
 2. For a bald or golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository;
 3. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, the falconer shall either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
 4. For all other species:
 - a. Submit the carcass to a non-eagle repository;
 - b. Submit the carcass to the Department for submission to a non-eagle repository;
 - c. Donate the body or feathers to any person or institution exempt under 50 CFR 21.12 or authorized by USFWS to acquire and possess such parts or feathers;
 - d. Retain the carcass or feathers for imping purposes as established under subsection (DD);
 - e. Burn, bury, or otherwise destroy the carcass; or
 - f. Mount the raptor carcass. The falconer shall ensure any microchip implanted in the raptor is not removed and any band attached to the raptor remains on the mount. The falconer may use the mount for a conservation education program. The falconer shall ensure copies of the license and all relevant 3-186A forms are retained with the mount. The mount shall not count towards the falconer's possession limit.
5. A license holder submitting a carcass or parts of a carcass of any raptor that has been euthanized shall ensure a tag indicating the raptor was euthanized is attached to the carcass or parts of the carcass before submitting it to the National Eagle Repository or non-eagle repository, as applicable.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 958, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-423. Wildlife Rehabilitation License

- A.** For the purposes of this Section, "volunteer" means a person who:
1. Is not designated as an agent, as defined under R12-4-401,
 2. Assists a wildlife rehabilitation license holder without compensation, and
 3. Is under the direct supervision of the license holder at the location specified on the wildlife rehabilitation license.
- B.** A wildlife rehabilitation license is issued for the sole purpose of restoring and returning wildlife to the wild through rehabilitative services. The license allows a person 18 years of age or older to conduct any of the following activities with live injured, disabled, orphaned or otherwise debilitated wildlife specified on the rehabilitation license:
1. Capture;
 2. Euthanize;
 3. Export to a licensed zoo, when authorized by the Department;
 4. Receive from the public;
 5. Rehabilitate;
 6. Release;
 7. Temporarily possess;
 8. Transport; or
 9. Transfer to one of the following:
 - a. Licensed veterinarian for treatment or euthanasia;
 - b. Another appropriately licensed special license holder;

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- c. Licensed zoo, when authorized by the Department; or
 - 10. As otherwise directed in writing by the Department.
- C. A wildlife rehabilitation license authorizes the possession of the following taxa or species:
 - 1. Amphibians;
 - 2. Reptiles;
 - 3. Birds:
 - a. Non-passerines, birds in any order other than those named in subsections (b) through (e);
 - b. Birds in the orders *Falconiformes* or *Strigiformes*, raptors;
 - c. Birds in the order, *Galliformes* quails and turkeys;
 - d. Birds in the order *Columbiformes*, doves;
 - e. Birds in the order *Trochiliformes*, hummingbirds; and
 - f. Birds in the order *Passeriformes*, passerines;
 - 4. Mammals:
 - a. Nongame mammals;
 - b. Bats;
 - c. Big game mammals other than cervids: bighorn sheep, bison, black bear, javelina, mountain lion, pronghorn;
 - d. Carnivores: bobcat, coati, coyote, foxes, raccoons, ringtail, skunks, and weasels; and
 - e. Small game mammals.
- D. A wildlife rehabilitation license authorizes the possession of the following taxa or species only when specifically requested at the time of application:
 - 1. Eagles;
 - 2. Species listed under 50 CFR 17.11, revised October 1, 2019; and
 - 3. The Department's Tier 1 Species of Greatest Conservation Need, as defined under R12-4-401.
 - 4. For the purposes of subsection (D)(2), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- E. All wildlife held under the license is the property of the state and shall be surrendered to the Department upon request.
- F. The wildlife rehabilitation license expires on the last day of the third December from the date of issuance.
- G. In addition to the requirements established under this Section, a wildlife rehabilitation license holder shall comply with the special license requirements established under R12-4-409.
- H. The Department shall deny a wildlife rehabilitation license to a person who fails to meet the requirements and criteria established under R12-4-409, R12-4-428, or this Section or when the person's wildlife rehabilitation license is suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409 to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I. The wildlife rehabilitation license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
 - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;
- 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
- 3. Authorize the license holder to conduct any activities that constitutes the practice of veterinary medicine as prescribed under A.R.S. § 32-2231 whether or not a fee, compensation, or reward is directly or indirectly promised, offered, expected, received or accepted, unless the license holder is currently licensed to practice veterinary medicine in the state of Arizona.
- J. Before applying for a wildlife rehabilitation license, a person shall correctly answer at least 80% of the questions on the Department administered written examination. The Department shall consider only those parts of the examination that are applicable to the taxa of wildlife for which the license is sought in establishing the qualifications of the applicant.
 - 1. Examinations are provided by appointment, only.
 - 2. An applicant may request a verbal or written examination.
 - 3. The examination shall include questions regarding:
 - a. Wildlife rehabilitation;
 - b. Safe handling of wildlife;
 - c. Transporting wildlife;
 - d. Humane treatment;
 - e. Nutritional requirements;
 - f. Behavioral requirements;
 - g. Developmental requirements;
 - h. Ecological requirements;
 - i. Habitat requirements;
 - j. Captivity standards established under R12-4-428;
 - k. Human and wildlife safety considerations;
 - l. State statutes, rules, and regulations regarding wildlife rehabilitation; and
 - m. National Wildlife Rehabilitation Association minimum standards for wildlife rehabilitation.
 - 4. The applicant must successfully complete the examination within three years prior to the date on which the initial application for the license is submitted to the Department.
- K. An applicant for a wildlife rehabilitation license shall submit an application to the Department. The application is furnished by the Department and is available at any Department office and on the Department's website. The applicant shall provide the following information on the application:
 - 1. The applicant's information:
 - a. Name;
 - b. Date of birth;
 - c. Mailing address;
 - d. Telephone number;
 - e. Housing facility address, if different from mailing address;
 - f. Physical address or general location description and Global Positioning System location; and
 - g. Department ID number, when applicable;
 - 2. The wildlife taxa or species listed under subsection (C) that will be possessed under the license;
 - 3. For each location where the applicant proposes to use wildlife, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and

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- d. Physical address or general location description and Global Positioning System location;
- 4. A detailed description, diagram, and photographs of the housing facility where the applicant will hold the wildlife, and a description of how the housing facility complies with the captivity standards established under this Section;
- 5. Any other information required by the Department; and
- 6. The certification required under R12-4-409(C).
- L.** In addition to the requirements listed under subsection (K), at the time of application, an applicant for a wildlife rehabilitation license shall also submit:
 - 1. Any one or more of the following:
 - a. A valid, current license issued by a state veterinary medical examination authority that authorizes the applicant to practice as a veterinarian;
 - b. Proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week for the taxa or species of animal listed on the application; or
 - c. A current and valid license, permit, or other form of authorization issued by another state or the federal government that allows the applicant to perform wildlife rehabilitation;
 - 2. Proof the applicant successfully completed the examination required under subsection (J) no more than three years prior to submitting the initial application;
 - 3. An affidavit signed by the applicant affirming either of the following:
 - a. The applicant is a licensed veterinarian; or
 - b. A licensed veterinarian is reasonably available to provide veterinary services as necessary to facilitate rehabilitation of wildlife.
 - 4. A written statement describing:
 - a. The applicant's preferred method of disposing of non-releasable live wildlife as listed under subsection (B); and
 - b. The applicant's training and experience in handling, capturing, rehabilitating, and caring for the taxa or species when the applicant is applying for a license to perform authorized activities with taxa or species of wildlife listed under subsection (C).
- M.** A wildlife rehabilitation license holder who wishes to continue activities authorized under the license shall renew the license before it expires.
 - 1. When renewing a license without change to the species, location, or design of the facility where wildlife is held as authorized under the current license, the license holder may reference supporting materials previously submitted in compliance with subsection (K).
 - 2. A license holder applying for a renewal of the license shall successfully complete the examination at the time of renewal when the annual report submitted under subsection (Z) indicates the license holder did not perform any rehabilitative activities under the license.
 - 3. A license holder applying for a renewal of the license shall submit proof the license holder has completed the continuing education requirement established under subsection (N).
- N.** During the license period a wildlife rehabilitation license holder shall complete eight or more hours of continuing education sessions on wildlife rehabilitation or veterinary medicine. Acceptable continuing education sessions may be obtained from:
 - 1. An accredited university or college;
 - 2. The National Wildlife Rehabilitators Association, 2625 Clearwater Rd. Suite 110, St. Cloud, MN 56301;
 - 3. The International Wildlife Rehabilitation Council, PO Box 3197, Eugene, OR 97403; or
 - 4. Other applicable training opportunities approved by the Department in writing. A license holder who wishes to use other applicable training to meet the eight hour continuing education requirement shall request approval of the other applicable training prior to participating in the education session.
- O.** At the time of application, a wildlife rehabilitation license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the wildlife rehabilitation license by submitting a written request to the Department.
 - 1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
 - a. An employment or supervisory relationship exists between the applicant and the agent,
 - b. The agent submits proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week, and
 - c. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
 - d. An agent shall allow the Department to conduct inspections of an agent's facility when the agent intends to possess wildlife for more than 48 hours. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 - 2. The license holder shall obtain approval from the Department prior to allowing the agent assist in any activities.
 - 3. The license holder is liable for all acts the agent performs under the authority of this Section.
 - 4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
 - 5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the wildlife rehabilitation license and presents it for inspection upon the request of any Department employee or agent.
- P.** At any time during the license period, a wildlife rehabilitation license holder may request permission to amend the license to add or delete an agent or a location where wildlife is held; or to obtain authority to rehabilitate additional taxa of wildlife. To request an amendment, the license holder shall submit the following information to the Department, as applicable:
 - 1. To add or delete an agent, the information stated in subsections (K)(1) through (K)(4) as applicable to the agent, and proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week;
 - 2. To add or delete a location, the information stated in subsection (K)(1) through (K)(5); and
 - 3. To obtain authority to rehabilitate additional taxa or wildlife, the information stated in subsection (K)(1) through (K)(5) and (L)(1) through (L)(4).
- Q.** A wildlife rehabilitation license holder authorized to rehabilitate wildlife species listed under subsection (C)(3)(c), (C)(4)(c) and (C)(4)(d) or (D) shall contact the Department within 24 hours of receiving the individual animal to obtain

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instructions in handling or transferring that animal. While awaiting instructions, the license holder shall ensure that emergency veterinary care is provided as necessary.

R. A wildlife rehabilitation license holder shall:

1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
2. Maintain records associated with the license for a period of five years following the date of disposition.
3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
4. Ensure each facility is inspected by the attending veterinarian at least once every year.
5. Capture, remove, transport, and release wildlife held under the requirements of this Section in a manner that is least likely to cause injury to the affected wildlife.
6. Conduct rehabilitation only at the location listed on the license.
7. Be responsible for all expenses incurred, including veterinary expenses, and all actions taken under the license, including all actions or omissions of all agents and volunteers when performing activities under the license.
8. Immediately surrender wildlife held under the license to the Department upon request.
9. Dispose of all wildlife that is euthanized or that otherwise dies within 30 days of death either by burial, incineration, or transfer to a scientific research institution, except that the license holder shall transfer all carcasses of endangered or threatened species, species listed under the Department's Tier 1 Species of Greatest Conservation Need, or eagles as directed by the Department.
10. Maintain a current log that records the information specified under subsection (Z).
11. Possess the license or legible copy of the license at each authorized location and while conducting any rehabilitation activities and presents it for inspection upon the request of any Department employee or agent.
12. Ensure a copy of the wildlife rehabilitation license accompanies each transfer or shipment of wildlife.
13. Dispose of any raptor suspected or confirmed with West Nile Virus or poisoning, except for lead poisoning, by incineration.
14. Except as specified under subsection (R)(12), transfer the carcass or parts of the carcass of a deceased raptor as follows:
 - a. For a bald or golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository, see <https://www.fws.gov/eaglerepository/factsheets.php>;
 - b. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
 - c. For all other species:
 - i. Submit the carcass to a non-eagle repository;
 - ii. Submit the carcass to the Department for submission to a non-eagle repository.

S. A wildlife rehabilitation license holder shall not:

1. Display for educational purposes any wildlife held under the license.

2. Exhibit any wildlife held under the license.

3. Permanently possess any wildlife held under the license.

T. A wildlife rehabilitation license holder may possess all wildlife for no more than 90 days. Except a bird may be possessed for no more than 180 days, unless the Department has authorized possession for a longer period of time.

U. A license holder may request permission to possess wildlife for a longer period of time than specified in subsection (T) by submitting a written request to the Department.

1. The Department shall approve or deny the request within ten days of receiving the request.
2. For requests made due to a medical necessity, the Department may require the license holder to provide a written statement listing the medical reasons for the extension, signed by a licensed veterinarian.
3. The license holder may continue to hold the specified wildlife while the Department considers the request.
4. If the request is denied, the Department shall send a written notice to the license holder which shall include specific, time-dated directions for the surrender or disposition of the animal.

V. A wildlife rehabilitation license holder who also possesses a federal rehabilitator license may allow a licensed falconer to assist in conditioning a raptor in preparation for the raptor's release to the wild.

1. The license holder may allow the licensed falconer to temporarily remove the raptor from the license holder's facility while conditioning the raptor.
2. The license holder shall provide the licensed falconer with a written statement authorizing the falconer to assist the license holder.
3. The written statement shall identify the raptor by species, type of injury, and band number, when available.
4. The license holder shall ensure the licensed falconer returns the raptor to the license holder within the 180-day period established under subsection (T).

W. A wildlife rehabilitation license holder may hold wildlife under the license after the wildlife reaches a state of restored health only for the amount of time reasonably necessary to prepare the wildlife for release. Rehabilitated wildlife shall be released:

1. In an area without immediate threat to the wildlife or contact with humans;
2. During an ecologically appropriate time of year and time of day; and
3. Into a suitable habitat in the same geographic area where the animal was originally obtained; or
4. In an area designated by the Department.

X. Wildlife that is not releasable after the time-frames specified in subsection (T) shall be transferred, disposed of, or euthanized as determined by the Department.

Y. To permanently hold rehabilitated wildlife declared unsuitable for release by a licensed veterinarian, a wildlife rehabilitation license holder shall apply for and obtain a wildlife holding license in compliance with under R12-4-417.

Z. A wildlife rehabilitation license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.

1. A report is required regardless of whether or not activities were performed during the previous year.
2. The wildlife rehabilitation license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.

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3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall contain the following information:
 - a. The license holder's:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
 - b. Each agent's:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
 - c. The permit or license number of any federal permits or licenses that relate to any rehabilitative function performed by the license holder;
 - d. For activities related to federally-protected wildlife, a copy of the rehabilitator's federal permit report of activities related to federally-protected wildlife; and
 - e. An itemized list of each animal held under the license during the calendar year for which activity is being reported. For each animal held by the license holder or agent, the itemization shall include:
 - i. Species;
 - ii. Condition that required rehabilitation;
 - iii. Date of acquisition;
 - iv. Source of acquisition;
 - v. Location of acquisition;
 - vi. Age class at acquisition, when reasonably determinable;
 - vii. Status at disposition or end-of-year in relation to the condition requiring rehabilitation;
 - viii. Method of disposition;
 - ix. Location of disposition; and
 - x. Date of disposition.
- AA.** A wildlife rehabilitation license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430, as applicable.
- Historical Note**
- Adopted effective January 4, 1990 (Supp. 90-1).
 Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).
 Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3).
 Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).
- R12-4-424. White Amur Stocking License; Restocking License**
- A.** For the purposes of this Section:
- “Closed aquatic system” means any body of water, water system, canal system, or series of lakes, canals, or ponds where triploid white amur are prevented from entering or exiting the system by any natural or man-made barrier, as determined by the Department.
- “Triploid” means a species having three homologous sets of chromosomes that renders the individuals sterile.
- B.** A white amur stocking or restocking license allows a person to import, possess, stock in a closed aquatic system, and transport triploid white amur (*Ctenopharyngodon idella*).
 - C.** The white amur stocking or restocking license is valid for no more than 20 consecutive days.
 - D.** In addition to the requirements established under this Section, a white amur stocking or restocking license holder shall comply with the special license requirements established under R12-4-409.
 - E.** The white amur stocking or restocking license holder shall be responsible for compliance with all applicable regulatory requirements; the licenses do not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
 - F.** The Department shall deny a white amur stocking or restocking license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a white amur stocking or restocking license when it determines the issuance of the license may result in a negative impact on native wildlife.
 - G.** An applicant for a white amur stocking or restocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to stock white amur. The application is furnished by the Department and is available from any Department office and on the Department's website. The applicant shall provide the following information on the application:
 1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. For each location where the white amur will be held, stocked, or restocked, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
 - e. For the purposes of this subsection, the following systems may qualify as separate locations, as determined by the Department:
 - i. Each closed aquatic system;
 - ii. Each separately managed portion of a closed aquatic system; or
 - iii. Multiple separate closed aquatic systems owned, controlled, or legally held by the same applicant where stocking is to occur;
 3. A detailed description and diagram of each enclosed aquatic system where the applicant will stock and hold the white amur, as prescribed under A.R.S. § 17-317,

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which shall include the following information, as applicable:

- a. A description of how the system meets the definition of a "closed aquatic system" in subsection (A);
 - b. Size of waterbody proposed for stocking;
 - c. Nearest river, stream, or other freshwater system;
 - d. Points where water enters into each water body;
 - e. Points where water leaves each water body; and
 - f. Location of fish containment barriers;
4. For each wildlife supplier from whom the applicant will obtain white amur, the supplier's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 5. The number and average length of white amur to be stocked;
 6. The dates white amur will be stocked, or restocked;
 7. Any other information required by the Department; and
 8. The certification required under R12-4-409(C).
- H.** When the Department determines an applicant proposes to stock white amur in a watershed in a manner that conflicts with the Department's efforts to conserve wildlife, in addition to the requirements listed under subsection (G), the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following:
1. Anticipated benefits from introducing white amur;
 2. Potential risks introducing white amur may create for wildlife, including:
 - a. Whether white amur are compatible with native aquatic species or game fish; and
 - b. Method for evaluating the potential impact introducing white amur will have on wildlife;
 3. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's Online Environmental Review Tool, which is available on the Department's website. The proposal must address each species listed.
- I.** A person may apply for a white amur restocking license provided there are no changes to the closed aquatic system. The restocking application license application must include the inspection certification from the supplier of white amur as required under subsection (K)(2).
- J.** A person applying for a white amur stocking or restocking license shall pay all applicable fees as prescribed under R12-4-412.
- K.** A white amur stocking and restocking license holder shall comply with the requirements established under R12-4-409.
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified free of the diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license

holder. The Department may require additional inspections at any time prior to stocking.

- c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
 3. Maintain records associated with the license for a period of five years following the date of disposition.
 4. Allow the Department to conduct inspections of an applicant's or license holder's facility, records, and any waters proposed for stocking at any time before or during the license period to determine compliance with the requirements of this Article and to determine the appropriate number of white amur to be stocked. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 5. Ensure all shipments of white amur are accompanied by a USFWS, or similar agent, certificate confirming the white amur are triploid.
 6. Possess the license or legible copy of the license while conducting any activities authorized under the white amur stocking or restocking license and presents it for inspection upon the request of any Department employee or agent.
- L.** A white amur stocking or restocking license holder shall comply with the requirements established under R12-4-409.

Historical Note

Adopted as an emergency effective July 5, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3).

Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency effective January 24, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-425. Restricted Live Wildlife Lawfully Possessed without License or Permit Before the Effective Date of Article 4 or Any Subsequent Amendments

- A.** A person who lawfully possessed restricted live wildlife without a license or permit from the Department before the effective date of this Section or any subsequent amendments to R12-4-406, this Section, or this Article may continue to possess the wildlife and to use it for any purpose that was lawful, except propagation, before the effective date of R12-4-406, this Section, or this Article or any subsequent amendments, provided the person complies with the requirements established under subsections (A)(1) or (A)(2).
1. The person submits written notification to the Department's regional office in which the restricted live wildlife is held. The person shall submit the written notification to

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the regional office within 30 calendar days of the effective date of any subsequent amendments to this Section, R12-4-406, or this Article. The written notification shall include all of the following information:

- a. The number of individuals of each species,
 - b. The purpose for which it is possessed, and
 - c. The unique identifier for each individual wildlife possessed by the person, as established under subsection (F); or
2. The person maintains documentation of the restricted live wildlife held. The documentation shall include:
 - a. The number of individuals of each species,
 - b. Proof the individuals were legally acquired before the effective date of the amendment causing the wildlife to be restricted,
 - c. The purpose for which it is used, and
 - d. The unique identifier for each wildlife possessed by the person, as established under subsection (F).
 3. The person shall report the birth or hatching of any progeny conceived before and born after the effective date of this Section, R12-4-406, or this Article to the Department and comply with the requirements established under subsection (F).
- B.** The person shall ensure the written notification described under subsection (A)(1) and (A)(2) includes the person's name, address, and the location where the wildlife is held. A person who maintains their own documentation under subsection (A)(2) shall make it available to the Department upon request.
- C.** The person shall retain the documentation required under subsections (A)(1) and (A)(2) until the person disposes of the wildlife as described under subsection (D).
- D.** A person who possesses wildlife under this Section shall dispose of it using any one of the following methods:
1. Exportation;
 2. Euthanasia;
 3. Transfer to an Arizona special license holder, provided the special license authorizes possession of the species involved; or
 4. As otherwise directed by the Department in writing.
- E.** If a person transfers restricted live wildlife possessed under this Section to a special license holder:
1. The exemption for that wildlife under this Section expires, and
 2. The special license holder shall use, possess, and report the wildlife in compliance with this Article and any stipulations applicable to that special license.
- F.** A person who exports wildlife held under this Section shall not import the wildlife back into this state unless the person obtains a special license prior to importing the wildlife back into this state.
- G.** A person who possesses wildlife under this Section shall permanently and uniquely mark the wildlife with a unique identifier as follows:
1. Within 30 calendar days of the effective date of this Section, R12-4-406, or this Article if the person has notified the Department as provided under subsection (A)(1); or
 2. Within 30 calendar days of receiving written notice from the Department directing the person to permanently mark the wildlife.
- H.** A person possessing a desert tortoise (*Gopherus agassizii*) is not subject to the requirements of this Section and shall comply with requirements established under R12-4-404 and R12-4-407.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-426. Possession of Nonhuman Primates

- A.** A person is prohibited from possessing a nonhuman primate, unless authorized under a special license or lawful exemption.
- B.** A person shall not import a nonhuman primate into this state unless:
1. A person lawfully possessing a nonhuman primate shall ensure the primate is tested and reported to be free of any zoonotic disease that poses a serious health risk as determined by the Department. Zoonotic diseases that pose a serious health risk include, but are not limited to:
 - a. Tuberculosis;
 - b. Simian Herpes B virus;
 - c. Simian Immunodeficiency Virus;
 - d. Simian T Lymphotropic Virus; and
 - e. Gastrointestinal pathogens such as, but not limited to, Shigella, Salmonella, E. coli, and Giardia.
 2. A qualified person, as determined by the Department, performs the test and provides the test results; and
 3. The tests required under subsection (B)(1) are:
 - a. Conducted no more than 30 days before the person imports the nonhuman primate; and
 - b. The person submits the results to the Department prior to importation.
- C.** A person lawfully possessing the nonhuman primate shall contain the primate within the confines of the person's private property or licensed facility.
- D.** A person possessing a nonhuman primate may only transport the primate by way of a secure cage, crate, or carrier. A person possessing a primate shall only transport the primate to the following locations:
1. To or from a licensed veterinarian;
 2. Into or out of the state for lawful purposes.
- E.** A person lawfully possessing a nonhuman primate that bit, scratched, or otherwise exposed a human to pathogenic organisms, as determined by the Department, shall ensure the primate is examined and laboratory tested for the presence of pathogens as follows:
1. The Department shall prescribe examinations and laboratory testing for the presence of pathogens.
 2. The person shall have the nonhuman primate examined by a state licensed veterinarian who shall perform any examinations or laboratory tests as directed by the Department.
 - a. The licensed veterinarian shall provide the laboratory results to the Department within 24 hours of receiving the results.
 - b. The Department shall notify the exposed person and the Department of Health Services, Vector Borne and Zoonotic Disease Section within 10 days of receiving notice of the test results.
 3. The person possessing the nonhuman primate shall pay all costs associated with the examination, laboratory testing, and maintenance of the primate.
- F.** A person lawfully possessing a nonhuman primate shall ensure a primate that tests positive for a zoonotic disease that poses a serious health risk to humans, or is involved in more than one incident of biting, scratching, or otherwise exposing a human

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to pathogenic organisms, is maintained in captivity or disposed of as directed in writing by the Department.

- G. A zoo license holder or a person using nonhuman primates at a research facility, as defined under R12-4-401, possessing a primate that bit, scratched, or otherwise exposed a human to pathogenic organisms shall quarantine and test the primate in accordance with procedures approved by the Department.
- H. A person lawfully possessing a nonhuman primate is subject to the requirements established under R12-4-428.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Rule expired December 31, 1989; text rescinded (Supp. 93-2).

New Section adopted by final rulemaking at 6 A.A.R.

211, effective December 14, 1999 (Supp. 99-4).

Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Section R12-4-426(C) corrected to include subsection (C)(1), under A.R.S. § 41-1011 and A.A.C. R1-1-108, Office File No. M11-77, filed March 4, 2011 (Supp. 10-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-427. Exemptions from Requirements to Possess a Wildlife Rehabilitation License

- A. A person may possess, provide rehabilitative care to, and release to the wild any live wildlife listed below that is injured, orphaned, or otherwise debilitated:
 1. The order *Passeriformes*: non-Migratory Bird Treaty Act listed passerine birds;
 2. The order *Columbiformes*: non-Migratory Bird Treaty Act listed doves;
 3. The family *Phasianidae*: quail, pheasant, and chukars;
 4. The order *Rodentia*: rodents; and
 5. The order *Lagomorpha*: hares and rabbits.
- B. This Section does not:
 1. Exempt the person from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the person to engage in authorized activities using federally-protected wildlife, unless the person possesses a valid license, permit, or other form of documentation issued by the United States that authorizes the license holder to use that wildlife in a manner consistent with the special license.
- C. This Section does not authorize the possession of any of the following:
 1. Eggs of wildlife;
 2. Wildlife listed as Species of Greatest Conservation Need, as defined under R12-4-401;
 3. Migratory birds, as defined under R12-4-101; or
 4. More than 25 animals at the same time.
- D. A person taking and caring for wildlife listed under this Section is not required to possess a hunting license.
- E. A person shall only take wildlife listed under subsection (A) by hand or by a hand-held implement.
- F. A person shall not possess wildlife lawfully held under this Section for more than 60 days.
- G. The exemptions granted under this Section shall not apply to any person who, by their own action, has unlawfully injured, orphaned, or otherwise debilitated the wildlife.
- H. If the wildlife is rehabilitated and suitable for release, the person who possesses the wildlife shall release it within the 60-day period established under subsection (C):
 1. Into a habitat that is suitable to sustain the wildlife, or

2. As close as possible to the same geographic area from where it was taken.

- I. If the wildlife is not rehabilitated within the 60-day period or the wildlife requires care normally provided by a veterinarian, the person who possesses it shall:
 1. Transfer it to a wildlife rehabilitation license holder or veterinarian;
 2. Euthanize it; or
 3. Obtain a wildlife holding permit as established under R12-4-417.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-428. Captivity Standards

- A. For the purposes of this Section, “animal” means any wildlife possessed under a special license, unless otherwise indicated.
- B. A person possessing wildlife under a special license authorized under this Article shall comply with the minimum standards for the humane treatment of animals established under this Section.
- C. A person possessing wildlife under an authority granted under this Article shall ensure all facilities meet the following minimum standards:
 1. The facility shall be:
 - a. Constructed of material of sufficient strength to resist any force the animal may be capable of exerting against it.
 - b. Constructed in a manner designed to reasonably prevent the animal’s escape or the entry of unauthorized persons, wildlife, or domestic animals.
 - c. Constructed and maintained in good condition to protect animals from injury, disease, or death and to enable the humane practices established under this Section.
 2. If electricity is required to comply with related requirements established under this Section, each facility shall be equipped with safe, reliable and adequate electric power.
 - a. All electric wiring shall be constructed and maintained in accordance with all applicable governmental building codes.
 - b. Electrical construction and maintenance shall be sufficient to ensure that no animal has direct contact with any electrical wiring or electrical apparatus, and the animal is fully protected from any possibility of injury, shock, or electrocution.
 3. Each animal shall be supplied with sufficient potable water to meet its needs.
 - a. All water receptacles shall be kept in clean and sanitary condition.
 - b. Water shall be readily available and monitored at least once daily or more often when the needs of the animal or environmental conditions dictate.
 - c. If potable water is not accessible to the animal at all times, it shall be provided as often as necessary for the health and comfort of the animal.

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4. Food shall be suitable, wholesome, palatable, free from contamination, and of sufficient appeal, quantity, and nutritive value to maintain the good health of each animal held in the facility.
 - a. Each animal's diet shall be prepared based upon the nutritional needs and preferences of the animal with consideration for the animal's age, species, condition, size, and all veterinary directions or recommendations in regard to diet.
 - b. Each animal shall be fed as often as its needs dictate, taking into consideration behavioral adaptations, veterinary treatment or recommendations, normal fasts, or other professionally accepted humane practices.
 - c. The amount of available food for each animal shall be monitored at least once daily, except for those periods of time when species specific fasting protocols dictate that the animal should not consume any food during the entire day.
 - d. Food and food receptacles, when used, shall be sufficient in quantity and accessible to all animals in the facility and shall be placed to minimize potential contamination and conflict between animals using the receptacles.
 - e. Food receptacles shall be kept clean and sanitary at all times.
 - f. Any self-feeding food receptacles shall function properly and the food they provide shall be monitored at least once daily and shall not be subject to deterioration, contamination, molding, caking, or any other process that would render the food unsafe or unpalatable for the animal.
 - g. An appropriate means of refrigeration shall be provided for supplies of perishable animal foods.
5. The facility shall be kept sanitary and regularly cleaned as the nature of the animal requires:
 - a. Adequate provision shall be made for the removal and disposal of animal waste, food waste, unusable bedding materials, trash, debris and dead animals not intended for food.
 - b. The facility shall be maintained to minimize the potential of parasite, pest, and vermin infestation, disease, and unseemly odors.
 - c. Excreta shall be removed from the primary enclosure facility as often as necessary to prevent contamination, minimize hazard of disease, and reduce unseemly odors.
 - d. The sanitary condition of the facility shall be monitored at least once daily.
 - e. When the facility is cleaned by hosing, flushing, or the introduction of any chemical substances, adequate measures shall be taken to ensure the animal has no direct contact with any chemical substance and is not directly sprayed with water, steam, or chemical substances or otherwise wetted involuntarily.
6. A sanitary and humane method shall be provided to rapidly eliminate excess water from the facility. If drains are utilized, they shall be:
 - a. Properly constructed.
 - b. Kept in good condition to avoid foul odors or parasite, pest, or vermin infestation.
 - c. Installed in a manner that prevents the backup or accumulation of debris or sewage.
7. No animal shall be exposed to any human activity or environment that may have an inhumane or harmful effect upon the animal or that is inconsistent with the purpose of the special license.
8. Facilities shall not be constructed or maintained in proximity to any physical condition which may pose any health threat or unnecessary stress to the animal.
9. Persons caring for the animals shall conduct themselves in a manner that prevents the spread of disease, minimizes stress, and does not threaten the health of the animal.
10. All animals housed in the same facility or within the same enclosed area shall be compatible and shall not pose a substantial threat to the health, life or well-being of any other animal in the same facility or enclosure, whether or not the other animals are held under a special license. This subsection shall not apply to live animals utilized as food items in the enclosures.
11. Facilities for the enclosure of animals shall be constructed and maintained to provide sufficient space to allow each animal adequate freedom of movement to make normal postural and social adjustments.
 - a. The facility area shall be large enough and constructed in a manner to allow the animal proper and adequate exercise as is characteristic to each animal's natural behavior and physical needs.
 - b. Facilities for digging or burrowing animals shall have secure safe floors below materials supplied for digging or burrowing activity.
 - c. Animals that naturally climb or perch shall be provided with safe and adequate climbing or perching apparatus.
 - d. Animals that naturally live in an aquatic environment shall be supplied with sufficient access to safe water so as to meet their aquatic behavioral needs.
 - e. The facility and holding environment shall be structured to reasonably promote the physical and psychological well-being of any animal held in the facility.
12. A special license holder shall ensure that a sufficient number of properly trained personnel are utilized to meet all the humane husbandry practices established under this Section. The license holder shall be responsible for the actions of all animal care personnel and all other persons that come in contact with the animals.
13. The special license holder shall designate a veterinarian licensed to practice in this state as the primary treating veterinarian for each species of animal to be held.
 - a. The license holder shall ensure that all animals in their care receive proper, adequate, and humane veterinary care as the needs of each animal dictate.
 - b. Each animal held for more than one year shall be inspected by the attending veterinarian at least once every year. The inspection report shall demonstrate the veterinarian inspected the health of the animal and the condition of its enclosure.
 - c. Every animal shall promptly receive licensed veterinary care whenever it appears that the animal is injured, sick, wounded, diseased, infected by parasites, or behaving in a substantially abnormal manner, including but not limited to exhibiting loss of appetite, abnormal weight loss or lethargy.
 - d. All medications, treatments and other directions prescribed by the attending veterinarian shall be prop-

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erly administered by the license holder, authorized agent, or volunteer. A license holder, authorized agent, or volunteer shall not administer prescription medicine, unless under the direction of a veterinarian.

14. Any animal that is suspected of or diagnosed as harboring any infectious or transmissible disease, whether or not the animal is held under a special license, shall be isolated immediately upon suspicion or diagnosis.
 - a. The isolated animal shall continue to be kept in a humane manner as required under this Section.
 - b. When there is an animal with an infectious or transmissible disease in any animal facility, whether or not the animal is held under a special license, the facility shall be sanitized so as to reasonably eliminate the chance of other animals being exposed to infection. Sanitation procedures may include, but are not limited to:
 - i. Washing facilities or animal-related materials with appropriate disinfectants, soaps or detergents;
 - ii. Appropriate application of hot water or steam under pressure; and
 - iii. Replacement of gravel, dirt, sand, water, or food.
 - vi. All residue of chemical agents utilized in the sanitation process shall be reasonably eliminated from the facility before any animal is returned to the facility.
 - c. Parasites, pests, and vermin shall be controlled and eliminated so as to ensure the continued health and well-being of all animals.
- D. In addition the standards established under subsection (C), a person shall ensure all indoor facilities meet the following minimum standards:
 1. Heating and cooling equipment shall be sufficient to regulate the temperature of the facility to the optimal temperature zone of the species being held to provide a healthy, comfortable, and humane living environment.
 2. Indoor facilities shall be adequately ventilated with fresh air to provide for the healthy, comfortable, and humane keeping of any animal and to minimize drafts, odors, and moisture condensation.
 3. Indoor facilities shall have lighting of a quality, distribution, and duration as is appropriate for the biological needs of the animals held and to facilitate the inspection and maintenance of the facility.
 - a. Artificial lighting, when used, shall be utilized in regular cycles as the animal's needs dictate.
 - b. Lighting shall be designed to protect the animals from excessive or otherwise harmful aspects of illumination.
- E. In addition the standards established under subsection (C), a person shall ensure that all outdoor facilities meet the following minimum standards:
 1. Sufficient shade to prevent the overheating or discomfort of any animal shall be provided.
 2. Sufficient shelter appropriate to protect animals from normal climatic conditions throughout the year.
 3. Each animal shall be acclimated to outdoor climatic conditions before they are housed in any outdoor facility or otherwise exposed to the extremes of climate.
- F. A person who handles an animal shall ensure the animal is handled in an expeditious and careful manner to ensure no

unnecessary discomfort, behavioral stress, or physical harm to the animal.

1. An animal shall be transported in a secure, expeditious, careful, temperature appropriate, and humane manner. An animal shall not be transported in any manner that poses a substantial threat to the life, health, or behavioral well-being of the animal.
 2. An animal placed on public exhibit or educational display shall be handled in a manner that minimizes the risk of harm to members of the public and to the animal, which includes but is not limited to providing and maintaining a sufficient distance or barrier between the animal and the viewing public.
 3. Any restraint or equipment used on an animal shall not cause physical harm or unnecessary discomfort.
- G. The Department may impose additional requirements on facilities that hold animals to meet the needs of the particular animal and ensure public health and safety.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-429. Expired**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3127, effective July 1, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026(D) for an additional 180-day period at 9 A.A.R. 132, effective December 27, 2002 (Supp. 02-4). Section expired effective June 24, 2003 (Supp. 03-2).

R12-4-430. Importation, Handling, and Possession of Cervids

- A. The Department shall not issue a new special license authorizing the possession of a live cervid, except as provided under R12-4-418 and R12-4-420.
- B. A person shall not import a live cervid into Arizona, except a zoo license holder may import any live nonnative cervid for exhibit, educational display, or propagation provided the nonnative cervid is quarantined for 30 days upon arrival and is procured from a facility that meets all of the following requirements:
 1. The exporting facility has a disease surveillance program and no history of chronic wasting disease or other wildlife disease that pose a serious health risk to wildlife or humans and there is accompanying documentation from the facility certifying there is no history of disease at the facility or within 50 miles of the facility;
 2. The nonnative cervid is accompanied by a health certificate, issued no more than 30 days prior to importation by a licensed veterinarian in the jurisdiction of origin; and
 3. The nonnative cervid is accompanied by evidence of lawful possession, as defined under R12-4-401.
- C. A person shall not transport a live cervid within Arizona, except to:
 1. Export the live cervid from Arizona for a lawful purpose;
 2. Transport the live cervid to a facility for the purpose of slaughter, when the slaughter will take place within five days of the date of transport;

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3. Transport the live cervid to or from a licensed veterinarian for medical care;
 4. Transport the live cervid to a new holding facility owned by, or under the control of, the cervid owner, when all of the following apply:
 - a. The current holding facility has been sold or closed;
 - b. Ownership, possession, custody, or control of the cervid will not be transferred to another person; and
 - c. The owner of the cervid has prior written approval from the Department; or
 5. Transport the live nonnative cervid within Arizona for the purpose of procurement or propagation when all of the following apply:
 - a. The nonnative cervid is transported to or from a zoo licensed under R12-4-420;
 - b. The nonnative cervid is quarantined for 30 days upon arrival at its destination;
 - c. The nonnative cervid is procured from a facility that meets all of the requirements established under subsection (B)(1) through (B)(3).
- D.** A person who lawfully possesses a live cervid, except any cervid held under a private game farm or zoo license, shall comply with the requirements established under R12-4-425.
- E.** A person shall comply with the requirements established under R12-4-305 when transporting a cervid carcass, or its parts, from a licensed private game farm.
- F.** In addition to the recordkeeping requirements of R12-4-413 and R12-4-420, a person who possesses a live cervid under a private game farm or zoo license shall:
1. Permanently mark each live cervid with either an individually identifiable microchip or tattoo within 30 days of acquisition or birth of the cervid and ensure each cervid is marked with an ear tag that identifies the farm of origin in a manner that is clearly visible from a distance of 100 feet;
 2. Report the death of any cervid to the Department within seven calendar days of finding the cervid;
 3. Include in the annual report submitted to the Department before January 31 of each year, the following for each native cervid in the license holder's possession:
 - a. Name of the license holder,
 - b. License holder's mailing address,
 - c. License holder's telephone number,
 - d. Number and species of live cervids held,
 - e. The microchip or tattoo number of each live native cervid held,
 - f. The disposition of all cervids that were moved or died during the current reporting period,
 - g. The results of chronic wasting disease testing for all cervids one year of age and older that die during the current reporting period,
 - h. The license holder shall also submit copies of all veterinary care records that occurred during the previous year, and
 - i. Any other information required by the Department to ensure compliance with this Section.
- G.** The holder of a private game farm, scientific activity, zoo license, or a person possessing a cervid under R12-4-425, shall ensure that the retropharyngeal lymph nodes or obex from the head of a cervid over one year of age that dies while held under the special licenses is collected by either a licensed veterinarian or the Department and submitted within 72 hours of the time of death to an Animal and Plant Health Inspection Service certified veterinary diagnostic laboratory for chronic wasting disease analysis. A list of approved laboratories is available at any Department office and on the Department's website or www.aphis.usda.gov. The license holder shall:
1. Ensure the shipment of the deceased animal's tissues is made by a common, private, or contract carrier that utilizes a tracking number system to track the shipment.
 2. Include all of the following information with the shipment of the deceased animal's tissues, the license holder's:
 - a. Name,
 - b. Mailing address, and
 - c. Telephone number.
 3. Designate, on the sample submission form, test results shall be sent to the Department within 10 days of completing the analysis. The sample submission form is furnished by the diagnostic laboratory providing the test.
 4. Be responsible for all costs associated with the laboratory analysis.
 5. Notify the Department within 72 hours of receiving a suspect or positive result.
- H.** A person who possesses a cervid shall comply with all procedures for:
1. Tuberculosis control and eradication for cervids as prescribed under the United States Department of Agriculture publication "Bovine Tuberculosis Eradication: Uniform Methods and Rules" USDA APHIS 91-45-011, revised January 1, 2005, which is incorporated by reference in this Section.
 2. Prevention, control, and eradication of Brucellosis in cervids as prescribed under the United States Department of Agriculture publication "Brucellosis in Cervidae: Uniform Methods and Rules" U.S.D.A. A.P.H.I.S. 91-45-16, effective September 30, 2003.
 3. The incorporated material is available at any Department office, online at www.aphis.usda.gov, or may be ordered from the USDA APHIS Veterinary Services, Cattle Disease and Surveillance Staff, P.O. Box 96464, Washington D.C. 20090-6464.
 4. The material incorporated by reference in this Section does not include any later amendments or editions.
- I.** A person who possesses a cervid shall maintain records required under this Section for a period of at least five years and shall make the records available for inspection to the Department upon request.
- J.** The Department has the authority to seize, euthanize, and dispose of any cervid possessed in violation of this Section, at the owner's expense.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

ARTICLE 5. BOATING AND WATER SPORTS**R12-4-501. Boating and Water Sports Definitions**

In addition to the definitions provided under A.R.S. § 5-301, the following definitions apply to this Article unless otherwise specified:

"Abandoned watercraft" means any watercraft that has remained:

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On private property without the consent of the private property owner;

Unattended for more than 48 hours on a highway, public street, or other public property;

Unattended for more than 72 hours on state or federal lands; or

Unattended for more than 14 days on state or federal waterways, unless in a designated mooring or anchorage area.

“Aids to navigation” means buoys, beacons, or other fixed objects placed on, in, or near the water to mark obstructions to navigation or to direct navigation through channels or on a safe course.

“Authorized third-party provider” means an entity that has been awarded a written agreement with the Department, pursuant to a competitive bid process, to perform limited or specific services on behalf of the Department.

“AZ number” means the Department-assigned identification number with the prefix “AZ.”

“Bill of sale” means a written agreement transferring ownership of a watercraft that includes all of the following information:

Name of buyer;

Name of seller;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

Purchase price and sales tax paid, when applicable; and

Signature of seller.

“Boats keep out” in reference to a regulatory marker means the operator or user of a watercraft, or a person being towed by a watercraft on water skis, an inflatable device, or similar equipment shall not enter.

“Certificate of number” means the Department-issued document that is proof that a motorized watercraft is registered in the name of the owner.

“Certificate of origin” means a document provided by the manufacturer of a new watercraft or its distributor, its franchised new watercraft dealer, or the original purchaser establishing the initial chain of ownership for a watercraft, such as but not limited to:

Manufacturer’s certificate of origin (MCO);

Manufacturer’s statement of origin (MSO);

Importer’s certificate of origin (ICO);

Importer’s statement of origin (ISO); or

Builder’s certification (Form CG-1261).

“Controlled-use marker” means an anchored or fixed marker on the water, shore, or a bridge that controls the operation of watercraft, water skis, surfboards, or similar devices or equipment.

“Dealer” means any person who engages in whole or in part in the business of buying, selling, or exchanging new or used watercraft, or both, either outright or on conditional sale, consignment, or lease.

“Homemade watercraft” means a watercraft that is not fabricated or manufactured for resale and to which a man-

ufacturer has not attached a hull identification number. If a watercraft is assembled from a kit or constructed from an unfinished manufactured hull and does not have a manufacturer assigned hull identification number it is a “homemade watercraft.”

“Hull identification number” means a number assigned to a specific watercraft by the manufacturer or by a government jurisdiction as prescribed by the U.S. Coast Guard.

“Issuing authority” means either a State that has an approved numbering system or the U.S. Coast Guard when a State does not have an approved numbering system.

“Junk watercraft” means any hulk, derelict, wreck, or parts of any watercraft in an unseaworthy or dilapidated condition that cannot be profitably dismantled or salvaged for parts or profitably restored.

“Letter of gift” means a document transferring ownership of a watercraft that includes all of the following information:

Name of previous owner;

Name of new owner;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

A statement that the watercraft is a gift; and

Signature of previous owner.

“Livery” means a business authorized to rent or lease watercraft with or without an operator for recreational, non-commercial use as prescribed under A.R.S. § 5-371.

“Manufacturer” means any person engaged in the business of manufacturing or importing new watercraft for the purpose of sale or trade.

“Motorized watercraft” means any watercraft propelled by machinery and powered by electricity, fossil fuel, or steam.

“No ski” in reference to a regulatory marker means a person shall not be towed on water skis, an inflatable device, or similar equipment.

“No wake” in reference to a regulatory marker has the same meaning as “wakeless speed” as defined under A.R.S. § 5-301.

“Operate” in reference to a watercraft means use, navigate, or employ.

“Owner” in reference to a watercraft means a person who claims lawful possession of a watercraft by virtue of legal title or equitable interest that entitles the person to possession.

“Personal flotation device” means a U.S. Coast Guard approved wearable or throwable device for use on any watercraft, as prescribed under A.R.S. §§ 5-331, 5-350(A), and R12-4-511.

“Regatta” means an organized water event of limited duration affecting the public use of waterways, for which a lawful jurisdiction has issued a permit.

“Registered owner” means the person or persons to whom a watercraft is currently registered by any jurisdiction.

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“Registration decal” means the Department-issued decal that is proof of watercraft registration.

“Regulatory marker” means a waterway marker placed on, in, or near the water to convey general information or indicate the presence of:

A danger, or

A restricted or controlled-use area.

“Release of interest” means a statement surrendering or abandoning unconditionally any claim or right of ownership or use in a watercraft.

“Secured party” means a lender, seller, or other person who holds a security interest in a watercraft under applicable law.

“Secured interest” means an interest that is reserved or created by an agreement under applicable law and that secures payment or the performance of an obligation.

“Sound level” means the noise level measured in decibels on the A-weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer’s instructions.

“Staggered registration” means the system of renewing watercraft registrations in accordance with the schedule provided under R12-4-504.

“State of principal operation” means the state in whose waters the watercraft is used or will be operated most during the calendar year.

“Throwable personal flotation device” means a U.S. Coast Guard approved Type IV device for use on any watercraft such as, but not limited to, a buoyant cushion, ring buoy, or horseshoe buoy.

“Titling authority” means a State whose vessel titling system has been certified by the Commandant under 33 C.F.R. 187.303 Subpart D.

“Unreleased watercraft” means a watercraft for which there is no written release of interest from the registered owner.

“Watercraft” means a boat or other floating device of rigid or inflatable construction designed to carry people or cargo on the water and propelled by machinery, oars, paddles, or wind action on a sail. Exceptions are seaplanes, makeshift contrivances constructed of inner tubes or other floatable materials that are not propelled by machinery, personal flotation devices worn or held in hand, and other objects used as floating or swimming aids.

“Watercraft agent” means a person authorized by the Department to collect applicable fees for the registration and numbering of watercraft.

“Watercraft registration” means the validated certificate of number and validating decals issued by the Department.

“Wearable personal flotation device” means a U.S. Coast Guard approved Type I, Type II, Type III, or Type V device for use on any watercraft such as, but not limited to, an off-shore lifejacket, near-shore buoyant vest, special-use wearable device, or flotation aid.

Historical Note

Editorial correction subsection (A) (Supp. 78-5). Former Section R12-4-83 renumbered as Section R12-4-501

without change effective August 13, 1981 (Supp. 81-4).

Former Section R12-4-501 renumbered to R12-4-515, new Section R12-4-501 adopted effective May 27, 1992

(Supp. 92-2). Amended effective November 7, 1996

(Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by

final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19

A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final

rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R.

3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-502. Application for Watercraft Registration

A. Only motorized watercraft as defined under R12-4-501 are subject to watercraft registration.

B. A person shall apply for watercraft registration under A.R.S. § 5-321 using a form furnished by the Department and available at any Department office or on the Department’s website. The applicant shall provide the following information for registration of all motorized watercraft except homemade watercraft, which are addressed under subsection (C):

1. Arizona residency certification statement, signed by the watercraft owner;
2. Type of watercraft;
3. Propulsion type;
4. Engine drive type;
5. Overall length of watercraft;
6. Make and model of watercraft, if known;
7. Year built or model year, if known;
8. Hull identification number;
9. Hull material;
10. Fuel type;
11. Category of use;
12. Watercraft or AZ number previously issued for the watercraft, if any;
13. State of principal operation; and
14. For watercraft:
 - a. Owned by a person:
 - i. Legal name;
 - ii. Mailing address;
 - iii. Date of birth; and
 - iv. Signature of each applicant.
 - b. Owned by a business:
 - i. Name of business;
 - ii. Business address;
 - iii. Tax Identification Number; and
 - iv. Signature and title of authorized representative on behalf of the business.
 - c. Held in a trust:
 - i. Name of trust;
 - ii. Primary trustee’s address;
 - iii. Tax Identification Number, required when the trust is held by two or more persons;
 - iv. Date of trust; and
 - v. Signature of each trustee, unless the trust instrument authorizes the signature of one trustee to bind the trust.
15. When ownership of the watercraft is in more than one name, the applicant shall indicate ownership designation by use of one of the following methods:

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- a. Where ownership is joint tenancy with right of survivorship, the applicant shall use "and/or" between the names of the owners. To transfer registration of the watercraft, each owner shall provide a signature. Upon legal proof of the death or incompetency of either owner, the remaining owner may transfer registration of the watercraft.
 - b. Where ownership is a tenancy in common the applicant shall use "and" between the names of the owners. To transfer registration of the watercraft, each owner shall provide a signature. In the event of the death or incompetency of any owner, the disposition of the watercraft shall be handled through appropriate legal proceedings.
 - c. Where the ownership is joint tenancy or is community property with an express intent that either of the owners has full authority to transfer registration, the applicant shall use "or" between the names of the owners. Each owner shall sign the application for registration. To transfer registration, either owner's signature is sufficient for transfer.
- C.** The builder, owner, or owners of a homemade watercraft shall present the watercraft for inspection at a Department office. The applicant shall provide the following information for registration of homemade watercraft, using the same ownership designations specified in subsection (A)(15):
1. Type of watercraft;
 2. Propulsion type;
 3. Engine drive type;
 4. Overall length of watercraft;
 5. Year built;
 6. Hull material;
 7. Fuel type;
 8. Category of use;
 9. Each owner's:
 - a. Name,
 - b. Mailing address, and
 - c. Date of birth;
 10. State of principal operation;
 11. Whether the watercraft was assembled from a kit or rebuilt from a factory or manufacturer's hull;
 12. Hull identification number, if assigned; and
 13. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- D.** As prescribed under A.R.S. § 5-321, the applicant shall submit a use tax receipt issued by the Arizona Department of Revenue with the application for registration unless any one of the following conditions apply:
1. The applicant is exempt from use tax as provided under 15 A.A.C. Chapter 5,
 2. The applicant is transferring the watercraft from another jurisdiction to Arizona without changing ownership,
 3. The applicant submits a bill of sale or receipt showing the sales or use tax was paid at the time of purchase, or
 4. The applicant submits a notarized affidavit of exemption stating that the acquisition of the watercraft was for rental or resale purposes.
- E.** An applicant for a watercraft dealer registration authorized under A.R.S. § 5-322(F), shall be a business offering watercraft for sale or a watercraft manufacturer registered by the U.S. Coast Guard. A person shall display dealer registration for watercraft demonstration purposes only. For the purposes of this Section, "demonstration" means to operate a watercraft on the water for the purpose of selling, trading, negotiating, or attempting to negotiate the sale or exchange of interest in new watercraft, and includes operation by a manufacturer for purposes of testing a watercraft. Demonstration does not include operation of a watercraft for personal purposes by a dealer or manufacturer or an employee, family member, or an associate of a dealer or manufacturer. The watercraft dealer registration is subject to invalidation pursuant to R12-4-506 if a watercraft with displayed dealer registration is used for purposes other than those authorized under A.R.S. § 5-322(F) or this Section. A watercraft dealer registration applicant shall submit an application to the Department. The application is furnished by the Department and is available at any Department office. The applicant shall provide the following information on the application:
1. All business names used for the sale or manufacture of watercraft in Arizona;
 2. Mailing address and telephone number for each business for which a watercraft dealer registration is requested;
 3. Tax privilege license number;
 4. U.S. Coast Guard manufacturer identification code, when applicable;
 5. Total number of certificates of number and decals requested; and
 6. The business owner's or manager's:
 - a. Name,
 - b. Business address,
 - c. Telephone number, and
 - d. Signature.
- F.** In addition to submitting the application form and any other information required under this Section, the applicant for watercraft registration shall submit one or more of the following additional forms of documentation:
1. Original title if the watercraft is titled in another state;
 2. Original registration if the watercraft is from a non-titling state;
 3. Bill of sale as defined under R12-4-501 if the watercraft has never been registered or titled in any state;
 4. Letter of gift as defined under R12-4-501 if the watercraft was received as a gift and was never registered or titled in any state;
 5. Court order or other legal documentation establishing lawful transfer of ownership;
 6. Certificate of documentation or letter of deletion issued by the U.S. Coast Guard;
 7. Statement of facts form furnished by the Department and available from any Department office when none of the documentation identified under subsections (F)(1) through (F)(6) exists either in the possession of the watercraft owner or in the records of any jurisdiction responsible for registering or titling watercraft. An applicant for watercraft registration under a statement of facts shall present the watercraft for inspection at a Department office. The statement of facts form shall include the following information:
 - a. Hull identification number,
 - b. Certification that the watercraft meets one of the following conditions:
 - i. The watercraft was manufactured prior to 1972, is 12 feet in length or less, and is not propelled by an inboard engine;
 - ii. The watercraft is owned by the applicant and has never been registered or titled;

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- iii. The watercraft was owned in a state that required registration, but was never registered or titled; or
 - iv. The watercraft was purchased, received as a gift, or received as a trade and has not been registered, titled, or otherwise documented in the past five years.
 - c. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- 8. An original certificate of origin when all of the following conditions apply:
 - a. The watercraft was purchased as new,
 - b. The applicant is applying for watercraft registration within a year of purchasing the watercraft, and
 - c. The certificate of origin is not held by a lien holder.
- G. If the watercraft is being transferred to a person other than the original listed owner, the applicant for a watercraft registration shall submit a release of interest. The Department may require the applicant to provide a release of interest that is acknowledged before a Notary Public or witnessed by a Department employee when the Department is unable to verify the signature on the release of interest.
- H. If the original title is held by a lien holder, the applicant for a watercraft registration shall submit a form furnished by the Department and available from any Department office along with a copy of the title. The applicant shall comply with the following requirements when submitting the form:
 - 1. The applicant shall provide the following information on the form:
 - a. Applicant's name,
 - b. Applicant's mailing address,
 - c. Make and model of watercraft, and
 - d. Watercraft hull identification number.
 - 2. The applicant shall ensure the lien holder provides the following information on the form:
 - a. Lien holder's name,
 - b. Lien holder's mailing address,
 - c. Name of person completing the form on behalf of the lien holder,
 - d. Title of person completing the form on behalf of the lien holder, and
 - e. Signature of the person completing the form on behalf of the lien holder, acknowledged before a Notary Public or witnessed by a Department employee.
- I. If the watercraft's original title or registration is lost, the Department shall register a watercraft upon receipt of one of the following:
 - 1. A letter or printout from any jurisdiction responsible for registering or titling watercraft that verifies the owner of record for that specific watercraft;
 - 2. A printout of the Vessel Identification System for that specific watercraft from the U.S. Coast Guard and verification from the appropriate state agency that the information regarding the owner of record for that specific watercraft is correct and current;
 - 3. A statement of facts by the applicant as described under subsection (F)(7) if the watercraft has not been registered, titled, or otherwise documented in the past five years; or
 - 4. The abandoned or unreleased watercraft approval letter issued by the Department, as established under R12-4-507(I).
- J. The Department shall issue a watercraft registration within 30 calendar days of receiving a valid application and the documentation required under this Section from the applicant or a watercraft agent authorized under R12-4-509.
- K. All watercraft registrations and supporting documentation are subject to verification by the Department and to the requirements established under R12-4-505. The Department shall require a watercraft to be presented for inspection to verify the information provided by an applicant if the Department has reason to believe the information provided by the applicant is inaccurate or the applicant is unable to provide the required information.
- L. The Department shall deem an application invalid if the Department receives legal documentation of any legal action that may affect ownership of that watercraft.
- M. The Department shall invalidate a watercraft registration if the registration is obtained by an applicant who makes a false statement or provides false information on any application, statement of facts, or written instrument submitted to the Department.

Historical Note

Former Section R12-4-84 renumbered as Section R12-4-502 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 2, 1985 (Supp. 85-1). Former Section R12-4-502 repealed, new Section R12-4-502 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-503. Renewal of Watercraft Registration; Duplicate Watercraft Registration or Decal

- A. The owner of a registered watercraft shall renew the watercraft's registration no later than the day before the prior registration period expires.
 - 1. To renew a watercraft's registration in person or by mail, an applicant shall pay the registration fee authorized under R12-4-504 and present any one of the following:
 - a. Current or prior certificate of number,
 - b. Valid driver's license,
 - c. Valid Arizona Motor Vehicle Division identification card,
 - d. Valid passport, or
 - e. Department-issued renewal notice.
 - 2. The owner of a registered watercraft may renew a watercraft registration by accessing the Department's online system and paying the applicable watercraft registration fee authorized under R12-4-504.
- B. The owner of a registered watercraft may obtain a duplicate watercraft registration or decal in person or by mail. To obtain a duplicate watercraft registration or decal in person or by mail, an applicant shall:
 - 1. Complete and submit an application for a duplicate certificate and/or decal form to the Department or its authorized agent, available from any Department office and on the Department's website; and

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2. Pay the duplicate watercraft registration fee authorized under R12-4-504.
- C. If made available by the Department, the owner of a registered watercraft may obtain a duplicate watercraft registration or decal by accessing the Department's online system and paying the duplicate watercraft registration fee authorized under R12-4-504.
- D. When a request for a watercraft registration renewal or duplicate watercraft registration or decal is submitted by mail or online, the Department shall mail the registration or decal, as applicable, to the address of record, unless the Department receives a notarized request from the registered owner instructing the Department to mail the duplicate registration or decal to another address.

Historical Note

Former Section R12-4-85 renumbered as Section R12-4-503 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-503 renumbered to R12-4-519, new Section R12-4-503 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-504. Watercraft Fees; Penalty for Late Registration; Staggered Registration Schedule

- A. The following fees are required, when applicable as authorized under A.R.S. §§ 5-321 and 5-322:
 1. Motorized watercraft registration fees are assessed as follows:
 - a. Twelve feet and less: \$20
 - b. Twelve feet one inch through sixteen feet: \$22
 - c. Sixteen feet one inch through twenty feet: \$30
 - d. Twenty feet one inch through twenty-six feet: \$35
 - e. Twenty-six feet one inch through thirty-nine feet: \$39
 - f. Thirty-nine feet one inch through sixty-four feet: \$44
 - g. Sixty-four feet one inch and over: \$66
 - h. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
 2. Motorized watercraft transfer fee: \$13.
 3. Duplicate motorized watercraft registration: \$8.
 4. Duplicate decal: \$8.
 5. Watercraft dealer certificate of number: \$20.
 6. Abandoned or unreleased watercraft application fee: \$100.
 7. Unclaimed towed watercraft application fee: \$100.
- B. The Department or its agent shall collect the entire registration fee for a late registration renewal and a penalty fee of \$5, unless exempt under A.R.S. § 5-321(L). The Department or its agent shall not assess a penalty fee when a renewal is mailed before the expiration date, as evidenced by the postmark.
- C. All new watercraft registrations expire 12 months after the date of issue.
- D. Resident and nonresident watercraft registration renewals:

1. Shall be valid for a period of 7 to 18 months depending on the expiration month.
 - a. This provision applies to the initial renewal period only.
 - b. The Department shall prorate fees accordingly.
2. May be renewed up to six months prior to the expiration month.
3. Shall expire on the last day of the month indicated by the last two numeric digits of the AZ number, as shown in the following table:

Last two numeric digits of AZ number									Expiration month
00	12	24	36	48	60	72	84	96	December
01	13	25	37	49	61	73	85	97	January
02	14	26	38	50	62	74	86	98	February
03	15	27	39	51	63	75	87	99	March
04	16	28	40	52	64	76	88		April
05	17	29	41	53	65	77	89		May
06	18	30	42	54	66	78	90		June
07	19	31	43	55	67	79	91		July
08	20	32	44	56	68	80	92		August
09	21	33	45	57	69	81	93		September
10	22	34	46	58	70	82	94		October
11	23	35	47	59	71	83	95		November

- E. Watercraft dealer, manufacturer, and governmental use registration renewals expire on October 31 of each year.
- F. Livery and all other commercial use registration renewals expire on November 30 of each year.

Historical Note

Amended effective December 5, 1978 (Supp. 78-6). Amended effective March 6, 1980 (Supp. 80-2). Former Section R12-4-86 renumbered as Section R12-4-504 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-504 repealed, new Section R12-4-504 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by exempt rulemaking pursuant to A.R.S. § 41-1005(A)(2)(b) at 21 A.A.R. 1046, effective June 16, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 28 A.A.R. 2057 (August 19, 2022), effective September 26, 2022 (Supp. 22-3).

R12-4-505. Hull Identification Numbers

- A. The Department shall not register a watercraft without a hull identification number.
- B. The Department shall verify watercraft manufactured after November 1, 1972 have a primary hull identification number that complies with the requirements established under 33 C.F.R. 181, subpart C. The Department shall assign a hull identification number when the watercraft hull identification number does not meet the requirements established under 33 C.F.R. 181, subpart C.
- C. The hull identification number shall be fully visible and unobstructed at all times. Watercraft manufactured prior to August 1, 1984, are exempt from this requirement provided the

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obstruction is original equipment and was attached by the manufacturer.

- D. The Department shall assign a hull identification number to a watercraft with a missing hull identification number only if the Department determines:
 1. The hull identification number was not intentionally or illegally removed or altered, unless the application is accompanied by an order of forfeiture, order of seizure, or other civil process;
 2. The missing hull identification number was caused by error of the manufacturer or a government jurisdiction; or
 3. The watercraft is a homemade watercraft as defined under R12-4-501.
- E. The Department may assign a hull identification number within 30 days of receipt of a valid application, as described under R12-4-502.
- F. The Department may accept a bill of sale presented with a missing or nonconforming hull identification number for registration purposes only when:
 1. The hull identification number matches the nonconforming hull identification number on the watercraft;
 2. Supporting evidence exists that the seller is the owner of the watercraft;
 3. The watercraft is homemade and does not have a hull identification number; or
 4. The watercraft was manufactured prior to November 1, 1972.
- G. Within 30 days of issuance, the applicant or registered owner shall:
 1. Burn, carve, stamp, emboss, mold, bond, or otherwise permanently affix each hull identification number to a non-removable part of the watercraft in a manner that ensures any alteration, removal, or replacement will be obvious.
 2. Ensure the characters of each hull identification number affixed to the watercraft are no less than 1/4 inch in height.
 3. Permanently affix the hull identification number as follows:
 - a. On watercraft with transoms, affix the hull identification number to the right or starboard side of the transom within two inches of the top of the transom or hull/deck joint, whichever is lower.
 - b. On watercraft without a transom, affix the hull identification number to the starboard outboard side of the hull, back or aft within one foot of the stern and within two inches of the top of the hull, gunwale, or hull/deck joint, whichever is lower.
 - c. On a catamaran or pontoon boat, affix the hull identification number on the aft crossbeam within one foot of the starboard hull attachment.
 - d. As close as possible to the applicable location established under subsections (a), (b), or (c) when rails, fittings, or other accessories obscure the visibility of the hull identification number.
 - e. Affix a duplicate of the visibly affixed hull identification number in an unexposed location on a permanent part of the hull.
 4. Certify to the Department that the hull identification number was permanently affixed to the watercraft. The certification statement is furnished by the Department when a hull identification number is issued. The certification statement shall include the location of the permanently affixed hull identification number.

Historical Note

Amended effective January 1, 1980 (Supp. 79-6). Former Section R12-4-87 renumbered as Section R12-4-505 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-505 repealed, new Section R12-4-505 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-506. Invalidation of Watercraft Registration and Decals

- A. Any watercraft registration obtained by fraud or misrepresentation is invalid from the date of issuance.
- B. A certificate of number and any decals issued by the Department under R12-4-502 are invalid if any one of the following occurs:
 1. Any check, money order, or other currency certificate presented to the Department for payment of watercraft registration or renewal is found to be non-negotiable;
 2. Any person whose name appears on the certificate of number loses ownership of the watercraft by legal process;
 3. Arizona is no longer the state of principal operation;
 4. The watercraft is documented by the U.S. Coast Guard;
 5. An applicant provides incomplete or incorrect information to the Department and fails to provide the correct information within 30 days after a request by the Department;
 6. The Department revokes the certificate of number, AZ numbers, and decals as provided under A.R.S. § 5-391(I);
 7. The Department or its agent erroneously issued a certificate of number or any decals;
 8. A watercraft bearing a dealer registration is used for any purpose not authorized under R12-4-502(E); or
 9. A watercraft registered or used as a livery is operated in violation of A.R.S. § 5-371 or R12-4-514.
- C. A person shall surrender the invalid certificate of number and decals to the Department within 15 calendar days of receiving written determination from the Department that the certificate of number or decals are invalid, unless the person appeals the Department's determination to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- D. The Department shall not validate or renew an invalid watercraft registration or decals until the reason for invalidity is corrected or no longer exists.

Historical Note

Adopted effective December 4, 1984 (Supp. 84-6). Amended subsection (B) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended subsection (B) effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Former Section R12-4-506 repealed, new Section R12-4-506 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1,

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2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-507. Transfer of Ownership of an Abandoned or Unreleased Watercraft

- A. A person who has knowledge and custody of a watercraft abandoned on private property owned by that person may attempt to obtain ownership of the watercraft by way of the abandoned watercraft transfer process. A lienholder of foreclosed real property may assign an agent to act on its behalf.
- B. The last registered owner of an abandoned or unreleased watercraft is presumed to be responsible for the watercraft, unless the watercraft is reported stolen.
- C. The operator of a self-storage facility located in this state and having a possessory lien shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 15, Article 1 when attempting to obtain ownership of a watercraft abandoned while in storage.
- D. A person having a possessory lien under a written agreement shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 7, Article 6 when attempting to obtain ownership of a watercraft for which repairs or service fees remain unpaid.
- E. Only a person acting within the scope of official duties as an employee or authorized agent of a government agency may order the removal of a watercraft abandoned on public property or a public waterway.
- F. A person seeking ownership of an abandoned or unreleased watercraft shall submit an application to the Department and pay the fee established under R12-4-504. The application is furnished by the Department and available at any Department office. The application shall include the following information, if available:
 1. Hull identification number, unless exempt under R12-4-505;
 2. Registration number;
 3. Decal number;
 4. State of registration;
 5. Year of registration;
 6. Name, address, and daytime telephone number of the person who found the watercraft;
 7. For abandoned watercraft:
 - a. Address or description of the location where the watercraft was found,
 - b. Whether the watercraft was abandoned on private or public property, and
 - c. When applicable, for watercraft abandoned on private property, whether the applicant is the legal owner of the property;
 8. Condition of the watercraft: wrecked, stripped, or intact;
 9. State in which the watercraft will be operated;
 10. Length of time the watercraft was abandoned;
 11. Reason why the applicant believes the watercraft is abandoned; and
 12. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- G. This state and its agencies, employees, and agents are not liable for relying in good faith on the contents of the application.
- H. The Department shall attempt to determine the name and address of the registered owner by:
 1. Conducting a search of its watercraft database when documentation indicates the watercraft was previously registered in this state, or
 2. Requesting the watercraft record from the other state when documentation indicates the watercraft was previously registered in another state.
- I. If the Department is able to determine the name and address of the registered owner, the Department shall send written notice of the applicant's attempt to register the watercraft to the owner.
 1. If the registered owner provides a written release of interest in the watercraft, the Department shall mail the release of interest and an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
 2. If the registered owner provides written notice to the Department refusing to release interest in the watercraft, the Department shall notify the applicant of the owner's refusal. The Department shall not register the watercraft to the applicant unless the applicant provides proof of ownership and complies with the requirements established under R12-4-502.
 3. If the registered owner does not respond to the notice within 180 days from the date the Department sent notice, this failure to act shall constitute a waiver of interest in the watercraft by any person having an interest in the watercraft, and the watercraft shall be deemed abandoned for all purposes. The Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
 4. If the written notice is returned unclaimed or refused, the Department shall notify the applicant within 15 days of the notice being returned that the attempt to contact the registered owner was unsuccessful.
- J. If the Department is unable to identify or serve the registered owner, the Department shall post a notice of intent on the Department's website within 45 days of the Department's notification to the applicant as provided in subsection (I)(4).
 1. The notice shall include a statement of the Department's intent to transfer ownership of the watercraft ten days after the date of posting, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following posting.
 2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
- K. A government agency may submit an application for authorization to dispose of a junk watercraft abandoned on state or federal lands or waterways. The application is furnished by the Department and is available at any Department Office. Upon receipt of the application, the Department shall attempt to determine the name and address of the registered owner. If the Department is unable to identify and serve the registered owner, the Department shall publish a notice of intent to authorize the disposal of the junk watercraft as described under subsection (J).
 1. The published notice shall include a statement of the Department's intent to authorize the disposal of the watercraft ten days after the date of publication, unless

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the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following publication.

2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an authorization to dispose of the junk watercraft to the government agency. The government agency may dispose of the abandoned watercraft and all indicia for that watercraft in any manner the agency determines expedient or convenient.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-508. New Watercraft Exchanges

- A. A person may request a no-fee replacement registration for a new watercraft, provided all of the following conditions apply:
 1. The person purchased the newly registered watercraft from a new watercraft dealer,
 2. The person returned the watercraft to the new watercraft dealer within 30 days of purchase, and
 3. The new watercraft dealer exchanged the returned watercraft for a watercraft of the same year, make, and model within the same 30 day period.
- B. To obtain a no-fee replacement registration, the person shall submit the original watercraft registration and a letter from the new watercraft dealer to the Department. The letter shall include all of the following information:
 1. A statement that the original watercraft was replaced,
 2. The hull identification number for the original watercraft,
 3. The hull identification number for the replacement watercraft,
 4. The buyer's name, and
 5. The new watercraft dealer's name.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-509. Watercraft Dealers; Agents

- A. The Department may authorize a watercraft dealer to act as an agent on behalf of the Department for the purpose of issuing temporary certificates of number valid for 45 days for new or used watercraft, provided:
 1. The applicant's previous authority to act as a watercraft agent under A.R.S. § 5-321(I) has not been canceled by the Department within the preceding 24 months, and
 2. The applicant is a business located and operating within this state and sells watercraft.
- B. An applicant seeking watercraft agent authorization shall submit an application to the Department. The application is furnished by the Department and available at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix,

AZ 85086. The applicant shall provide the following information on the application:

1. Principal business or corporation name, address, and telephone number or if not a corporation, the full name, address, and telephone number of all owners or partners;
 2. Name, address, and telephone number of the owner or manager responsible for compliance with this Section;
 3. Whether the applicant has previously issued temporary certificates of number under A.R.S. § 5-321(I);
 4. All of the following information specific to the location from which new watercraft are to be sold and temporary certificates of number issued:
 - a. Name of owner or manager;
 - b. Business hours;
 - c. Business telephone number;
 - d. Business type;
 - e. Storefront name; and
 - f. Street address;
 5. Manufacturers of the watercraft to be sold; and
 6. Signature of person named under subsection (B)(2).
- C. The Department shall either approve or deny the application within the licensing time-frame established under R12-4-106.
 - D. Authorization to act as a watercraft agent is specific to the dealer's business location designated on the application and approved by the Department, unless the dealer is participating in a boat show for the purpose of selling watercraft.
 - E. The watercraft agent shall:
 1. Use the assigned watercraft agent number when issuing a temporary certificate of number,
 2. Use the online application system and forms supplied by the Department; and
 3. Collect the appropriate fee as prescribed under R12-4-504 and R12-4-527.
 - F. A watercraft agent is prohibited from issuing a temporary certificate of number for a watercraft when:
 1. The watercraft is involved in legal proceedings such as, but not limited to, a marital dissolution, probate, or bankruptcy proceeding;
 2. The watercraft is abandoned or unreleased;
 3. The watercraft is homemade; or
 4. The watercraft has a nonconforming HIN.
 - G. A watercraft agent issuing a temporary certificate of number to the purchaser of a watercraft shall comply with all the following:
 1. The watercraft agent shall obtain a completed application that complies with the requirements established under R12-4-502.
 2. The watercraft agent shall identify to the applicant the state registration fee and the nonresident boating safety infrastructure fee, when applicable, separately from any other costs.
 3. The fees collected under subsection (E)(3) shall be submitted electronically to the Department prior to the submission of the documentation required under subsection (G)(4).
 4. Within five business days of issuing a temporary certificate of number, a watercraft agent shall deliver or mail the following documentation to the Arizona Game and Fish Department, Watercraft Agent Representative, 5000 W. Carefree Highway, Phoenix, AZ 85086:
 - a. For a new watercraft:
 - i. Original application;
 - ii. Original or copy of the bill of sale issued by the watercraft agent; and

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- iii. Original certificate of origin;
 - b. For a used watercraft:
 - i. Original application;
 - ii. Original or copy of the bill of sale issued by the watercraft agent;
 - iii. Ownership document, such as but not limited to a title, bill of sale, letter of gift or U.S. Coast Guard certificate of documentation or letter of deletion issued by the U.S. Coast Guard; and
 - iv. Lien release, when applicable.
- H. The Department may cancel the watercraft agent's authorization if the agent does any one of the following:
 - 1. Fails to comply with the requirements established under this Article;
 - 2. Submits more than one electronic payment dishonored because of insufficient funds, payments stopped, or closed accounts to the Department within a calendar year;
 - 3. Predates, postdates, alters, or provides or knowingly allows false information to be provided on an application for a temporary certificate of number; or
 - 4. Falsifies the application for authorization as a watercraft agent.
- I. The Department shall provide a written notice to the person stating the reason for the denial or cancellation of watercraft agent status, as applicable. The person may appeal the denial or cancellation to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-510. Refund of Fees Paid in Error

- A. The Department shall issue a refund for watercraft registration fees paid and, when applicable, the Nonresident Boating Safety Infrastructure fee when the registered owner has erroneously paid those fees for a watercraft that has already been sold to another individual.
- B. To request a refund of fees paid in error, the person applying for the refund shall surrender all of the following to the Department:
 - 1. Original certificate of number;
 - 2. Registration decals; and
 - 3. Nonresident Boating Safety Infrastructure Decal, when applicable.
- C. A person requesting a refund of fees shall submit the request to the Department within 30 calendar days of the date the payment was received by the Department.
- D. The Department shall not refund:
 - 1. A late registration penalty fee.
 - 2. A fee collected by an authorized third-party provider. A person who paid their watercraft registration fee to a third-party provider shall request a refund of fees from that third-party provider.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by

final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-511. Personal Flotation Devices

- A. For the purpose of this Section, "wear" means:
 - 1. The personal flotation device is worn according to the manufacturer's design or recommended use;
 - 2. All of the device's closures are fastened, snapped, tied, zipped, or secured according to the manufacturer's design or recommended use; and
 - 3. The device is adjusted for a snug fit.
- B. The operator of a canoe, kayak, or other watercraft shall ensure the watercraft is equipped with at least one correctly-sized, U.S. Coast Guard-approved, wearable personal flotation device that is in good and serviceable condition for each person on board the watercraft. The operator of any watercraft shall also ensure the wearable personal flotation devices on board the watercraft are readily accessible and available for immediate use.
- C. In addition to the personal flotation devices described under subsection (B), the operator of a watercraft that is 16 feet or more in length shall ensure the watercraft is also equipped with a U.S. Coast Guard-approved throwable personal flotation device: buoyant cushion, ring buoy, or horseshoe buoy. Canoes and kayaks are not subject to this subsection.
- D. The operator of a watercraft shall ensure a person twelve years of age or under on board a watercraft shall wear a U.S. Coast Guard approved wearable personal flotation device whenever the watercraft is underway.
- E. The operator of a personal watercraft shall ensure each person aboard the personal watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the personal watercraft is underway.
- F. Subsections (B), (C), and (D) do not apply to the operation of a racing shell or rowing skull during competitive racing or supervised training, if the racing shell or rowing skull is manually propelled, recognized by a national or international association for use in competitive racing, and designed to carry and does carry only equipment used solely for competitive racing.

Historical Note

Amended effective May 26, 1978 (Supp. 78-3). Former Section R12-4-80 renumbered as Section R12-4-511 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-512. Fire Extinguishers Required for Watercraft

- A. The operator of watercraft shall ensure all required fire extinguishers are readily accessible and available for immediate use.
- B. As prescribed under A.R.S. § 5-332, an operator of a:
 - 1. Watercraft less than 26 feet in length shall carry one U.S. Coast Guard-approved B-I type fire extinguisher on board if the watercraft has one or more of the following:
 - a. An inboard engine,

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- b. Closed compartments where portable fuel tanks may be stored,
 - c. Double bottoms not sealed to the hull or which are not completely filled with flotation materials,
 - d. Closed living spaces,
 - e. Closed stowage compartments in which combustible or flammable materials are stored,
 - f. Permanently installed fuel tanks (fuel tanks that cannot be moved in case of a fire or other emergency are considered permanently installed), and
 - g. A fixed fire extinguishing system installed in the engine compartment.
2. Watercraft 26 feet to less than 40 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
- a. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher, or
 - b. At least one B-I type approved hand-portable fire extinguisher if a fixed fire extinguishing system is installed in the engine compartment.
3. Watercraft 40 feet to not more than 65 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
- a. At least three B-I type hand-portable fire extinguishers or at least one B-I and one B-II type hand-portable fire extinguishers, or
 - b. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher when a fixed fire extinguishing system is installed in the engine compartment.

Historical Note

Former Section R12-4-81 renumbered as Section R12-4-512 without change effective August 13, 1981 (Supp. 81-4). Amended effective June 14, 1990 (Supp. 90-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-513. Watercraft Incident and Casualty Reports

- A. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury, death, or property damage exceeding \$500 shall submit the report required under A.R.S. § 5-349 to the Department. The report shall be made on a form furnished by the Department or provided by the law enforcement officer investigating the collision, incident, or other casualty. The operator or owner of the watercraft shall complete the form in full and clearly identify on the form any information that is either not applicable or unknown. The operator or owner of the watercraft submitting the report shall provide all of the information required under 33 C.F.R. 173.57.
- B. The person completing the form shall deliver, mail, or email the form to the Arizona Game and Fish Department, Law Enforcement Branch at 5000 W. Carefree Hwy, Phoenix, AZ 85086 or BoatAccidentReporting@azgfd.gov, as applicable.
- C. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury or death shall submit the report to the Department no later than 48 hours after the incident.
- D. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting only in property damage exceeding \$500 shall submit the report to the Department no later than five days after the incident.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-514. Liveries

- A. A person who rents, leases, or offers any watercraft for compensation, with or without an operator, for recreational, non-commercial use shall register the watercraft as a livery as established under R12-4-502.
- B. A watercraft owned by a boat livery that requires registration and does not have the certificate of number on board shall be identified while in use by means of a:
 - 1. Placard or some other form of display that is affixed to the watercraft and is visible when the watercraft is underway. The placard or other form of display shall indicate the business name and current phone number of the livery.
 - 2. Receipt provided by the livery to the person operating the rented watercraft. The receipt shall contain the following information:
 - a. Business name and address of the livery as shown on the certificate of number,
 - b. Watercraft registration number as issued by the Department,
 - c. Beginning date and time of the rental period, and
 - d. Written acknowledgment on the receipt of compliance with the requirements prescribed under A.R.S. § 5-371, signed by both the livery operator or their agent and the renter.
- C. A person operating a rented or leased watercraft or operating a passenger for hire watercraft shall carry the registration or receipt onboard and produce it upon request to any peace officer.
- D. Failure to comply with the requirements prescribed under A.R.S. § 5-371 and this Section may result in the invalidation of the watercraft registration and decals as provided under A.R.S. § 5-391(A) and R12-4-506.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-515. Display of AZ Numbers and Registration Decals

- A. A person shall not use, operate, moor, anchor, or grant permission to use, operate, moor, or anchor a watercraft on the boundaries of this state unless such watercraft displays a valid number and current registration decal in the manner established under subsection (B). This Section does not apply to undocumented watercraft displaying a valid temporary numbering certificate authorized under R12-4-509 or exempt under A.R.S. § 5-322.
- B. The owner of a watercraft shall display the AZ number and registration decals as follows:
 - 1. The AZ numbers shall:
 - a. Be clearly visible and painted on or attached to each exterior side of the forward half of a non-removable portion of the watercraft;

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- b. Be in a color that contrasts with the watercraft's background color so as to be easily read from a distance;
 - c. Include the letters "AZ" and the suffix, separated by a hyphen or equivalent space between the letters "AZ" and the suffix; and
 - d. Read from left to right in well-proportioned block letters that are not less than three inches in height, excluding outline.
- 2. The registration decals shall be affixed three inches in front of "AZ" on both sides of the forward half of a non-removable portion of the watercraft.
- C. On watercraft so constructed that it is impractical or impossible to display the AZ numbers in a prominent position on the forward half of the hull or permanent superstructure, the AZ numbers may be displayed on brackets or fixtures securely attached to the forward half of the watercraft.
- D. Persons possessing a dealer watercraft certificate of number issued under A.R.S. § 5-322(F) shall visibly display the AZ numbers and validating registration decals as established under this Section, except that the numbers and decals may be printed or attached to temporary, removable signs that are securely attached to the watercraft being demonstrated.
- E. Expired registration decals issued by any jurisdiction shall be covered or removed from the watercraft, so that only the current registration decals are visible.
- F. Invalid watercraft AZ numbers and registration decals shall not be displayed on any watercraft. The owner of the watercraft shall surrender the AZ numbers and registration decals to the Department in compliance with R12-4-506(C).

Historical Note

Section R12-4-515 renumbered from R12-4-501 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-516. Watercraft Sound Level Restriction

- A. A person shall not operate a watercraft upon the waters of this state if the watercraft emits a noise level that exceeds any of the following.
 - 1. A noise level of 86 dB(A), measured at a distance of 50 feet or more from the watercraft on the "A" weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer's instructions.
 - 2. For engines manufactured:
 - a. Before January 1, 1993, a noise level of 90 dB(A) when subjected to the Society of Automotive Engineers Recommended Practice stationary sound level test SAEJ2005, revised July 2004 and containing no later editions or amendments; and
 - b. On or after January 1, 1993, a noise level of 88 dB(A) when subjected to the Society of Automotive Engineers Recommended Practice stationary sound level test SAEJ2005, revised July 2004 and containing no later editions or amendments; or
 - 3. A noise level of 75 dB(A) measured as specified in the Society of Automotive Engineers Recommended Practice shoreline sound test SAEJ1970, revised September 2003 and containing no later editions or amendments.
- B. The materials incorporated by reference in subsection (A) may be viewed at any Department office and are available for pur-

chase from SAE International, 400 Commonwealth Dr, Warrendale, PA 15096-0001 or online at www.sae.org.

- C. A measurement of noise level that is in compliance with this Section does not preclude the conducting of a test or multiple tests of noise levels.
- D. A peace officer authorized to enforce the provisions of this Section who has reason to believe a watercraft is being operated in violation of the noise levels established in this Section may direct the operator of the watercraft to submit the watercraft to an onsite test to measure noise level.
- E. An operator of a watercraft who receives a request from a peace officer to test the noise level of the watercraft under subsection (D) shall allow the watercraft to be tested. If, based on a measurement or test to determine the noise level of a watercraft administered under this Section, the noise level of the watercraft exceeds one or more of the decibel level standards in subsection (A), the operator of the watercraft shall take immediate measures to correct the violation as prescribed under A.R.S. § 5-391(C).
- F. This Section shall not apply to watercraft operated under permits issued in accordance with A.R.S. § 5-336(C).

Historical Note

Former Section R12-4-82 renumbered as Section R12-4-516 without change effective August 13, 1981 (Supp. 81-4). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-517. Watercraft Motor and Engine Restrictions

- A. A person operating a motorized watercraft on the following waters shall only use an electric motor not exceeding 10 manufacturer-rated horsepower:
 - 1. Ackre Lake
 - 2. Bear Canyon Lake
 - 3. Bunch Reservoir
 - 4. Carnero Lake
 - 5. Chaparral Park Lake
 - 6. Cluff Ponds
 - 7. Coconino Reservoir
 - 8. Coors Lake
 - 9. Dankworth Pond
 - 10. Dogtown Reservoir
 - 11. Fortuna Lake
 - 12. Goldwater Lake
 - 13. Granite Basin Lake
 - 14. Horsethief Basin Lake
 - 15. Hulsey Lake
 - 16. J.D. Dam Lake
 - 17. Knoll Lake
 - 18. Lee Valley Lake
 - 19. McKellips Park Lake
 - 20. Pratt Lake
 - 21. Quigley Lake
 - 22. Redondo Lake
 - 23. Riggs Flat Lake
 - 24. Roper Lake
 - 25. Santa Fe Lake
 - 26. Scott's Reservoir
 - 27. Sierra Blanca Lake
 - 28. Soldier Lake (in Coconino County)
 - 29. Stehr Lake
 - 30. Stoneman Lake
 - 31. Tunnel Reservoir

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32. Whitehorse Lake
 33. Willow Valley Lake
 34. Woodland Reservoir
 35. Woods Canyon Lake
- B.** A person operating a motorized watercraft on the following waters shall use only a single electric motor or single gasoline engine not exceeding 10 manufacturer-rated horsepower:
1. Arivaca Lake
 2. Ashurst Lake
 3. Becker Lake
 4. Big Lake
 5. Black Canyon Lake
 6. Blue Ridge Reservoir
 7. Cataract Lake
 8. Chevelon Canyon Lake
 9. Cholla Lake Hot Pond
 10. Concho Lake
 11. Crescent Lake
 12. Fool Hollow Lake
 13. Kaibab Lake
 14. Kinnikinick Lake
 15. Little Mormon Lake
 16. Lower Lake Mary
 17. Luna Lake
 18. Lynx Lake
 19. Marshall Lake
 20. Mexican Hay Lake
 21. Nelson Reservoir
 22. Parker Canyon Lake
 23. Peña Blanca Lake
 24. Rainbow Lake
 25. River Reservoir
 26. Show Low Lake
 27. Whipple Lake
 28. White Mountain Lake (in Apache County)
 29. Willow Springs Lake
- C.** A person shall not operate a watercraft on Frye Mesa Reservoir, Rose Canyon Lake, or Snow Flat Lake, except as authorized under subsection (D).
- D.** A person who possesses a valid use permit issued by the U.S. Forest Service may operate a non-motorized watercraft only on Rose Canyon Lake on any Tuesday, Wednesday, or Thursday during June and July from 9:30 a.m. to 4:30 p.m. Mountain Time Zone. This subsection does not exempt the person from complying with all applicable requirements imposed by federal or state laws, rules, regulations, or orders.
- E.** This Section does not apply to watercraft of governmental agencies or to Department-approved emergency standby watercraft operated by lake concessionaires if operating to address public safety or public welfare.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended as an emergency effective July 9, 1976 (Supp. 76-4). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-89 renumbered as Section R12-4-517 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A) and (C) effective December 17, 1981 (Supp. 81-6). Amended effective December 28, 1982 (Supp. 82-6). Amended subsections (A) through (C) effective December 4, 1984 (Supp. 84-6). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemak-

ing at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by exempt rulemaking at 17 A.A.R. 1189, effective May 24, 2011 (Supp. 11-2). Subsection (A)(9) corrected clerical error (Supp. 11-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-518. Regattas

- A.** When a regatta permit is issued by the Coast Guard, the person in control of the regatta shall at all times be responsible for compliance with the stipulations as prescribed within the regatta permit. Such stipulations may include but not be limited to:
1. A specified number of patrol or committee boats and identified as such.
 2. Availability of emergency medical services.
 3. Spectator control if there exists a danger that life or property is in jeopardy.
- B.** Non-compliance with any stipulation of an authorized permit which jeopardizes the public welfare shall be cause to terminate the regatta until the person in control or a person designated by the one in control satisfactorily restores compliance.
- C.** When a regatta applicant is informed in writing by the Coast Guard that a permit is not required, such regatta may take place, but shall not relieve the regatta sponsor of any responsibility for the public welfare or confer any exemption from state boating and watersports laws and rules.
- D.** The regatta sponsor and all participants shall comply with aquatic invasive species requirements established under A.R.S. Title 17, Chapter 2, Article 3.1 and 12 A.A.C. 4, Article 9.

Historical Note

Adopted effective March 5, 1982 (Supp. 82-2). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-519. Reciprocity

As authorized under A.R.S. § 5-322(E), all watercraft currently numbered or exempt from numbering under the provisions of their state of principal operation are exempt from numbering for a period of 90 days after entering this state.

Historical Note

Section R12-4-519 renumbered from R12-4-503 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-520. Arizona Aids to Navigation System

- A.** The Arizona aids to navigation system is the same as that prescribed under 33 C.F.R. 62, revised July 1, 2014, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at www.gpoaccess.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This Section does not include any later amendments or editions of the incorporated material.
- B.** A person shall not mark the waterways or their shorelines in this state with mooring buoys, regulatory markers, aids to navigation, lights, or other types of permitted waterway marking devices, without authorization from the governmental agency or the private interest having jurisdiction on such waters.
- C.** A person shall not moor or fasten a watercraft to any marker not intended for mooring, or willfully damage, tamper with,

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remove, obstruct, or interfere with any aid to navigation, regulatory marker or other type of permitted waterway marking devices, except in the performance of authorized maintenance responsibilities or as authorized under R12-4-518 or this Section.

- D.** If a government agency or private interest has not exercised its authority to control watercraft within its jurisdiction under A.R.S. § 5-361, or if waters are directly under the jurisdiction of the Commission, the Department has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
1. The Department may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
 2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- E.** A governmental agency, excluding federal agencies with jurisdiction over federal navigable waterways, has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
1. A government agency may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
 2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- F.** Any person may request establishment, change, or removal of controlled-use markers on waters under the jurisdiction of the Commission or on waters not under the jurisdiction of another government agency by submitting a written request providing the reasons for the request to the Arizona Game and Fish Department, 5000 W. Carefree Hwy, Phoenix, AZ 85086.
1. The Department shall either approve or deny the request within 60 days of receipt.
 2. A person may appeal the Department's denial of a request to the Commission as an appealable agency action under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-521. Repealed**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-522. Repealed**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R.

3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-523. Controlled Operation of Watercraft

- A.** A person shall not operate any watercraft, or use any watercraft to tow a person on water skis, a surfboard, inflatable device, or similar object, device or equipment in a manner contrary to the area restrictions imposed by lawfully placed controlled-use markers, except for:
1. Law enforcement officers acting within the scope of their lawful duties;
 2. Persons involved in rescue operations;
 3. Persons engaged in government-authorized activities; and
 4. Persons participating in a regatta, during the time limits of the event only.
- B.** The exemptions listed under subsection (A) do not authorize any person to operate a watercraft in a careless, negligent, or reckless manner as prescribed under A.R.S. § 5-341.

Historical Note

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-524. Towed Water Sports

- A.** An operator of a watercraft shall ensure an observer is on duty at all times when a person is being towed behind the watercraft or is surfing a wake created by the watercraft. The observer shall:
1. Be twelve years of age or older;
 2. Be physically capable and mentally competent to act as an observer; and
 3. Continually observe the person or persons being towed behind the watercraft or surfing a wake created by the watercraft.
- B.** The operator of a watercraft shall ensure a person being towed behind the watercraft or riding a wake created by the watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the watercraft is underway. This subsection applies to any contrivance designed for or used to tow a person behind a watercraft or ride the wake created by a watercraft regardless of whether or not the contrivance is attached to the watercraft. This includes, but is not limited to, boards, discs, hydrofoils, kites, inflatables, and water skis.
- C.** A person shall not operate a watercraft while a person is holding onto or is physically attached to any transom structure of the watercraft, including but not limited to a swim platform, swim deck, swim step, and swim ladder. This subsection does not apply to a person who is:
1. Assisting with docking or departure activities,
 2. Exiting or entering the watercraft, or
 3. Engaging in law enforcement or emergency rescue activity.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-525. Revocation of Watercraft Certificate of Num-

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ber, AZ Numbers, and Decals

- A. For the purposes of this Section, “person” has same meaning as prescribed under A.R.S. § 5-301.
- B. Upon notice of conviction of a person under A.R.S. § 5-391(G), the Department shall revoke for a period not to exceed two years the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of any Arizona registered watercraft owned by that person and involved in the violation.
- C. Upon notice of conviction of a person under A.R.S. § 5-391(H), the Department shall revoke for a period not to exceed one year the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals for any Arizona registered watercraft owned by that person and involved in the violation.
- D. Upon receiving notice of conviction, the Department shall serve notice under A.R.S. §§ 41-1092.03 and 41-1092.04 on the person convicted that the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of watercraft the person owns are subject to revocation.
- E. A person whose certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals are subject to revocation may request a hearing. The person shall submit a written request to the Arizona Game and Fish Department, Director’s Office, 5000 W. Carefree Hwy, Phoenix, AZ 85086, within 30 calendar days of receiving the notice described under subsection (D).
- F. If the person requests a hearing, the Department shall, within 60 days of receiving the request, schedule a hearing as prescribed under A.R.S. § 41-1092.05.
- G. After a final decision to revoke the person’s certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals, the Department shall serve upon the person an Order of Revocation. Within 15 calendar days of receipt of the notice, the person shall surrender to the Department the revoked certificates of number and decals.
- H. The revocation of the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals does not affect the legal title to or any property rights in the watercraft. Upon receipt of an application to transfer watercraft registration by the new watercraft owner, the Department shall terminate the revocation and allow the owner to transfer the owner’s entire interest in the watercraft if the Department is satisfied the transfer is proposed in good faith and not for the purpose of defeating the revocation.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-526. Unlawful Mooring

- A. A person, as defined under A.R.S. § 5-301, shall not moor, anchor, fasten to the shore, or otherwise secure a watercraft in any public body of water for more than 14 days within any period of 28 consecutive days unless:
 1. The waters are a special anchorage area as defined under A.R.S. § 5-301,
 2. Authorized for private dock or moorage, or
 3. Authorized by the government agency or private interest having jurisdiction over the waters.

- B. A person shall remove an abandoned or submerged watercraft from public waters within 72 hours of notice by registered mail or personal service of notice to remove such watercraft.
- C. The owner of any abandoned watercraft shall be responsible for all towing and storage fees resulting from the removal of the watercraft from public waters.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-527. Transfer of Ownership of a Towed Watercraft

- A. For the purpose of this Section, “towed watercraft” means a watercraft that has been impounded by or is in the possession of a towing company located in this state.
- B. Within 15 days of impounding a watercraft, a towing company shall submit a request to the Department for watercraft registration information as prescribed under A.R.S. § 5-324 and in compliance with A.R.S. § 5-399. The towing company shall present the towed watercraft to the closest Department office for identification if there is no discernible hull identification number or state-issued registration number.
- C. Within 15 days of receiving the watercraft registration information from the Department, the towing company shall provide written notification by certified mail return receipt requested to the owner and lienholder, if known, of the watercraft’s location.
- D. If a watercraft remains unclaimed after mailing the notice required under subsection (C) of this Section, the towing company shall submit all of the following to the Department within 15 days of sending the written notification to the owner and lienholder, when known:
 1. Evidence of compliance with notification requirements prescribed under A.R.S. § 5-399 and subsection (C);
 2. A report on a form furnished by the Department and available at any Department office. The form shall include all of the following information:
 - a. Name of towing company;
 - b. Towing company’s business address;
 - c. Towing company’s business telephone number;
 - d. Towing company’s Arizona Department of Public Safety tow truck permit number;
 - e. Towed watercraft’s hull identification number;
 - f. Towed watercraft’s state-issued registration number, registration decal, and year of expiration, if known;
 - g. Towed watercraft’s trailer license number, if available;
 - h. State and year of trailer registration, if available;
 - i. Towed watercraft’s color and manufacturer;
 - j. Towed watercraft’s condition, whether intact, stripped, damaged, or burned, along with a description of any damage;
 - k. Date the watercraft was towed;
 - l. Location from which the towed watercraft was removed;
 - m. Entity that ordered the removal of the towed watercraft, and if a law enforcement agency, include officer badge number, jurisdiction, and copy of report or towing invoice;
 - n. Location where the towed watercraft is stored; and

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- o. Name and signature of towing company's authorized representative; and
- 3. The unclaimed towed watercraft application fee authorized under A.R.S. § 5-399.03(2) and established under R12-4-504.
- E. The towing company shall notify the Department within 24 hours if the watercraft is released, returned to, redeemed, or repossessed by the owner, lienholder, or by a person identified in the Department's record as having an interest in the watercraft.
- F. If the Department is unsuccessful in its attempt to identify or contact the registered owner or lienholder of the towed watercraft and has determined the towed watercraft is not stolen, the towing company shall:
 - 1. Follow the application procedures established under A.R.S. § 5-399.02(B), and
 - 2. Apply for watercraft registration as established under R12-4-502.
- G. A towing company that obtains ownership of a watercraft pursuant to A.R.S. § 5-399.02 and this Section shall maintain the following records for a period of three years from the date the Department transferred ownership of the towed watercraft:
 - 1. The request made pursuant to A.R.S. § 5-324.
 - 2. The notification provided pursuant to A.R.S. § 5-399.
 - 3. The application for transfer of ownership pursuant to A.R.S. § 5-399.02.
 - 4. Any other documents required by the Department.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 1241, effective May 26, 2003 for a period of 180 days (Supp. 03-1). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent new Section made by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2).

R12-4-528. Watercraft Checkpoints

- A. A law enforcement agency may establish a watercraft checkpoint to ensure public safety on state waterways, to screen for unsafe or impaired watercraft operators, or to gather demographic, statistical, and compliance information related to watercraft activities.
- B. An individual may be required to perform the following during a watercraft stop or at a watercraft checkpoint:
 - 1. Stop or halt as directed when being hailed by a peace officer or entering the established checkpoint boundary as prescribed under A.R.S. § 5-391, and
 - 2. Provide evidence of required safety equipment and registration documentation prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.
- C. This Section does not limit any state peace officer's authority to conduct routine watercraft patrol efforts prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-529. Nonresident Boating Safety Infrastructure**Fees; Proof of Payment**

- A. Before placing that watercraft on the waterways of this state, a nonresident owner of a recreational watercraft who establishes this state as the state of principal operation shall pay the applicable Nonresident Boating Safety Infrastructure Fee (NBSIF) as authorized under A.R.S. §§ 5-326 and 5-327:
 - 1. Twelve feet and less: \$80
 - 2. Twelve feet one inch through sixteen feet: \$88
 - 3. Sixteen feet one inch through twenty feet: \$192
 - 4. Twenty feet one inch through twenty-six feet: \$224
 - 5. Twenty-six feet one inch through thirty-nine feet: \$253
 - 6. Thirty-nine feet one inch through sixty-four feet: \$286
 - 7. Sixty-four feet one inch and over: \$429
 - 8. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
- B. The nonresident recreational watercraft owner shall carry and display proof of payment of the fee while the watercraft is underway, moored, or anchored on the waterways of this state. Acceptable proof of payment includes any one of the following:
 - 1. A current Arizona Watercraft Certificate of Number indicating the NBSIF was paid,
 - 2. A current Arizona Watercraft Temporary Certificate of Number indicating the NBSIF was paid, or
 - 3. A current Arizona Watercraft Registration Decal indicating the NBSIF was paid.

Historical Note

Adopted effective October 22, 1976 (Supp. 76-5). Former Section R12-4-90 renumbered as Section R12-4-529 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section made by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-530. Authorized Third-party Providers; Agents

- A. The Department may enter into a contract with a private entity to perform limited or specific services on behalf of the Department in accordance with state procurement laws and rules.
 - 1. The Department may authorize a person to be a third-party provider. An authorized third-party provider shall meet the requirements established by the Department and shall be selected through a competitive bid process.
 - 2. The Department may authorize a third-party provider to perform any one or more of the following services:
 - a. Watercraft transfer.
 - b. Watercraft registration renewal.
 - c. Duplicate watercraft registration and decal.
 - d. New watercraft registration.
- B. A person shall not engage in any business pursuant to this Section unless the Department authorizes the person to engage in the business.
- C. The Department shall establish minimum quality standards of service and a quality assurance program for authorized third-party providers to ensure that an authorized third-party provider is complying with the minimum standards.
- D. The Department may:
 - 1. Conduct investigations.
 - 2. Conduct audits.
 - 3. Make on-site inspections in compliance with A.R.S. § 41-1009.

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4. Require an authorized third-party or employees or agents of an authorized third-party be certified to perform the services prescribed in this Article.
- E. An authorized third-party provider shall remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
 1. An authorized third-party provider may collect and retain a reasonable and commensurate fee for its services.
 2. Each authorized third-party provider that holds itself out as providing services to the public shall identify to the applicant the Department's registration fee and the non-resident boating safety infrastructure fee, when applicable, separately from any other costs.
- F. A third-party who is authorized pursuant to this Section shall:
 1. Maintain records in a form and manner prescribed by the Department.
 2. Allow access to the records during regular business hours to authorized representatives of the Department or any law enforcement agency to ensure compliance with all applicable statutes and rules.
- G. The Department may suspend or cancel an authorization or certification, or both, granted pursuant to this Section if the Department determines that the third-party provider or certificate holder has done any of the following:
 1. Made a material misrepresentation or misstatement in the application for authorization or certification.
 2. Has been convicted of fraud or a watercraft related felony in any state or jurisdiction of the U.S. within the ten years immediately preceding the date a criminal records check is complete.
 3. Has been convicted of a felony, other than a felony described in subsection (G)(2), in any state or jurisdiction of the U.S. within the five years immediately preceding the date a criminal records check is complete.
 4. Violated a rule or policy adopted by the Department.
 5. Failed to keep and maintain records required by this Section.
 6. Failed to remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
 7. Allowed an unauthorized person to engage in any business pursuant to this Section.
- K. If the Department has reasonable grounds to believe that a certificate holder or other person employed by an authorized third-party provider has committed a serious violation, the Department may order a summary suspension of the third provider's authorization granted pursuant to this Section pending formal suspension or cancellation proceedings. For the purposes of this subsection, "serious violation" means:
 1. Watercraft registration fraud.
 2. Improper disclosure of personal information.
 3. Bribery.
 4. Theft.
- L. On determining that grounds for suspension or cancellation of an authorization or certification, or both, exist, the Department shall give written notice to the third-party provider or certificate holder to appear at a hearing before the Department to show cause why the authorization or certification should not be suspended or canceled.
 1. After consideration of the evidence presented at the hearing, the Department shall serve notice of the finding and order to the third-party or certificate holder.
 2. If a third-party authorization or a certification is suspended or canceled, the third-party or certificate holder

may appeal the decision pursuant to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Subsection reference in subsection (G)(3) corrected (Supp. 21-1).

- R12-4-531. Reserved**
- R12-4-532. Reserved**
- R12-4-533. Reserved**
- R12-4-534. Reserved**
- R12-4-535. Reserved**
- R12-4-536. Reserved**
- R12-4-537. Reserved**
- R12-4-538. Reserved**
- R12-4-539. Reserved**
- R12-4-540. Reserved**
- R12-4-541. Repealed**

Historical Note

Former Section R12-4-88 renumbered as Section R12-4-541 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 5, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

- R12-4-542. Repealed**

Historical Note

Adopted as an emergency effective August 31, 1981, valid for ninety (90) days after filing pursuant to A.R.S. § 41-1003 (Supp. 81-4). Former Section R12-4-542 adopted as an emergency now adopted as permanent with further amendment effective March 5, 1982 (Supp. 82-2). Amended effective March 29, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

- R12-4-543. Repealed**

Historical Note

Adopted effective January 29, 1982 (Supp. 82-1). Amended effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended effective March 29, 1985 (Supp. 85-2). Correction, subsection (A), paragraph (2) as certified effective March 29, 1985 (Supp. 86-3). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Amended as an emergency effective May, 15, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Amended and readopted as an emergency effective August 25, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Emergency amendments adopted with changes effective January 5, 1990 (Supp. 90-1). Repealed effective May 27, 1992 (Supp. 92-2).

- R12-4-544. Repealed**

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective June 18, 1987

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(Supp. 87-2). Repealed effective May 27, 1992 (Supp. 92-2).

R12-4-545. Repealed**Historical Note**

Adopted effective April 5, 1985 (Supp. 85-2). Amended by emergency effective May 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency amendments readopted effective August 28, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Repealed effective May 27, 1992 (Supp. 92-2).

ARTICLE 6. RULES OF PRACTICE BEFORE THE COMMISSION**R12-4-601. Definitions**

The following definitions apply to this Article unless otherwise specified:

“Appealable agency action” has the same meaning as provided under A.R.S. § 41-1092.

“Business day” means any day other than a furlough day, Saturday, Sunday, or holiday.

“Commission Chair” means the person who presides over the Arizona Game and Fish Commission.

“Contested case” has the same meaning as provided under A.R.S. § 41-1001.

“Ex parte communication” means any oral or written communication with a Commissioner by a party concerning a substantive issue in a contested proceeding that is not part of the public record.

“Party” has the same meaning as provided under A.R.S. § 41-1001.

“Respondent” means the person named as the respondent in a notice of hearing issued by the Department.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Section R12-4-601 renumbered to R12-4-602; new Section R12-4-601 made by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-602. Petition for Rule or Review of Practice or Policy

- A.** A person may petition the Commission under A.R.S. § 41-1033 for a:
 1. Rulemaking action relating to a Commission rule, including making a new rule or amending or repealing an existing rule; or
 2. Review of an existing Department practice or substantive policy statement alleged to constitute a rule.
- B.** To act under A.R.S. § 41-1033 and this Section, a person shall submit a petition form to the Arizona Game and Fish Department, Director’s Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The form is available at any Department office and on the Department’s website.
- C.** A petitioner shall address only one rule, practice, or substantive policy in the petition.

- D.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director’s Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department’s website. A petitioner shall provide all of the following information:

1. Petitioner identification:
 - a. When the petition is submitted by a private person, the person’s:
 - i. Name;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number; and
 - iv. Email, when available;
 - b. When the petition is submitted by an organization or private group:
 - i. Name of organization or group;
 - ii. Name and title of the organization’s or group’s representative;
 - iii. Physical and mailing address, if different from the physical address;
 - iv. Representative’s contact telephone number; and
 - v. Email, when available;
 - c. When the petition is submitted by a public agency:
 - i. Name of the public agency;
 - ii. Name and title of the agency’s representative;
 - iii. Physical and mailing address if different from the physical address;
 - iv. Representative’s contact telephone number; and
 - v. Email, when available;
2. Type of request:
 - a. Adopt, amend, or repeal a rule, or
 - b. Review of a practice or substantive policy statement;
3. When the petition is for rulemaking action:
 - a. Statement of the rulemaking action sought, including the *Arizona Administrative Code* citation of all existing rules, and the specific language of a new rule or rule amendment; and
 - b. Reasons for the rulemaking action, including an explanation of why an existing rule is inadequate, unreasonable, unduly burdensome, or unlawful;
4. When the petition is for a review of an existing practice or substantive policy statement:
 - a. Subject matter of the existing practice or substantive policy statement, and
 - b. Reasons why the existing practice or substantive policy statement constitutes a rule;
5. When the petitioner is a public agency, a summary of issues raised in any public meeting or hearing regarding the petition or any written comments offered by the public.
6. Any other information required by the Department;
7. Petitioner’s signature; and
8. Date on which the petition was signed.
- E.** In addition to the requirements listed under subsection (D), a person may submit supporting information with a petition, including:
 1. Statistical data; and
 2. A list of other persons likely to be affected by the rulemaking action or the review, with an explanation of the likely effects.

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- F. When a petitioner submits a petition that addresses the same substantive issue considered by the Commission within the previous year, the petitioner shall also provide an additional written statement that includes rationale not previously considered by the Commission in making the previous decision.
- G. The Department shall determine whether the petition complies with this Section within 15 business days after the date on which the petition was received.
1. If the petition complies with this Section:
 - a. The Department shall place the petition on a Commission open meeting agenda.
 - b. The petitioner may present oral testimony at that open meeting under R12-4-604.
 - c. The Commission shall render a final decision on the petition as prescribed under A.R.S. § 41-1033.
 2. If a petition does not comply with this Section:
 - a. The Director shall return the petition to the petitioner, and
 - b. Indicate in writing why the petition does not comply with this Section. The petitioner shall be afforded the opportunity to resubmit a corrected petition.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-602 renumbered to R12-4-603; new Section R12-4-602 renumbered from R12-4-601 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-603. Written Comments on Proposed Rules

- A. Under A.R.S. § 41-1023, a person may submit written statements, arguments, data, and views on a proposed rulemaking published by the Secretary of State in the Arizona Administrative Register.
- B. A person submitting a written comment to the Commission for consideration in a final decision on the rulemaking may voluntarily provide their name and mailing address. The Commission may only consider written comments that:
1. Are received on or before the close of record date, as published by the Secretary of State in the Arizona Administrative Register; and
 2. Are submitted to the agency contact identified in the Department's notice of proposed rulemaking as published by the Secretary of State in the Arizona Administrative Register.
 3. In addition, a person submitting a comment submitted on behalf of a group or organization shall include a statement that the comment represents the official position of the group or organization. A comment submitted on behalf of a group or organization that does not contain this statement shall be considered the comment of the person submitting the comment, and not that of the group or organization.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended effective November 10, 1997 (Supp. 97-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-603 renumbered to R12-4-604; new Section R12-4-603 renumbered from R12-4-602 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-604. Oral Proceedings Before the Commission

- A. The Commission may allow an oral proceeding on any matter on the Commission's agenda. At an oral proceeding, the Commission Chair:
1. Is responsible for conducting the proceeding.
 2. May administer an oath to a witness before receiving testimony.
 3. May order the removal of any person who is disrupting a proceeding.
 4. May limit the number of presentations or the time for testimony regarding a particular issue.
- B. A person desiring to speak at an oral proceeding shall first request permission to speak from the Commission Chair.
- C. Technical rules of evidence do not apply to an oral proceeding, and no informality in any proceeding or in the manner of taking testimony invalidates any order, decision, or rule made by the Commission.
- D. The Commission authorizes the Director to designate a hearing officer for oral proceedings to take public input on proposed rulemaking.
- E. The Commission authorizes the Director to continue a scheduled proceeding to a later Commission meeting. To request a continuance, a petitioner shall:
1. Deliver the request to the Director no later than 24 hours before the scheduled proceeding;
 2. Demonstrate that the proceeding has not been continued more than twice; and
 3. Demonstrate good cause for the continuance.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-604 renumbered to R12-4-605; new Section R12-4-604 renumbered from R12-4-603 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-605. Ex Parte Communication

- A. A party shall not communicate, either directly or indirectly, with a Commissioner about any substantive issue in a pending contested case or appealable agency action, unless:
1. All parties are present;
 2. The communication occurs during the scheduled proceeding, where an absent party failed to appear after proper notice; or
 3. It is by written motion with a copy provided to all parties.
- B. A Commissioner who receives an ex parte communication shall place on the public record of the proceeding:
1. A copy of the written communication;
 2. A summary of the oral communication; and
 3. The Commissioner's response to any such ex parte communication.
- C. The provisions of this Section apply from the date that a notice of hearing for a contested case or an appealable agency action is served on the parties.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-605 renumbered to R12-4-606; new Section R12-4-605 renumbered from R12-4-604 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

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R12-4-606. Standards for Revocation, Suspension, or Denial of a License

- A.** Under A.R.S. § 17-340, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke, suspend, or deny any hunting, fishing, or trapping license for a person convicted of any of the following offenses:
1. Killing or wounding a big game animal during a closed season.
 2. Possessing a big game animal taken during a closed season.
 3. Destroying, injuring, or molesting livestock while hunting, fishing, or trapping.
 4. Damaging or destroying personal property, growing crops, notices or signboards, or other improvements while hunting, fishing, or trapping.
 5. Bartering, selling, or offering to sell unlawfully taken wildlife or wildlife parts.
 6. Careless use of a firearm while hunting, fishing, or trapping that results in the injury or death of any person.
 7. Applying for or obtaining a license or permit by fraud or misrepresentation in violation of A.R.S. § 17-341.
 8. Knowingly allowing another person to use the person's big game tag, except as provided under A.R.S. § 17-332(D).
 9. Entering upon a game refuge or other area closed to hunting, trapping or fishing and taking, driving, or attempting to drive wildlife from the area in violation of A.R.S. §§ 17-303 and 17-304.
 10. Unlawfully posting state or federal lands in violation of A.R.S. § 17-304(B).
 11. Unlawfully using aircraft to take, assist in taking, harass, chase, drive, locate, or assist in locating wildlife in violation of A.R.S. § 17-340(A)(8).
 12. Unlawfully taking or possessing big game.
 13. Unlawfully taking or possessing small game or fish.
 14. Unlawfully taking or possessing wildlife species.
 15. Unlawful take of any bird or the removal of its nest or eggs.
 16. Littering a public hunting or fishing area while taking wildlife.
 17. Waste of edible portions of a game species under A.R.S. § 17-309, in violation of A.R.S. § 17-309(A)(5).
 18. Any violation for which a license can be revoked under A.R.S. § 17-340.
 19. Any violation of A.R.S. § 17-306.
- B.** Under A.R.S. §§ 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke any fur dealer, guide, taxidermy, license dealers license, or special license (as defined under R12-4-401) in any case where license revocation is authorized by law.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended effective November 10, 1997 (Supp. 97-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-606 renumbered to R12-4-607; new Section R12-4-606 renumbered from R12-4-605 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-607. Proceedings for License Revocation, Suspension, or Denial of Right to Obtain a License, and Civil Damages**A.** The Director may commence a proceeding for the Commission to revoke, suspend or deny a license under A.R.S. §§ 17-236, 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364. The Director may also commence a proceeding for the Commission to impose a civil penalty under A.R.S. § 17-314.

- B.** The Commission shall conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license in accordance with the Administrative Procedure Act, A.R.S. Title 41, Chapter 6, Article 10. In a proceeding conducted under A.R.S. § 17-340, a respondent shall limit testimony to facts that show why the license should not be revoked or denied. Because the Commission does not have the authority to consider or change the conviction, a respondent is not permitted to raise this issue in the proceeding. The Commission shall permit a respondent to offer testimony or evidence relevant to the Commission's decision to impose a civil penalty or order a civil action for the recovery of wildlife parts.
- C.** If a respondent does not appear for a hearing on the date scheduled, at the time and location noticed, no further opportunity to be heard shall be provided, unless a rehearing or review is granted under R12-4-608. If the respondent does not wish to attend the hearing, the respondent may submit written testimony to the Department before the hearing date designated in the Notice of Hearing. The Commission shall ensure that written testimony received at the time of the hearing is read into the record at the hearing.
- D.** The Commission shall base its decision on the officer's case report, a summary prepared by the Department, a certified copy of the court record, and any testimony presented at the hearing. The Department shall supply the respondent with a copy of each document provided to the Commission for use in reaching a decision.
- E.** Any party may apply to the Commission for issuance of a subpoena to compel the appearance of any witness or the production of documents at any Commission hearing. No less than 10 calendar days before the hearing, the party shall file a written application that provides the name and address of the witness, the subject matter of the expected testimony, the documents sought to be produced, and the date, time, and place of the hearing. The Commission Chair has the authority to issue the subpoenas.
1. A party shall have a subpoena served as prescribed in the Arizona Rules of Civil Procedure, Rule 45. An employee of the Department may serve a subpoena at the request of the Commission Chair.
 2. A party may request that a subpoena be amended at any time before the deadline provided in this Section for filing the application. The party shall have the amended subpoena served as provided in subsection (E)(1).
- F.** The Commission may vote to use the services of the office of administrative hearings to conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license and to make a recommendation to the Commission, which shall review and accept, reject or modify the recommendation and issue its decision in an open meeting. When the Department receives a recommendation from the administrative law judge at least 30 days prior to the next regularly scheduled Commission meeting, the Department shall place the recommendation on the agenda for that meeting. A recommendation from the administrative law judge received after this time shall be considered at the next regularly scheduled open meeting.
- G.** A license revoked by the Commission is suspended on the date of the hearing and revoked upon issuance of the findings of

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fact, conclusions of law, and order. If a respondent appeals the Commission's order revoking a license, the license is revoked after all appeals have been exhausted. A denial of the right to obtain a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.

- H.** A license suspended by the Commission is suspended on the date of the hearing, and suspended upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order suspending a license, the license is suspended after all appeals have been exhausted. The suspension of a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.

Historical Note

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered without change as Section R12-4-607 effective December 22, 1987 (Supp. 87-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-607 renumbered to R12-4-608; new Section R12-4-607 renumbered from R12-4-606 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-608. Rehearing or Review of Commission Decisions

- A.** A party shall exhaust the party's administrative remedies by filing a motion for rehearing or review as provided in this Section. Failure to file a motion for rehearing or review within 30 days of service of the Commission's decision has the effect of prohibiting the party from seeking judicial review of the Commission's decision.
- B.** A party in a contested case or appealable agency action before the Commission may file a motion for rehearing or review of a Commission decision, specifying the grounds upon which the motion is based. The motion for rehearing or review shall be filed within 30 calendar days after service of the Commission's decision. For purposes of this subsection a decision is served when personally delivered or mailed by certified mail to the party's last known residence or place of business.
- C.** A party may amend a motion for rehearing or review at any time before the Commission rules upon the motion. A written response to a motion for rehearing or review may be filed and served within 15 days after service of the motion for rehearing or review. The Commission may require that the parties file supplemental memoranda on any issue raised in a motion or response, and allow for oral argument.
- D.** The Commission has the authority to grant rehearing or review for any of the following causes materially affecting the moving party's rights:
1. Irregularity in the proceedings of the Commission, or any order or abuse of discretion that deprived the moving party of a fair hearing;
 2. Misconduct of the Commission, its staff, an administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;

6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the proceeding; or
 7. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- E.** The Commission may either deny the motion for rehearing or review or grant a rehearing or review for any of the reasons listed under subsection (E). The Commission's order granting a rehearing or review shall specify the grounds for the order, and any rehearing shall cover only those grounds upon which the rehearing or review was granted.
- F.** After giving the party notice and an opportunity to be heard, the Commission may grant a motion for a rehearing or review for a reason not stated in the motion.
- G.** Within the time-frame for filing the motion for rehearing or review, the Commission may grant a rehearing or review on its own initiative for any reason for which the Commission may have granted relief on motion of a party.
- H.** When the Commission grants a rehearing or review, the Commission shall hold the rehearing or review at its next regularly scheduled meeting or within 90 days of issuance of the order granting the rehearing or review. With the consent of the parties, the Commission may proceed to conduct the rehearing or review in the same meeting in which the Commission granted the rehearing or review.
- I.** The Commission may take additional testimony, amend findings of fact and conclusions of law, and affirm, modify or reverse the original decision.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-1). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective January 31, 2002 (Supp. 02-1). New Section R12-4-608 renumbered from R12-4-607 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-609. Commission Orders

- A.** Except as provided under subsection (B):
1. At least 14 calendar days before a meeting where the Commission will consider a Commission Order, the Department shall:
 - a. Post a public meeting notice and agenda in accordance with A.R.S. § 38-431.02; and
 - b. Issue a public notice of the recommended Commission Order in print and electronic media.
 2. The Department shall ensure the public meeting notice and agenda includes:
 - a. The date, time, and location of the Commission meeting where the Commission Order will be considered;
 - b. A statement that the public may attend and present written comments at or before the meeting; and
 - c. A statement that a copy of the proposed Commission Order shall be made available to the public 10 calendar days before the meeting. Copies are available for public inspection on the Department's website and at Department offices in Phoenix, Pinetop, Flagstaff, Kingman, Yuma, Tucson, and Mesa.
 3. The Commission may make changes to the recommended Commission Order at the Commission meeting.

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- B. The requirements of subsection (A) do not apply to a Commission Order that establishes:
1. A supplemental hunt as authorized under R12-4-115;
 2. A special season for persons who possess a special license tag issued under A.R.S. § 17-346 and R12-4-120,
 3. A special season that allows fish to be taken by additional methods on waters where a fish die-off is imminent as established under R12-4-317(C), and
 4. A limited-entry fishing or hunting season as established under R12-4-116.
- C. The Department shall publish the content of all Commission orders and make them available to the public free of charge.

Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-610. Petitions for the Closure of State or Federal Lands to Hunting, Fishing, Trapping, or Operation of Motor Vehicles

- A. A person requesting that the Commission consider closing state or federal land to hunting, fishing, or trapping as provided under A.R.S. § 17-304(B) or R12-4-110, or closing roads or trails on state lands as provided under R12-4-110, shall submit a petition as prescribed in this Section before the Commission will consider the request.
- B. A petitioner shall not address more than one contiguous closure request in a petition.
- C. A petitioner submitting a petition that addresses the same contiguous closure request previously considered and denied by the Commission shall provide an additional written statement that includes rationale not previously considered by the Commission.
- D. A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:
1. Petitioner identification:
 - a. When the petitioner is the leaseholder of the area proposed for closure:
 - i. Name of person;
 - ii. Lease number;
 - iii. Physical and mailing address, if different from the physical address;
 - iv. Contact telephone number; and
 - v. Email, when available;
 - b. When the petitioner is anyone other than the leaseholder of the area proposed for closure:
 - i. Name of person;
 - ii. Lease number;
 - iii. Physical and mailing address, if different from the physical address;
 - iv. Contact telephone number;
 - v. Email, when available; and
 - vi. Name of each group or organization or organizations that the petitioner represents; or
 - c. When the petitioner is a public agency:
 - i. Name of person;
 - ii. Name of agency;
 - iii. Petitioner's title;
 - iv. Lease number;
 - v. Agency's physical and mailing address, if different from the physical address;
 - vi. Contact telephone number; and
 - vii. Email, when available;
 2. Type of closure requested:
 - a. Hunting,
 - b. Fishing,
 - c. Trapping, or
 - d. Operation of motor vehicles.
 3. Reason for petition:
 - a. Each reason why the closure should be considered under R12-4-110, A.R.S. § 17-304(B), or A.R.S. § 17-452(A);
 - b. Any data or other justification supporting the reasons for the closure with clear reference to any exhibits that may be attached to the petition;
 - c. Each person or segment of the public the petitioner believes will be impacted by the closure, including any other valid licensees, lessees, or permittees that will or may be affected, and how they will be impacted, including both positive and negative impacts;
 - d. If the petitioner is a public agency, a summary of issues raised in any public hearing or public meeting regarding the petition and a copy of written comments received by the petitioning agency; and
 - e. A proposed alternate access route, under R12-4-110.
 4. A concise map identifying the specific location of the proposed closure;
 5. Petitioner's signature;
 6. Date on which the petition was signed; and
 7. Any other information required by the Department.
- E. The Department shall determine whether the petition complies with the requirements established under A.R.S. § 17-452, R12-4-110, and this Section within 15 business days after receiving the petition.
1. If the petition meets these requirements, and provided the petitioner has not agreed to an alternative solution or withdrawn the petition, the Department, in accordance with the schedule in subsection (F), shall place the petition on the agenda for the Commission's next regularly scheduled open meeting and provide written notice to the petitioner of the meeting date.
 2. If a petition does not comply with the requirements prescribed under A.R.S. § 17-452, R12-4-110, and this Section:
 - a. The Department shall return the petition to the petitioner, and
 - b. Indicate in writing why the petition does not comply with this Section.
 3. If the Department returns a petition to a petitioner for a reason that cannot be corrected, the Department shall serve on the petitioner a notice of appealable agency action under A.R.S. § 41-1092.03.
- F. When the Department receives a petition not less than 60 calendar days before a regularly scheduled Commission meeting, the Department shall place the petition on the agenda for that

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meeting. A petition received after this time will be considered at the next regularly scheduled open meeting.

G. The petitioner may:

1. Present oral testimony in support of the petition at the Commission meeting, in accordance with the provisions established under R12-4-604.
2. Withdraw the petition or request a continuance to a later regularly scheduled open meeting at any time.

Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-611. Petition for a Hearing Before the Commission When No Remedy is Provided in Statute, Rule, or Policy

- A.** A person may request a hearing before the Commission when an administrative remedy does not exist under statute, rule, or policy by submitting a petition as prescribed by this Section.
- B.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:
 1. Petitioner identification:
 - a. When the petitioner is a private person:
 - i. Name of person;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number; and
 - iv. Email, when available;
 - b. When the petitioner is a private group or organization:
 - i. Name of the person designated as the contact for the group or organization;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number;
 - iv. Email, when available; or
 - c. When the petitioner is a public agency:
 - i. Name of person,
 - ii. Name of agency,
 - iii. Petitioner's title,
 - iv. Agency's physical and mailing address, if different from the physical address,
 - v. Contact telephone number, and
 - vi. Email, when available;
 2. Statement of Facts and Issues:
 - a. Description of issue to be resolved, and
 - b. Any facts relevant to resolving the issue;
 3. Specific proposed remedy;
 4. Petitioner's signature;
 5. Date on which the petition was signed; and
 6. Any other information required by the Department.
- C.** If a petition does not comply with this Section, the Department shall:
 1. Return the petition to the petitioner, and
 2. Indicate in writing why the petition does not comply with this Section.

- D.** After the Department receives a petition that complies with this Section, the Department shall place the petition on the agenda of a regularly scheduled Commission meeting.
- E.** If the Commission votes to deny a petition, the Department shall not accept a subsequent petition on the same issue, unless the petitioner presents new evidence or reasons for considering the subsequent petition.
- F.** This Section does not apply to the following:
 1. An action related to a license revocation, suspension, denial, or civil penalty;
 2. An unsuccessful hunt permit-tag draw application that did not involve an error on the part of the Department; or
 3. The reinstatement of a bonus point, except as authorized under R12-4-102.02(E).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

ARTICLE 7. HERITAGE GRANTS

R12-4-701. Heritage Grant Definitions

In addition to the definitions provided under A.R.S. §§ 17-101 and 17-296, the following definitions apply to this Article:

"Administrative subunit" means a branch, chapter, department, division, section, school, or other similar divisional entity of an eligible applicant. For example, an individual:

Administrative department, but not an entire city government;

Field office or project office, but not an entire agency; or

School, but not an entire school district.

"Eligible applicant" means any public agency, non-governmental organization, or nonprofit organization that meets the applicable requirements of this Article.

"Facilities" means any structure or site improvements.

"Fund" means the Arizona Game and Fish Commission Heritage Fund, established under A.R.S. § 17-297.

"Grant agreement" means a document that details the terms and conditions of a grant project.

"Grant effective date" means the date the Department Director signs the Grant Agreement.

"In-kind" means contributions other than cash, which include individual and material resources that the applicant makes available to the project, e.g. a public employee's salary, volunteer time, materials, supplies, space, or other donated goods and services.

"Participant" means an eligible applicant who has been awarded a grant from the Heritage Fund.

"Project" means an activity, or series of related activities, or services described in the specific project scope of work and results in specific end products.

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“Project period” means the time during which a participant shall complete all approved work and related expenditures associated with an approved project.

“Public agency” means the federal government or any federal department or agency, an Indian tribe, this state, all state departments, agencies, boards, and commissions, counties, school districts, public charter schools, cities, towns, all municipal corporations, administrative subunits, and any other political subdivision.

“Publicly held lands” means federal, public, and reserved land, State Trust Land, and other lands within Arizona that are owned, controlled, or managed by the federal government, a state agency, or political subdivision.

“Term of public use” means the time period during which the project or facility is expected to be maintained for public use.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-702. General Provisions; Heritage Grant Fund Requirements

- A. The Department, in its sole discretion, may make Heritage Fund Grants available for projects that:
 1. Are located in Arizona or benefit Arizona wildlife or its habitat; and
 2. Meet the criteria established in the Heritage Grant application materials.
- B. The Department shall:
 1. Provide public notice of the time, location, and due date for application submission; and
 2. Furnish materials necessary to complete the application.
- C. An applicant seeking Heritage Grant funding shall submit to the Department a Heritage Fund Grant application according to a schedule of due dates determined by the Director. An applicant shall provide the following information on the Heritage Grant application form:
 1. The name of the applicant;
 2. Any county and legislative district where the project will be developed or upon which the project will have a direct impact;
 3. The name, title, mailing address, e-mail address, and telephone number of the individual responsible for the day-to-day management of the proposed project;
 4. Identification of the application criterion established in the Heritage Grant application materials;
 5. A descriptive project title;
 6. The name of the site, primary location, and any other locations of the project;
 7. Description of the:
 - a. Scope of work and the objective of the proposed project,
 - b. Methods for achieving the objective, and
 - c. Desired result of the project;
 8. The beginning and ending dates for the project;
 9. The resources needed to accomplish the project, including grant monies requested, and, if applicable, evidence of secured matching funds or contributions; and
10. Any additional supporting information required by the Department.
11. Signature and date. The person signing the grant application form shall have the authority to enter into agreements, accept funding, and fulfill the terms of the Grant Agreement on behalf of the applicant.
- D. A person applying for multiple projects shall submit a separate application for each project.
- E. An applicant shall demonstrate ownership or control of the project. Ownership or control may be demonstrated through fee title, lease, easement, or agreement. For all other project types related to sites not controlled by an applicant, an applicant shall provide written permission from the property owner authorizing the project activities and access. The applicant’s proof of ownership or control or written permission shall demonstrate:
 1. Permission for access is not revocable at will by the property owner, and
 2. Public access will be granted to the project site for the life of the project, unless the purpose of the project proposal is to limit access.
- F. Heritage Grant proposals are competitive and the Department shall make awards based on a proposed project’s compatibility with the priorities of the Department, as approved by the Commission.
- G. The Department may require an applicant to modify the application prior to awarding a Heritage Grant, if the Department determines that the modification is necessary for the successful completion of the project.
- H. When applicable, the Department shall not release Heritage Grant funds until after the Department has consulted with the State Historic Preservation Office regarding the proposed project’s potential impact on historic and archaeological properties and resources.
- I. The Department shall notify an applicant in writing of the results of the applicant’s submission and announce Heritage Grant awards at a regularly scheduled open meeting of the Commission.
- J. A participant shall:
 1. Sign the Grant Agreement before the Department transfers any grant funds.
 2. Deposit transferred Heritage Grant funds in a dedicated account carrying the name and number of the project. In the event the funds are deposited in an interest-bearing account, any interest earned shall be:
 - a. Used for the purpose of furthering the project, with prior approval from the Department; or
 - b. Remitted to the Department upon completion of the project.
 3. Complete the project as specified under the terms and conditions of the Grant Agreement.
 4. Use awarded Heritage Grant funds solely for the project described in the application and as approved by the Department.
 5. Bear full responsibility for performance of its subcontractors to ensure compliance with the Grant Agreement.
 6. Pay all costs associated with the operation and maintenance of properties, facilities, equipment, services, publications, and other media funded by a Heritage Grant for the term of public use as specified in the Grant Agreement.
 7. Submit records that substantiate the expenditure of Heritage Grant funds. In addition, each participant shall retain and shall contractually require each subcontractor to

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retain all books, accounts, reports, files, and any other records relating to the acquisition and performance of the contract for a period of five years from the end date of the project period. The Department may inspect and audit participant and subcontractor records as prescribed under A.R.S. § 35-214. Upon the Department's request, a participant or subcontractor shall produce a legible copy of these records.

8. Allow Department employees or agents to conduct inspections and reviews:
 - a. To ensure compliance with all terms and conditions established under the Grant Agreement.
 - b. Before release of the final payment.
9. Give public acknowledgment of Heritage Fund grant assistance for the term of public use of a project. If a project involves acquisition of property, development of public access, or renovation of a habitat site, the participant shall install a permanent sign describing the funding sources. The participant may include the cost of this signage as part of the original project. The participant is responsible for maintenance or replacement of the sign as required. For other project types, the participant shall include Heritage Fund grant funding acknowledgment on any publicly available or accessible products resulting from the project.
- K. A participant shall not:
 1. Begin a project described in the application until after the grant effective date.
 2. Use Heritage Grant funds for the purpose of producing income unless authorized by the Department. A participant shall use all income generated to further the purpose of the approved project or surrender the income to the original funding source.
 3. Comingle Heritage Grant funds with any other funds.
 4. Use Heritage Grant funds to pay the salary of any public agency employee. A participant may use a public agency's employee's time as in-kind match for the project specified in the Grant Agreement.
- L. The parties may amend the terms of the Grant Agreement by mutual written consent. The Department shall prepare any approved amendment in writing, and both the Department and the Grantee shall sign the amendment.
- M. The Department and the participant may amend the Grant Agreement during the project period. A participant seeking to amend the Grant Agreement shall submit a written request that includes justification to amend the Grant Agreement. The Department shall prepare any approved amendment in writing and both the Department and the participant shall sign the amendment.
- N. A participant shall submit project status reports, as required in the Grant Agreement. If a participant fails to submit a project status report, the Department may not release any remaining grant monies until the participant has submitted all past due project status reports. The project status report shall include the following information, as applicable:
 1. Progress in completing approved work;
 2. Itemized, cumulative project expenditures;
 3. A financial accounting of:
 - a. Heritage Grant Funds,
 - b. Matching funds,
 - c. Donations, and
 - d. Income derived from project funds;
 4. Any delays or problems that may prevent the on-time completion of the project; and
5. Any other information required by the Department.
- O. At the end of the project period and for each year until the end of the term of public use, a participant shall:
 1. Certify compliance with the Grant Agreement, and
 2. Complete a post-completion report form furnished by the Department.
- P. Upon completion of approved project elements, if a balance of awarded Heritage Grant funds remains, the participant may:
 1. Use the unexpended funds for an additional project consistent with the original scope of work, when approved by the Department; or
 2. Surrender the unexpended funds to the Department.
- Q. Upon completion of the project a participant shall:
 1. Surrender equipment with an acquisition cost of more than \$500 to the Department upon completion, or
 2. Use equipment purchased with Heritage Grant funds in a manner consistent with the purposes of the Grant Agreement.
- R. A participant may request an extension beyond the approved project period by writing to the Department.
 1. Requests for an extension shall be submitted by the participant no later than 30 days before the end of the project period.
 2. If approved, an extension shall be signed by both the participant and the Department.
- S. A participant that has a Heritage Grant funded project in extension shall not apply for, nor be considered for, further Heritage Grants until the administrative subunit's project under extension is completed.
- T. In addition, the Department may administratively extend the project period for good cause such as, but not limited to, inclement weather, internal personnel changes, or to complete the final closure documents.
- U. A participant that failed to comply with the terms and conditions of a Grant Agreement shall not apply for, nor be considered for, further Heritage Grants until the participant's project is brought into compliance.
- V. If a participant is not in compliance with the Grant Agreement, the Department may:
 1. Terminate the Grant Agreement,
 2. Seek recovery of grant monies awarded, and
 3. Classify the participant as ineligible for Heritage Fund Grants for a period of up to five years.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-703. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-703 renumbered to R12-4-705; new Section R12-4-703 made by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

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R12-4-704. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-704 repealed; new Section R12-4-704 renumbered from R12-4-709 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-705. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-705 repealed; new Section R12-4-705 renumbered from R12-4-703 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-706. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-706 repealed; new Section R12-4-706 renumbered from R12-4-710 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-707. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-707 repealed; new Section R12-4-707 renumbered from R12-4-711 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-708. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-708 repealed; new Section R12-4-708 renumbered from R12-4-712 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-709. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4).

R12-4-709 renumbered to R12-4-704 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-710. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-710 renumbered to R12-4-706 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-711. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-711 renumbered to R12-4-707 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-712. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-712 renumbered to R12-4-708 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

ARTICLE 8. WILDLIFE AREAS AND DEPARTMENT PROPERTY**R12-4-801. General Provisions****A. Wildlife Areas:**

1. Wildlife areas shall be established to:
 - a. Provide protective measures for wildlife, habitat, or both;
 - b. Allow for hunting, fishing, and other recreational activities that are compatible with wildlife habitat conservation and education;
 - c. Allow for special management or research practices; and
 - d. Enhance wildlife and habitat conservation.
2. Wildlife areas shall be:
 - a. Lands owned, leased, or otherwise managed by the Commission;
 - b. Federally-owned lands of unique wildlife habitat where cooperative agreements provide wildlife management and research implementation; or
 - c. Any lands with property interest conveyed to the Commission by any entity, through an approved land use agreement, including but not limited to deeds, patents, leases, conservation easements, special use permits, licenses, management agreements, inter-agency agreements, letter agreements, and right-of-entry, where the property interest conveyed is sufficient for management of the lands consistent with the objectives of the wildlife area.
3. Land qualified for wildlife areas shall be:
 - a. Lands with unique topographic or vegetative characteristics that contribute to wildlife,
 - b. Lands where certain wildlife species are confined because of habitat demands,
 - c. Lands that can be physically managed and modified to attract wildlife, or

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- d. Lands that are identified as critical habitat for certain wildlife species during critical periods of their life cycles.
 4. The Department may restrict public access to and public use of wildlife areas and the resources of wildlife areas for up to 90 days when necessary to protect property, ensure public safety, or to ensure maximum benefits to wildlife. Closures or restrictions exceeding 90 days shall require Commission approval.
 5. Closures of all or any part of a wildlife area to public entry, and any restriction to public use of a wildlife area, shall be listed in this Article or shall be clearly posted at each entrance to the wildlife area. No person shall conduct an activity restricted by this Article or by such posting.
 6. When a wildlife area is posted against travel except on existing roads, no person shall drive a motor-operated vehicle over the countryside except by road.
 7. The Department may post signs that place additional restrictions on the use of wildlife areas. Such restrictions may include the timing, type, or duration of certain activities, including the prohibition of access or nature of use.
 8. A person shall not access or use any wildlife area or facility in violation of any Department actions authorized under subsection (A)(7) when signs are posted providing notice of the restrictions.
 - B. Commission-owned real property and -managed lands other than Wildlife Areas:**
 1. The Department may take action to manage public access and use of any Commission-owned real property or facilities. Such actions may include restrictions on the timing, type, or duration of certain activities, including the prohibition of access or nature of use.
 2. A person shall not access or use any Commission-owned real property, facilities, or -managed lands in violation of any Department actions authorized under subsection (B)(1), if signs are posted providing notice of the restrictions.
- Historical Note**
- New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).
- R12-4-802. Wildlife Area and Other Department Managed Property Restrictions**
- A.** No person shall violate the following restrictions on Wildlife Areas:
1. Alamo Wildlife Area (located in Units 16A and 44A):
 - a. Posted portions closed to all public entry.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 2. Allen Severson Wildlife Area (located in Unit 3B):
 - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 3. Aravaipa Canyon Wildlife Area (located in Units 31 and 32):
 - a. Access through the Aravaipa Canyon Wildlife Area within the Aravaipa Canyon Wilderness Area is by permit only, available through the Safford Office of the Bureau of Land Management.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of all firearms.
 4. Arivaca Lake Wildlife Area (located in Unit 36B):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping in the wildlife area allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 5. Arlington Wildlife Area (located in Unit 39):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Target or clay bird shooting permitted in designated areas only.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. Posted portions around Department housing are closed to the discharge of all firearms; and
 - ii. Wildlife area is closed to the discharge of centerfire rifled firearms.
 6. Base and Meridian Wildlife Area (located in Units 39, 26M, and 47M):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel is not permitted on the wildlife area, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. No target or clay bird shooting.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area

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- is closed to the discharge of centerfire rifled firearms.
7. Becker Lake Wildlife Area (located in Unit 1):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. The Becker Lake boat launch access road and parking areas along with any other posted portions of the wildlife area will be closed to all public entry from one hour after sunset to one hour before sunrise daily.
 - f. Posted portions closed to all public entry.
 - g. Posted portions closed to hunting.
 - h. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rifled firearms.
 8. Bog Hole Wildlife Area (located in Unit 35B):
 - a. Motorized vehicle travel is not permitted on the wildlife area. This subsection does not apply to Department authorized vehicles or law enforcement, fire response or other emergency vehicles.
 - b. Open to all hunting in season, by foot access only, as permitted under R12-4-304 and R12-4-318.
 9. Chevelon Canyon Ranches Wildlife Area (located in Unit 4A):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. No target or clay bird shooting.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 10. Chevelon Creek Wildlife Area (located in Unit 4B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Additional posted portions closed to all public entry from October 1 through February 1 annually.
 - g. No target or clay bird shooting.
 - h. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from October 1 through February 1 annually.
 11. Cibola Valley Conservation and Wildlife Area (located in unit 43A):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 12. Clarence May and C.H.M. May Memorial Wildlife Area (located in Unit 29):

Closed to hunting, except for predator hunts authorized by Commission Order.
 13. Cluff Ranch Wildlife Area (located in Unit 31):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions around Department housing and Pond Three are closed to discharge of all firearms.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of centerfire rifled firearms.
 14. Coal Mine Spring Wildlife Area (located in Unit 34A):
 - a. Overnight public camping allowed for no more than 14 days within a 30-day period.
 - b. Motorized vehicle travel is not permitted on the wildlife area, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response or other emergency vehicles.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 15. Colorado River Nature Center Wildlife Area (located in Unit 15D):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only. This subsection does not apply to Department authorized vehicles, law enforcement, fire response, or other emergency vehicles.
 - e. Closed to the discharge of firearms.
 - f. Closed to hunting.
 16. Fool Hollow Lake Wildlife Area (located in Unit 3C):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game

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- retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
- e. The parking area adjacent to Sixteenth Avenue and other posted portions of the wildlife area will be closed to all public entry daily from one hour after sunset to one hour before sunrise, except for anglers possessing a valid fishing license accessing Fool Hollow Lake/Show Low Creek.
 - f. Closed to the discharge of firearms.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of firearms.
17. House Rock Wildlife Area (located in Unit 12A):
 - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles, law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 - c. Members of the public shall remain in an enclosed vehicle at all times when within one-quarter mile of the House Rock bison herd, except when taking bison or accompanied by Department personnel.
 18. Jacques Marsh Wildlife Area (located in Unit 3B):
 - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rimfire and centerfire rifled firearms.
 19. Lamar Haines Wildlife Area (located in Unit 7):
 - a. No open fires.
 - b. Wood cutting by permit only and collecting limited to dead and down material, for noncommercial use only. Members of the public shall obtain a wood cutting permit from the Flagstaff Game and Fish Department regional office.
 - c. Overnight public camping allowed for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 20. Lower San Pedro River Wildlife Area (located in Units 32 and 37B):
 - a. Open fires allowed in designated areas only. The following acts are prohibited:
 - i. Building, attending, maintaining, or using a fire without removing all flammable material from around the fire to adequately prevent the fire from spreading from the fire pit.
 - ii. Carelessly or negligently throwing or placing any ignited substance or other substance that may cause a fire.
 - iii. Building, attending, maintaining, or using a fire in any area that is closed to fires.
 - iv. Leaving a fire without completely extinguishing it.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
 - g. Parking allowed within 300 feet of designated open roads and in designated areas only.
 - h. Discharge of a firearm or pre-charged pneumatic weapon prohibited within 1/4 mile of buildings.
 - i. A person shall not use a metal detector or similar device except as authorized by the Department. This subsection does not apply to law enforcement officers in the scope of their official duties, or to persons duly licensed, permitted, or otherwise authorized to investigate historical or cultural artifacts by a government agency with regulatory authority over cultural or historic artifacts.
 21. Luna Lake Wildlife Area (located in Unit 1):
 - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Posted portions closed to all public entry from February 15 through July 31 annually.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except when closed to hunting from April 1 through July 31 annually.
 22. Manhattan Claims Wildlife Area (located in Unit 29):
 - a. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - b. Overnight public camping allowed for no more than 14 days within a 30-day period.
 - c. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 23. Mittry Lake Wildlife Area (located in Unit 43B):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.

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- d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Mittry Lake is a "No Ski" waterway as defined under R12-4-501.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
24. Planet Ranch Conservation and Wildlife Area (located in Units 16A and 44A):
- a. No open fires.
 - b. No firewood cutting or gathering.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H), outside the posted Lower Colorado River Multi-Species Conservation Program habitat area. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to public entry.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
25. Powers Butte (Mumme Farm) Wildlife Area (located in Unit 39):
- a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. Posted portions around Department housing are closed to the discharge of all firearms; and
 - ii. Wildlife area is closed to the discharge of centerfire rifled firearms.
26. Quigley-Achee Wildlife Area (located in Unit 41):
- a. No open fires.
 - b. No overnight public camping.
 - c. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
27. Raymond Wildlife Area (located in Unit 5B):
- a. Open fires allowed in designated areas only.
 - b. Overnight public camping permitted in designated sites only, for no more than 14 days within a 30-day period.
 - c. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H). All-terrain and utility type vehicles are prohibited. For the purpose of this subsection, all-terrain and utility type vehicle means a motor vehicle having three or more wheels fitted with large tires and is designed chiefly for recreational use over roadless, rugged terrain. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry from May 1 through July 29 annually.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting periodically during hunting seasons.
 - f. Members of the public shall remain in an enclosed vehicle at all times when within one-quarter mile of the Raymond bison herd, except when taking bison or accompanied by Department personnel.
28. Robbins Butte Wildlife Area (located in Unit 39):
- a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Parking in designated areas only.
 - f. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318 except the wildlife area is closed to the discharge of centerfire rifled firearms.
29. Roosevelt Lake Wildlife Area (located in Units 22, 23, and 24B):
- a. Posted portions closed to all public entry from November 15 through February 15 annually.
 - b. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from November 15 through February 15 annually.
30. Santa Rita Wildlife Area (located in Unit 34A):
- Open to all hunting in season as permitted under R12-4-304 and R12-4-318.

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31. Sipe White Mountain Wildlife Area (located in Unit 1):
 - a. Open fires allowed in designated areas only.
 - b. No firewood cutting or gathering.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions around Department housing is closed to the discharge of all firearms.
32. Springerville Marsh Wildlife Area (located in Unit 2B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Closed to the discharge of all firearms.
 - f. Open to all hunting as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of all firearms.
33. Sunflower Flat Wildlife Area (located in Unit 8):
 - a. Overnight public camping allowed for no more than 14 days within a 30-day period.
 - b. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
34. Three Bar Wildlife Area (located in Unit 22):
 - a. Motorized vehicle travel:
 - i. Is permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H).
 - ii. Is prohibited within the Three Bar Wildlife and Habitat Study Area.
 - iii. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season, as permitted under R12-4-304 and R12-4-318.
35. Tucson Mountain Wildlife Area (located in Unit 38M):
 - a. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. Portions posted closed to hunting,
 - ii. Portions closed to hunting as identified on the online check-in system wildlife area map, and
 - iii. Firearms and pre-charged pneumatic weapons are prohibited for the take of wildlife.
 - b. Archery hunters must check-in online with the Arizona Game and Fish Department prior to going afield.
36. Upper Verde River Wildlife Area (located in Unit 8 and 19A):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping allowed.
 - d. Motorized vehicle travel is not permitted, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire department, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
37. Wenima Wildlife Area (located in Unit 2B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. No target or clay bird shooting.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
38. White Mountain Grasslands Wildlife Area (located in Unit 1):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
39. Whitewater Draw Wildlife Area (located in Unit 30B):
 - a. No open fires except as authorized by the Department.
 - b. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - c. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry from October 15 through March 15 annually.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. The wildlife area is closed to the discharge of centerfire rifled firearms, and
 - ii. Posted portions closed to hunting from October 15 through March 15 annually.

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40. Willcox Playa Wildlife Area (located in Unit 30A):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry from October 15 through March 15 annually.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from October 15 through March 15 annually.

- B. Notwithstanding Commission Order 40, public access and use of the Hirsch Conservation Education Area and Biscuit Tank is limited to activities conducted and offered by the Department and in accordance with the Department's special management objectives for the property, which include, but are not limited to, flexible harvest, season, and methods that:
 1. Allow for a variety of fishing techniques, fish harvest, fish consumption, and catch and release educational experiences;
 2. Maintain a healthy, productive, and balanced fish community; and
 3. Provide public education activities and training courses that are compatible with the management of aquatic wildlife.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 8 A.A.R. 2107, effective May 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 10 A.A.R. 1976, effective May 14, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 12 A.A.R. 1698, effective May 19, 2006 (Supp. 06-2). Amended by exempt rulemaking at 13 A.A.R. 1741, effective May 18, 2007 (Supp. 07-2). Amended by exempt rulemaking at 14 A.A.R. 1841, effective April 22, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

R12-4-803. Wildlife Area and Other Department Managed**Property Boundary Descriptions****A. For the purposes of this Section:**

"B.C." means brass cap.

"B.C.F." means brass cap flush.

"G&SRB&M" means Gila and Salt River Base and Meridian.

"M&B" means metes and bounds.

"R" means Range line.

"T" means Township line.

B. Wildlife Areas are described as follows:

1. Alamo Wildlife Area: The Alamo Wildlife Area shall be those areas described as follows:
T10N, R13W; Section 3 N1/2, SW1/4, SE1/4 Mohave County only; Section 4, E1/2SW1/4, SE1/4; Section 9, NE1/4, E1/2NW1/4; Section 10, NW1/4NW1/4, NE1/4NW1/4 within designated Wilderness Area. T11N, R11W; Section 7, S1/2SW1/4; Section 18, N1/2 NW1/4; T11N, R12W; Section 4, Lots 2, 3 and 4, SW1/4NE1/4, S1/2NW1/4, SW1/4, W1/2SE1/4; Section 5, Lot 1, SE1/4NE1/4, E1/2SE1/4; Section 7, S1/2, SE1/4 NE1/4; Section 8, NE1/4, S1/2NW1/4, S1/2; Section 9; Section 10, S1/2NW1/4, S1/2; Section 11, S1/2S1/2; Section 12, S1/2S1/2; Section 13, N1/2, N1/2SW1/4, NW1/4SE1/4; Section 14, N1/2, E1/2SE1/4; Section 15, N1/2, SW1/4SW1/4, SW1/4SE1/4; Section 16, 17, 18 and 19; Section 20, N1/2, N1/2SW1/4; Section 21, NW1/4; Section 29, SW1/4, SW1/4SE1/4; Section 30; Section 31, N1/2, N1/2S1/2; Section 32, NW1/4, N1/2SW1/4; T11N, R13W; Section 12, SE1/4SW1/4, SW1/4SE1/4, E1/2SE1/4; Section 13; Section 14, S1/2NE1/4, SE1/4SW1/4, SE1/4; Section 22, S1/2SW1/4, SE1/4; Section 23, E1/2, E1/2NW1/4, SW1/4NW1/4, SW1/4; Section 24, 25 and 26; Section 27, E1/2, E1/2W1/2; Section 34, E1/2, E1/2NW1/4, SW1/4; Section 35 W1/2, W1/2NE1/4; T12N, R12W; Section 19, E1/2, SE1/4SW1/4; Section 20, NW1/4NW1/4, SW1/4SW1/4; Section 28, W1/2SW1/4; Section 29, W1/2NW1/4, S1/2, SE1/4NW1/4; Section 30, E1/2, E1/2NW1/4, NE1/4SW1/4; Section 31, NE1/4NE1/4; Section 32, N1/2, N1/2SE1/4, SE1/4SE1/4; Section 33, W1/2E1/2, W1/2; all in G&SRB&M, Mohave and La Paz Counties, Arizona.
2. Allen Severson Memorial Wildlife Area: The Allen Severson Memorial Wildlife Area shall be that area including Pintail Lake and South Marsh lying within the fenced and posted portions of:
T11N, R22E; Section 32, SE1/4; Section 33, S1/2SW1/4; T10N, R22E; Section 4, N1/2NW1/4; T10N, R22E; Section 4: the posted portion of the NW1/4SW1/4; all in G&SRB&M, Navajo County, Arizona, consisting of approximately 300 acres.
3. Aravaipa Canyon Wildlife Area: The Aravaipa Canyon Wildlife Area shall be that area within the flood plain of Aravaipa Creek and the first 50 vertical feet above the streambed within the boundaries of the Aravaipa Canyon Wilderness Area administered by the Bureau of Land Management (BLM), Graham and Pinal Counties, Arizona.
4. Arivaca Lake Wildlife Area: The Arivaca Lake Wildlife Area shall be those areas described as:
A parcel or land located in Sections 6, 7 and 8 all of which being situated in T22S, R11E of the G&SRB&M, Pima County, Arizona described as follows: Commencing at the N1/4 corner of said Section 7 run thence S

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43°42'30" E (assumed bearing) a distance of 742.14 feet to point 1, the point of Beginning; thence N 81°26'32" E a distance of 705.76 feet to point 2; thence N 09°54'25" E a distance of 305.96 feet to point 3; thence N 21°43'49" E a distance of 872.20 feet to point 4; thence S 84°14'14" E a distance of 471.36 feet to point 5; thence N 28°12'16" E a distance of 357.98 feet to point 6; thence N 85°30'7" E a distance of 110.05 feet to point 7; thence S 02°03'27" W a distance of 417.50 feet to point 8; thence N 88°20'00" E a distance of 141.99 feet to point 9; thence S 27°29'57" W a distance of 341.84 feet to point 10; thence N 60°20'59" W a distance of 297.87 feet to point 11; thence S 38°10'38" W a distance of 363.79 feet to point 12; thence S 03°36'24" E a distance of 222.07 feet to Point 13; thence S 59°52'05" E a distance of 133.71 feet to point 14 from which the northeast corner of said Section 7 bears N 76°07'51" E a distance of 689.94 feet, said northeast corner also being the common Section corner of Sections 5, 6, 7 and 8 of said Township and Range; thence S 59°18'56" W a distance of 225.86 feet to point 15; thence S 14°38'09" W a distance of 184.94 feet to point 16; thence N 73°08'58" E a distance of 282.60 feet to point 17; thence S 33°21'50" W a distance of 275.24 feet to point 18; thence S 16°37'03" E a distance of 294.45 feet to point 19; thence S 60°13'45" E a distance of 187.22 feet to point 20; thence N 09°21'57" E a distance of 502.65 feet to point 21; thence S 57°19'17" E a distance of 175.82 feet to point 22; thence S 06°20'39" W a distance of 405.88 feet to point 23; thence S 73°13'57" E a distance of 307.36 feet to point 24; thence N 72°27'59" E a distance of 108.77 feet to point 25; thence N 13°07'02" E a distance of 316.07 foot to point 26; thence N 15°41'38" E a distance of 292.54 feet to point 27; thence S 16°25'12" E a distance of 338.44 feet to point 28; thence N 60°53'52" E a distance of 349.03 feet to point 29; thence N 68°30'49" E a distance of 286.09 feet to point 30; thence S 09°14'22" W a distance of 396.67 feet to point 31; thence S 42°27'47" W a distance of 265.50 feet to point 32; thence N 86°09'01" W a distance of 253.50 feet to point 33; thence S 34°29'33" W a distance of 500.53 feet to point 34; thence S 59°56'05" W a distance of 120.42 feet to point 35; thence N 71°17'44" W a distance of 228.54 feet to point 36; thence S 69°42'17" W a distance of 120.88 feet to point 37; thence S 12°12'05" E a distance of 146.20 feet to point 38; thence S 83°22'20" E a distance of 339.63 feet to point 39; thence N 34°26'45" E a distance of 345.01 feet to point 40; thence N 88°14'41" E a distance of 272.60 feet to point 41; thence S 54°11'52" E a distance of 246.09 feet to point 42; thence S 76°42'33" W a distance of 304.58 feet to point 43; thence S 25°02'30" W a distance of 515.24 feet to point 44; thence N 54°58'47" W a distance of 330.22 feet to point 45; thence S 59°01'38" W a distance of 443.06 feet to point 46; thence S 28° 40' 19" E a distance of 381.98 feet to point 47; thence S 42°18'41" E a distance of 436.71 feet to point 48 from which the E1/4 corner of said Section 7 and common to the W1/4 corner of said Section 8 bears N 04°23'16" E a distance of 126.73 feet; thence N 87°40'07" E a distance of 385.96 feet to point 49; thence S 46°57'39" E a distance of 243.05 feet to point 50; thence S 13°06'06" W a distance of 183.34 feet to point 51; thence N 55°28'27" W a distance of 228.94 feet to point 52; thence S 55°08'41" W a distance of 330.40 feet to point 53; thence S 48°10'36" E

a distance of 218.70 feet to point 54; thence S 06°38'09" E a distance of 140.86 feet to point 55; thence S 28° 04'14" E a distance of 892.21 feet to point 56; thence S 12°20'35" W a distance of 181.98 feet to point 58; thence S 63°52'33" E a distance of 230.70 feet to point 59; thence S 72°30'09" E a distance of 335.12 feet to point 60; thence S 41°39'07" W a distance of 498.00 feet to point 61; thence N 86°49'30" W a distance of 330.81 feet to point 62; thence N 34°09'15" W a distance of 1380.92 foot to point 63; thence S 86°14'38" W a distance of 310.49 feet to point 64; thence N 04°22'03" W a distance of 206.30 feet to point 65; thence N 70°41'46" E a distance of 226.45 feet to point 66; thence N 10°01'58" E a distance of 468.22 feet to point 67; thence N 67°59'02" W a distance of 220.56 feet to point 68; thence N 36°50'14" W a distance of 360.36 feet to point 69; thence N 04°31'00" E a distance of 187.56 feet to point 69A; thence N 53°13'11" W a distance of 85.56 feet to point 69B; thence S 31°01'48" W a distance of 322.05 feet to point 70; thence S 16°55'20" W a distance of 1033.42 feet to point 71; thence S 32°45'38" E a distance of 209.12 feet to point 72; thence S 64°28'24" W a distance of 319.54 feet to point 73; thence S 24°35'49" W a distance of 264.49 feet to point 74; thence S 42°38'39" W a distance of 428.36 feet to point 75; thence N 88°49'40" W a distance of 549.92 feet to point 76 from which the S1/4 corner of said Section 7 bears S 28°36'15" W a distance of 730.77 feet; thence N 27°38'55" W a distance of 456.55 feet to point 76A; thence N 21°18'02" E a distance of 2170.03 feet to point 78; thence N 00°01'17" E a distance of 958.28 feet to point 79; thence S 89°36'36" W a distance of 624.49 feet to point 80; thence N 00°05'06" E a distance of 553.06 feet to point 81 from which the N1/4 corner of said Section 7 bears N 14°02'18" W a distance of 734.38 feet; thence N 62°15'48" E a distance of 378.12 feet to the point of beginning; consisting of approximately 195.04 acres.

5. Arlington Wildlife Area: The Arlington Wildlife Area shall be those areas described as follows: T1S, R5W, Section 33, E1/2SE1/4; T2S, R5W, Section 3, W1/2W1/2, Section 4, E1/2, and Parcel 401-58-001A as described by the Maricopa County Assessor's Office; a parcel of land lying within Section 4, T2S, R5W, more particularly described as follows: commencing at the southwest corner of said Section 4, 2-inch aluminum cap (A.C.) in pothole stamped "RLS 36562", from which the northwest corner of said Section, a 1 1/2-inch B.C. stamped "T1S R5W S32 S33 S5 S4 1968", bears N 00°09'36" E (basis of bearing) a distance of 4130.10 feet, said southwest corner being the point of beginning; thence along the west line of said Section, N 00°09'36" E a distance of 16.65 feet; thence leaving said west line, S 89°48'28" E a distance of 986.79 feet; thence N 00°47'35" E a distance of 2002.16 feet; thence N 01°07'35" E a distance of 2102.65 feet to the north line of said Section; thence along said north line S 89°18'45" E a distance of 1603.61 feet to the N1/4 corner of said Section, a 1/2-inch metal rod; thence leaving said north line, along the north-south midsection line of said Section, S 00°08'44" E a distance of 4608.75 feet to the S1/4 corner of said Section, a 3-inch B.C.F. stamped "T2S R5W 1/4S4 S9 RLS 46118 2008"; thence leaving said north-south midsection line, along the south line of said Section, N 79°10'54" W a distance of 2719.41 feet to the point of beginning. Sub-

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ject to existing rights-of-way and easements. This parcel description is based on the Record of Survey for Alma Richardson Property, recorded in Book 996, page 25, Maricopa County Records and other client provided information. This parcel description is located within an area surveyed by Wood, Patel & Associates, Inc. during the month of April, 2008 and October, 2009 and any monumentation noted in this parcel description is within acceptable tolerance (as defined in Arizona Boundary Survey Minimum Standards dated 02/14/2002) of said positions based on said survey; all in G&SRB&M, Maricopa County, Arizona. Section 9; NW1/4 and SW1/4; Section 3; LOT 4 SW1/4NW1/4, W1/2SW1/4 NE1/4SE1/4; Section 3; M&B in LOT 1 SE1/4NE1/4E1/2SE1/4; Section 9; M&B in NE1/4NE1/4; Section 10; SW1/4NW1/4; Section 15; those portions of S1/2W1/4 and N1/2SW1/4 lying west of the primary through road; Section 16; W1/2 M&B in E1/2E1/2 W1/2E1/2; Section 21; NE1/4NW1/4 and Parcel 401-61-008D as described by the Maricopa County Assessor's Office, more particularly described as follows: commencing at the BLM B.C. marking the northeast corner of said Section 21, from which the BLM B.C. marking the northwest corner of said Section 21 bears N 82°26'05" W a distance of 5423.64 feet; thence N 82°26'05" W along the north line of Section 21 a distance of 2711.82 feet to the NW1/4 corner of said Section 21; thence S 00°33'45" W along the north-southerly midsection line of said Section 21 a distance of 33.25 feet to the True Point of Beginning; thence continuing S 00° 33'45" W along said north-south midsection line a distance of 958.00 feet to a point on a line which is parallel with and 983.85 feet southerly, as measured at right angles from the north line of said Section 21; thence N 82°26'05" W along said parallel line a distance of 925.54 feet; thence N 26°12'18" W a distance of 153.32 feet; thence N 13°26'18" W a distance of 303.93 feet; thence N 34°15'49" W a distance of 189.27 feet; thence N 21°32'45" W a distance of 215.60 feet; thence N 89°25'47" W a distance of 95.37 feet to a point on the west line of the NE1/4N1/4 of said Section 21; thence N 00°34'13" E, along said west line a distance of 223.54 feet to a point on a line which is parallel with and 33.00 feet southerly, as measured at right angles from the north line of said Section 21; thence S 82°26'05" E along said parallel line, a distance of 1355.91 feet to the True Point of Beginning; all in G&SRB&M, Maricopa County, Arizona.

6. Base and Meridian Wildlife Area: The Base and Meridian Wildlife Area shall be those areas described as follows: T1N, R1E, Section 31; Maricopa County APN 101-44-023, also known as Lots 3, 5, 6, 7, 8 and NE1/4SW1/4, and Maricopa County APN 101-44-003J, also known as the S1/2S1/2SW1/4NW1/4 except the west 55 feet thereof; and 101-44-003K, also known as the S1/2S1/2SW1/4NW1/4 except the west 887.26 feet thereof; and Maricopa County APN 104-44-002S, also known as that portion of the N1/2SE1/4, described as follows: commencing at the aluminum cap set at the E1/4 corner of said Section 31, from which the 3" iron pipe set at the southeast corner of said Section 31, S 00°20'56" W a distance of 2768.49 feet; thence S 00°20'56" W along the east line of said SE1/4 of Section 31 a distance of 1384.25 feet to the southeast corner of said N1/2SE1/4; thence S 89°25'13" W along the south line of said N1/

2SE1/4 a distance of 2644.35 feet to the southwest corner of said N1/2SE1/4 and the point of beginning; thence N 00°03'37" W along the west line of said SE1/4 a distance of 746.86 feet to the south line of the north 607.00 feet of said N1/2SE1/4; thence N 88°46'12" E along said south line of the north 607.00 feet of the N1/2SE1/4 a distance of 656.09 feet; thence S 00°03'37" E parallel with said west line of the SE1/4 a distance of 754.31 feet to said south line of the N1/2SE1/4; Thence S 89°25' 13" W along said south line of the N1/2SE1/4 a distance of 655.98 feet to the point of beginning. T1N, R1W, Section 34, N1/2SE1/4; Section 35, S1/2; Section 36. The Maricopa County APN 500-69-099; the W1/2SE1/4NE1/4. APN 500-69-099, 500-69-100, also known as that portion of the SE1/4SE1/4NE1/4. 500-69-010C, also known as that portion of the W1/2SE1/4NE1/4, except any portion of said W1/2SE1/4NE1/4 of Section 36 lying within the following described four parcels: Exception 1: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°10' E a distance of 846.16 feet to the point of beginning; thence continuing S 00°18' E a distance of 141.17 feet; thence S 87°51'15" W a distance of 570.53 feet; thence S 00°29' E a distance of 310.00 feet to the south line of said W1/2SE1/4NE1/4 of Section 36; thence N 89°29' W along the west line of said W1/2SE1/4NE1/4 of Section 36 a distance of 425.93 feet; said point bears S 00°29' E a distance of 895.93 feet from the northwest corner of said W1/2SE1/4NE1/4 of Section 36; thence N 85°54'33" E a distance of 647.01 feet to the point of beginning. Exception 2: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°18' E a distance of 846.16 feet to the point of beginning; said point being on the northerly line of the Flood Control District of Maricopa County parcel as shown in Document 84-26119, Maricopa County Records; thence S 85°54'33" E a distance of 647.01 feet to the west line of said W1/2SE1/4NE1/4 of Section 36; thence N 00°29' W along said west line a distance of 30 feet; thence N 84°23'15" E a distance of 228.19 feet; thence N 87°17'06" E a distance of 418.85 feet to the east line of the W1/2SE1/4NE1/4 of Section 36; thence S 00°18' E along said east line a distance of 26.00 feet to the point of beginning. Exception 3: the South 37.6 feet of said W1/2SE1/4NE1/4 of Section 36. Except all oil, gas and other hydrocarbon substances, helium or other substance of gaseous nature, coal, metals, minerals, fossils, fertilizer of every name and description and except all materials which may be essential to the production of fissionable material as reserved in Arizona Revised Statutes. Exception 4: that part of the W1/2SE1/4NE1/4 of Section 36, T1N, R1W lying north of the following described line: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°18'00" E a distance of 820.16 feet, to the point of beginning; said point being on the northerly line of the Flood District of Maricopa County parcel as shown in Document 85-357813, Maricopa County Records; thence S 87°17'06" W a distance of 418.85 feet; thence S 84°23'15" W a distance of 228.19 feet to the west line of said W1/2SE1/4NE1/4 of Section 36 and the point of terminus. The above described parcel contains 162,550 sq. ft. or 3.7316 acres 500-69-001L and 500-69-001M, also known as the N1/2SE1/4, except the south

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892.62 feet thereof. 500-69-001N, 500-69-001P, 500-69-001Q, 500-69-001R, 500-69-001T, 500-69-001X, 500-69-001Y, also known as that portion of the south 892.62 feet of the N1/2SE1/4. The SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, except the south 37.6 feet of said SE1/4SE1/4NE1/4, and except the east 55 feet of said SE1/4SE1/4NE1/4, and except that part of said SE1/4SE1/4NE1/4 lying north of the most southerly line of the parcel described in Record 84-026119, Maricopa County Records, said southerly line being described as follows: beginning at the NE1/4S1/2NE1/4SE1/4NE1/4 of said Section 36; thence S 00°07' E along the east line of Section 36, a distance of 50.70 feet; thence S 89°53' W a distance of 55.00 feet to a point on the west line of the east 55.00 feet of said Section 36; thence S 00°07' E along said line, a distance of 510.00 feet; thence S 81°44'3" W a distance of 597.37 feet to a terminus point on the west line of said SE1/4SE1/4NE1/4 of Section 36, and except that part of said SE1/4SE1/4NE1/4 described as follows: commencing at the E1/4 corner of said Section 36; thence N 89°37'23" W along the south line of said SE1/4SE1/4NE1/4 of Section 36, a distance of 241.25 feet; thence N 18°53'04" E a distance of 39.65 feet to the point of beginning; thence continuing N 18°53'04" E a distance of 408.90 feet; thence S 81°04'43" W a distance of 222.55 feet; thence S 18°53'04" W a distance of 370.98 feet; thence S 89°37'23" E a distance of 207.58 feet to the point of beginning. That portion of land lying within the SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, and the S1/2SW1/4NW1/4 of Section 31, T1N, R1E, as described in Document Number 99-1109246. Except the west 22 feet of the property described in Recorder Number 97-0425420, also known as APN 101-44-003G; and except the west 22 feet of the property described in Recorder Number 97-566498, also known as APN 101-44-013; all in G&SRB&M, Maricopa County, Arizona.

7. Becker Lake Wildlife Area: The Becker Lake Wildlife Area shall be that area including Becker Lake lying within the fenced and posted portions of: T9N, R29E, Section 19, SE1/4SE1/4 also known as APN. 105-07-001; Section 20, SW1/4SW1/4; beginning at a point 1012 feet north of the southwest corner of the SE1/4SW1/4 of Section 20, T9N, R29E; thence north 1285 feet; thence east a distance of 462 feet; thence south a distance of 2122 feet, more or less to the center of U.S. Highway 60; thence in a northwesterly direction along the center of U.S. Highway 60 a distance of 944 feet, more or less; thence west a distance of 30 feet, more or less to the point of beginning, also known as APN 105-08-002; Section 29, W1/2NW1/4, NW1/4SW1/4, also known as APN 105-15-003; beginning at the S1/4 corner of said Section 29, said point being the True Point of Beginning; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29, a distance of 1329.15 feet to the center-south 1/16 corner of said Section 29; thence S 89°53'01" W along the southern boundary of the NE1/4SW1/4 of said Section 29, a distance of 99.69 feet; thence N 00°43'20" E a distance of 417.54 feet; thence S 89°31'37" E a distance of 99.69 feet; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29 a distance of 374.40 feet; thence N 88°49'48" E a distance of 474.94 feet; thence N 27°35'15" E a distance of 99.21 feet; thence N 04°13'26" W a distance of 160.59 feet; thence N 37°38'44" E a distance

of 12.27 feet; thence S 26°22'25" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet; thence S 26°22'27" E a distance of 1203.23 feet; thence S 63°58'58" W a distance of 200.00 feet; thence S 36°24'36" E a distance of 375.11 feet; thence S 00°24'06" W a distance of 490.79 feet; thence S 01°22'24" E a distance of 110.21 feet; thence S 22°27'23" E a distance of 44.27 feet; thence N 89°48'03" W a distance of 1331.98 feet to the True Point of Beginning, also known as APN 105-15-014E; beginning at the corner of Sections 28, 29, 32 and 33, T9N, R29E of G&SRB&M, Apache County, Arizona; thence N 54°21'09" W a distance of 1623.90 feet; thence N 26°00'59" W a distance of 100.00 feet; thence N 26°22'14" W a distance of 1203.23 feet to the True Point of Beginning; thence N 26°22'27" W a distance of 351.19 feet; thence S 55°14'10" W a distance of 38.42 feet; thence S 37°38'44" W a distance of 12.38 feet; thence S 26°22'14" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet to the True Point of Beginning, also known as APN 105-15-014C. S1/2SW1/4, except the following described parcel: commencing at a 2-inch aluminum cap monument stamped LS 8906 located at the Section corner common to Sections 29, 30, 31 and 32 of said Township and Range; thence bear S 89°46'16" E along the Section line common to Sections 29 and 32, a distance of 1038.05 feet to the True Point of Beginning; thence N 35°17'33" E along the northwest boundary of the Springerville Municipal Airport a distance of 328.32 feet; thence S 39°31'26" E a distance of 349.55 feet to a point on the Section line common to Sections 29 and 32; thence N 89°46'44" W a distance of 131.96 feet to the W1/16 corner of Sections 29 and 32; thence N 89°46'16" W a distance of 280.18 feet to the True Point of Beginning. Section 30, NE1/4SE1/4, E1/2NE1/4 also known as APN 105-16-001; W1/2NE1/4, W1/2NE1/4 also known as APN 105-16-002; Section 32, beginning at the N1/4 corner of said Section 32, said point being the True Point of Beginning; thence S 89°48'03" E along the north line of said Section 32 a distance of 1331.98 feet; thence S 21°49'15" E a distance of 198.07 feet; thence S 20°56'35" W a distance of 191.75 feet; thence S 19°53'23" W a distance of 24.65 feet; thence S 39°17'55" W a distance of 86.61 feet; thence S 01°41'36" E a distance of 13.60 feet; thence S 50°13'33" W a distance of 1.29 feet; thence S 02°24'23" E a distance of 906.39 feet; thence S 00°44'11" W a distance of 466.82 feet; thence S 35°26'56" W a distance of 218.51 feet; thence S 89°57'05" W a distance of 1141.87 feet; thence N 07°57'52" E a distance of 328.83 feet; thence N 77°39'30" W a distance of 68.79 feet; thence N 00°30'56" W a distance of 334.16 feet to a 1/16th section corner; thence N 00°30'56" W a distance of 1349.10 feet to the True Point of Beginning. Except therefrom any portion lying in the S1/2SW1/4NE1/4 of said Section 32 also known as APN 105-18-008A; all that portion of the NE1/4NW1/4 of Section 32, T9N, R29E of G&SRB&M, Apache County, Arizona, lying east of the Becker Lake Roadway; except for the following described parcel: from the NW1/16 corner of said Section 32; thence S 89°45'28" E along the 1/16 line a distance of 736.55 feet to the True Point of Beginning, said point being in the west rights-of-way limits of Becker Lake Rd.; thence N 06°09'00" W along the west line of said right-of-way a distance of 266.70 feet to a 1/2-inch rebar with a tag

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marked LS 13014; thence N 06°21'43" W a distance of 263.42 feet to a 1/2-inch rebar with a tag marked LS 13014; thence N 06°21'43" W a distance of 198.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence N 78°43'10" E a distance of 158.40 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 47°05'42" E a distance of 65.65 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 29°24'20" E a distance of 202.48 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 48°03'17" W a distance of 146.19 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 19°36'10" W a distance of 115.75 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 00°38'05" East a distance of 74.66 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 14°52' 53" E a distance of 125.09 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 15°08'20" E a distance of 136.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 89°58'07" W a distance of 144.13 feet to the True Point of Beginning, also known as APN 105-18-012G.

8. Bog Hole Wildlife Area: The Bog Hole Wildlife Area lying in Sections 29, 32 and 33, T22S, R17E shall be the fenced and posted area described as follows: beginning at the southeast corner of Section 32, T22S, R17E, G&SRB&M, Santa Cruz County, Arizona; thence N 21°42'20" W a distance of 1394.86 feet to the True Point of Beginning; thence N 9°15'26" W a distance of 1014.82 feet; thence N 14°30'58" W a distance of 1088.82 feet; thence N 36°12'57" W a distance of 20.93 feet; thence N 50°16'38" W a distance of 1341.30 feet; thence N 57°51'08" W a distance of 1320.68 feet; thence N 39°03'53" E a distance of 1044.90 feet; thence N 39°07'43" E a distance of 1232.32 feet; thence S 36°38'48" E a distance of 1322.93 feet; thence S 43°03'17" E a distance of 1312.11 feet; thence S 38°19'38" E a distance of 1315.69 feet; thence S 13°11'59" W a distance of 2083.31 feet; thence S 69°42'45" W a distance of 920.49 feet to the True Point of Beginning.
9. Chevelon Canyon Ranches Wildlife Area: The Chevelon Canyon Ranches Wildlife Area shall be those areas described as follows:
Duran Ranch: T12N, R14E; Sections 6 and 7, more particularly bounded and described as follows: beginning at Corner 1, from which the Standard Corner to Section 31 in T13N, R14E and Section 36 T13N, R13E, bears N 11°41' W 21.53 chains distant; thence S 26°5' E 6.80 chains to Corner 2; thence S 66° W 12.74 chains to Corner 3; thence S 19°16' W 13.72 chains to Corner 4; thence S 29°1' W 50.02 chains to Corner 5; thence N 64°15' W five chains to Corner 6; thence N 28°54' E 67.97 chains to Corner 7; thence N 55°36' E 11.02 to Corner 1; the place of beginning; all in G&SRB&M, Coconino County, Arizona. Dye Ranch: T12N, R14E Sections 9 and 16, more particularly described as follows: beginning at Corner 1 from which the Standard corner to Sections 32 and 33 in T13N, R14E, bears N 2° 24' E 127.19 chains distant; thence S 50°20' E 4.96 chains to corner 2; thence S 29°48' W 21.97 chains to Corner 3; thence S 14°45' W 21.00 chains to Corner 4; thence N 76°23' W 3.49 chains to Corner 5; thence N 10°13' W 14.02 chains to Corner 6; thence N 19°41' E 8.92 chains to Corner 7; thence N

38°2' E 24.79 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Tillman Ranch: T12N, R14E land included in H.E. Survey 200 embracing a portion of approximately Sections 9 and 10 in T12N, R14E of G&SRB&M; all in G&SRB&M, Coconino County, Arizona. Vincent Ranch: T12N, R13E; Sections 3 and 4, more particularly described as follows: beginning at Corner 1, from which the south corner to Section 33, T13N, R13E, bears N 40°53' W 16.94 chains distance; thence S 53° 08' E 2.98 chains to Corner 2; thence S 11°26' W 6.19 chains to Corner 3; thence S 49°43' W 22.41 chains to Corner 4; thence S 22°45' W 30.03 chains to Corner 5; thence N 67°35' W 6.00 chains to Corner 6; thence N 23° E 30.03 chains to Corner 7; thence N 42°18' E 21.19 chains to Corner 8; thence N 57°52' E 8.40 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Wolf Ranch: T12N, R14E, Sections 18 and 19, more particularly bounded and described as follows: beginning at Corner 1, from which the U.S. Location Monument 184 H. E. S. bears S 88°53' E 4.41 chains distant; thence S 34°4' E 11.19 chains to Corner 2; thence S 40°31' W 31.7 chains to Corner 3; thence S 63°3' W 7.97 chains to Corner 4; thence S 23°15' W 10.69 chains to Corner 5; thence N 59° W 2.60 chains to Corner 6; thence N 18°45' E 10.80 chains to Corner 7; thence N 51°26' E 8.95 chains to Corner 8; thence N 30°19' E 34.37 chains to Corner 1; the place of beginning; all in G&SRB&M, Coconino County, Arizona.

10. Chevelon Creek Wildlife Area: The Chevelon Creek Wildlife Area shall be those areas described as follows:
Parcel 1: The S1/2S1/2NW1/4SW1/4 of Section 23, T18N, R17E of G&SRB&M; Parcel 2: Lots 1, 2, 3 and 4 of Section 26, T18N, R17E of G&SRB&M; Parcel 1: That portion of the NE1/4 of Section 26 lying northerly of Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona, all in T18N, R17E of G&SRB&M, Navajo County, Arizona. Parcel 2: That part of Tract A, Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona lying northerly of the following described line: beginning at the southwest corner of Lot 3 of said subdivision; thence southwesterly in a straight line to the southwest corner of Lot 6 of said subdivision.
11. Cibola Valley Conservation and Wildlife Area: The Cibola Valley Conservation and Wildlife Area shall be those areas described as follows:
Parcel 1: this parcel is located in the NW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the northeast corner of the NW1/4 of said Section 36; thence south and along the east line of the NW1/4 of said Section 36, a distance of 2646.00 feet to a point being the southeast corner of the NW1/4 of said Section 36; thence westerly and along the south line of the NW1/4 a distance of 1711.87 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly and along said east

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line of the aforementioned right of way, a distance of 2657.20 feet along a curve concave easterly, having a radius of 9260.00 feet to a point of intersection with the north line of the NW1/4 of said Section 36; thence easterly and along the north line of the NW1/4 of said Section 36, a distance of 1919.74 feet to the point of beginning. Parcel 2: this parcel is located in the U.S. Government Survey of Lot 1 and the E1/2SW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the S1/4 corner of said Section 36; thence westerly and along the south line of said Section 36, a distance of 610.44 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly along said east line of the of the aforementioned right of way and along a curve concave southwesterly, having a radius of 17350.00 feet, a distance of 125.12 feet; thence continuing along said right of way line and along a reverse curve having a radius of 9260.00 feet, a distance of 2697.10 feet to a point of intersection with the east-west midsection line of said Section 36; thence easterly along said east-west midsection line, a distance of 1711.87 feet to a point being the center of said Section 36; thence south and along the north-south midsection line, a distance of 2640.00 feet to the point of beginning. Parcel 3: this parcel is located in the E1/2NE1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona. Parcel 4: this parcel is located in the E1/2NW1/4SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way line of U.S.A. Levee; except therefrom that portion lying within Cibola Sportsman's Park, according to the plat thereof recorded in Book 4 of Plats, Page 58, records of Yuma (now La Paz) County, Arizona; and further excepting the N1/2E1/2NW1/4SW1/4. Parcel 5: this parcel is located in the S1/2SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Except the west 33.00 feet thereof; and further excepting that portion more particularly described as follows: the N1/2NW1/4SW1/4SW1/4 of said Section, excepting the north 33.00 feet and the east 33.00 feet thereof. Parcel 6: this parcel is located in the SW1/4SE1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 7: this parcel is located in Sections 24 and 25, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and east of Meander line per BLM Plat 2647C. Parcel 8: this parcel is located in the W1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River. Except that portion in condemnation suit Civil 5188PHX filed in District Court of Arizona entitled USA -vs- 527.93 acres of land; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 9: this parcel is located in the N1/2NE1/4SE1/4; and the W1/2SW1/4NE1/4SE1/4; and that portion of the SE1/4NE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way

line of the U.S.B.R. Levee; except the east 33.00 feet thereof; and further excepting that portion more particularly described as follows: commencing at the northeast corner of the SE1/4 of said Section 20; thence S 0°24'00" E along the east line, a distance of 380.27 feet; thence S 89°36'00" W a distance of 50.00 feet to the True Point of Beginning; thence continuing S 89°36'00" W a distance of 193.00 feet; thence N 0°24'00" W a distance of 261.25 feet; thence S 70°11'00" E a distance of 205.67 feet to the west line of the east 50.00 feet of said SE1/4 of Section 20; thence S 0°24'00" E a distance of 190.18 feet to the True Point of Beginning; excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 10: this parcel is located in the S1/2SE1/4 Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the east 33.00 feet thereof. Parcel 11: This parcel is located in the SW1/4NE1/4; and the NW1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and west of the Meander line per BLM Plat 2546B; except any portion thereof lying within U.S.A. Lots 5 and 6 of said Section 20, as set forth on BLM Plat 2546B; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 12: this parcel is located in the SE1/4NE1/4SE1/4; and the E1/2SW1/4NE1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 13: this parcel is located in the E1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River; except the W1/2W1/2SE1/4SW1/4SE1/4; except the E1/2E1/2SW1/4SW1/4SE1/4; except the SW1/4SW1/4NE1/4; except the W1/2SE1/4SW1/4NE1/4; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 14: this parcel is located in the SW1/4SW1/4NE1/4; and the W1/2SE1/4SW1/4NE1/4 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and protection levees and front work, excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 15: this parcel is located in the W1/2 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the west 133.00 feet thereof; except any portion lying within the U.S. Levee or Channel right of way or any portion claimed by the U.S. for Levee purposes or related works; and except the SE1/4SE1/4SW1/4 of said Section 20. Parcel 16: this parcel is located in the SE1/4SE1/4SW1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona.

12. Clarence May and C.M.H. May Memorial Wildlife Area: The Clarence May and C.M.H. May Memorial Wildlife Area shall be the SE1/4 of Section 8 and N1/2NE1/4 of Section 17, T17S, R31E, and the W1/2SE1/4, S1/2NW1/4, and SW1/4 of Section 9, T17S, R31E, G&SRB&M,

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Cochise County, Arizona, consisting of approximately 560 acres.

13. Cluff Ranch Wildlife Area: The Cluff Ranch Wildlife Area is that area within the fenced and posted portions of Sections 13, 14, 23, 24, and 26, T7S, R24E, G&SRB&M, Graham County, Arizona; consisting of approximately 788 acres.
14. Coal Mine Spring Wildlife Area: The Coal Mine Spring Wildlife Area shall be those areas described as:
Phase I: That portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float No. 3 in Santa Cruz County, Arizona according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows: Beginning at the southeast corner of Lot 128, as shown on the record of survey of Salero Ranch Unit 7, recorded in Book 2 of Records of Survey, page 455, records of Santa Cruz County, Arizona. Thence the following 13 courses and distances upon the boundary line of said Salero Ranch Unit 7; N 29°42'21" E a distance of 2605.96 feet; S 58°19'30" E a distance of 1154.77 feet; thence N 19°14'52" E a distance of 1039.92 feet; thence N 56°11'38" E a distance of 1160.51 feet; thence N 26°24'15" W a distance of 1201.99 feet; thence N 12°43'46" W a distance of 1774.13 feet; thence N 60°37'49" W a distance of 1403.00 feet; thence S 87°25'09" W a distance of 2733.59 feet; thence S 69°40'43" W a distance of 1437.62 feet; thence S 90°00'00" W a distance of 640.89 feet; thence N 5°17'55" E a distance of 1274.34 feet; thence N 11°18'44" E a distance of 2193.00 feet; thence N 2°31'52" W a distance of 1109.93 feet to the northeast corner of Lot 110 of said Salero Ranch Unit 7, on the southerly boundary line of Salero Ranch Unit 4, as shown on the record of survey recorded in Book 2 of Records of Survey, page 454, records of Santa Cruz County, Arizona; thence S 77°20'10" E a distance of 1403.77 feet upon said southerly boundary line; thence N 85°19'15" E a distance of 415.73 feet upon said southerly boundary line; thence N 83°19'40" E a distance of 1332.97 feet upon said southerly boundary line; thence S 53°17'58" E a distance of 2353.56 feet; thence S 79°45'10" E a distance of 2127.16 feet; thence N 78°08'19" E a distance of 1754.99 feet; thence S 76°40'30" E a distance of 645.76 feet; thence N 8°06'04" E a distance of 2439.25 feet; thence N 83°38'56" E a distance of 2626.58 feet; thence S 4°32'48" E a distance of 1300.66 feet; thence S 22°28'06" E a distance of 1289.33 feet; thence S 41°28'30" E a distance of 693.93 feet; thence N 64°37'22" E a distance of 1137.61 feet; thence S 22°10'49" E a distance of 2355.11 feet; thence S 27°36'21" W a distance of 931.18 feet; thence S 42°06'28" E a distance of 800.14 feet; thence S 23°50'04" W a distance of 5166.49 feet; thence S 0°00'00" W a distance of 853.11 feet to the easterly projection of the south line of said Salero Ranch Unit 7; thence S 90°00'00" W 6 a distance of 239.35 feet upon said easterly projection; thence S 0°00'00" E a distance of 376.92 feet to a 1/2-inch rebar at the northeast corner of the abandonment and reversion to acreage plat, recorded in Book 4 of Maps and Plats at page 35, records of Santa Cruz County, Arizona, also being the northeast corner of the Sonoita Creek State Natural Area, recorded in Book 2 of Records of Survey at page 68, records of Santa Cruz County, Arizona; thence

N 89°36'12" W a distance of 4547.83 feet upon the north line of said abandonment and reversion to acreage plat and said Sonoita Creek Natural State Area; thence N 29°42'21" E a distance of 397.69 feet to the point of beginning.

Phase II: Portions of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel 1: Beginning at "PT 17", as shown in the record of survey Coal Mine Canyon, recorded in Book 2 of Records of Survey, page 651, records of Santa Cruz County, Arizona, also being the southwest corner of Lot 102 of Salero Ranch Unit 4, as shown on the record of survey recorded in Book 2 of Records of Survey, page 454, records of Santa Cruz County, Arizona; thence N 58°47'17" E a distance of 1817.43 feet upon the boundary line of said Salero Ranch Unit 4; thence N 34°12'25" E a distance of 2213.94 feet upon said boundary line; thence N 62°07'32" E a distance of 792.65 feet upon said boundary line; thence departing said boundary line, N 80°16'25" E a distance of 2588.25 feet; thence S 66°29'16" E a distance of 913.97 feet; thence S 48°56'10" E a distance of 3171.87 feet to "PT 23" of said record of survey of Coal Mine Canyon; thence the following 6 courses upon said boundary line of said record of survey; thence S 83°38'56" W a distance of 2626.58 feet; thence S 8°06'04" W a distance of 2439.25 feet; thence N 76°40'30" W a distance of 645.76 feet; thence S 78°08'19" W a distance of 1754.99 feet; thence N 79°45'10" W a distance of 2127.16 feet; thence N 53°17'58" W a distance of 2353.56 feet to the point of beginning. Containing approximately 634.858 acres.

Parcel 2: Beginning at "PT 23", as shown in the record of survey Coal Mine Canyon; thence S 42°44'49" E a distance of 6724.97 feet; thence S 23°50'04" W a distance of 4984.18 feet; thence S 58°24'44" W a distance of 1555.88 feet to the easterly boundary line of said record of survey; thence N 23°50'04" E a distance of 4583.50 feet upon said easterly line to "PT 30"; thence following 7 courses upon the boundary line of said record of survey; thence N 42°06'28" W a distance of 800.14 feet; thence N H 27°36'21" E a distance of 931.18 feet; thence N 22°10'49" W a distance of 2355.11 feet; thence S 64°37'22" W a distance of 1137.61 feet; thence N 41°28'30" W a distance of 693.93 feet; thence N 22°28'06" W a distance of 1289.33 feet; thence N 4°32'48" W a distance of 1300.66 feet to the point of beginning. Containing approximately 238.928 acres, with both parcels containing approximately 873.8 acres.

Phase III: A portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel 1: Beginning at "PT 32", as shown in the record of survey Coal Mine Canyon, recorded in Book 2 of Records of Survey, page 651, records of Santa Cruz County, Arizona, thence N 00°00'0" E a distance of

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853.11 feet upon the east line of said Coal Mine Canyon; thence N 23°50'04" E a distance of 582.99 feet upon said east line; thence departing said east line, N 58°24'44" E a distance of 1555.88 feet; thence N H 23°50'04" E a distance of 4984.07 feet; thence N 42°44'46" W a distance of 6725.01 feet to "PT 23" of said record of survey; thence N 48°56'1 0" W a distance of 248.35 feet to the most southerly corner of Lot 167 of Salero Ranch Amended Unit 5, a record of survey recorded in Book 2 of Surveys at page 890, records of Santa Cruz County, Arizona; thence N 64°11'14" E a distance of 1596.01 feet upon the southerly line of said lot 167; thence departing said southerly line, N 05°09'36" E a distance of 1369.85 feet; thence N 53°17'18" E a distance of 65.27 feet; thence N 35°52'16" E a distance of 125.74 feet; thence N 74°11'01" E a distance of 169.04 feet; thence N 55°03'38" E a distance of 178.31 feet; thence N 85°27'03" E a distance of 214.56 feet; thence N 69°11'45" E a distance of 152.18 feet; thence N 38°28'18" E a distance of 21.66 feet; thence N 85°02'24" E a distance of 41.31 feet; thence N 38°28'18" E a distance of 586.88 feet; thence N 50°53'07" E a distance of 190.20 feet; thence S 18°53'17" E a distance of 63.40 feet; thence S 08°07'48" E a distance of 102.38 feet to a tangent curve concave northeasterly; thence southeasterly upon said arc of said curve to the left, having a radius of 380.00 feet and a central angle of 77°14'41", for an arc distance of 512.31 feet to a tangent line; thence S 85°22'29" E a distance of 279.02 feet; thence S 70°54'30" E a distance of 129.90 feet; thence N 83°37'47" E a distance of 142.49 feet; thence S 62°23'38" E a distance of 198.13 feet; thence S 36°56'10" E a distance of 113.72 feet; thence S 58°09'14" E a distance of 170.59 feet; thence N 87°32'08" E a distance of 64.89 feet T to a tangent curve concave southerly; thence easterly upon the arc of said curve to the right, having a radius of 700.00 feet and a central angle of 23°48'20", for an arc distance of 290.84 feet to a compound curve concave southwesterly; thence southeasterly upon the arc of said curve to the right, having a radius of 100.00 feet and a central angle of 55°43'08", for an arc distance of 97.25 feet to a reverse curve concave northerly; thence easterly upon said arc of said curve to the left, having a radius of 100.00 feet and a central angle of 176°30'32", for an arc distance of 308.07 feet to a non-tangent line; thence N 80°33'04" E a distance of 772.85 feet; thence S 00°31'59" W a distance of 1378.17 feet; thence S 57°01'50" E a distance of 565.37 feet; thence S 11°27'08" E a distance of 1517.29 feet; thence S 61°34'44" W a distance of 493.92 feet to the south line of Lot 162 of said Salero Ranch Amended Unit 5; thence continue S 61°34'44" W a distance of 125.58 feet; thence S 90°00'00" W a distance of 333.31 feet; thence S 00°00'00" W a distance of 807.64 feet; thence S 48°51'24" W a distance of 807.64 feet; thence S 12°09'23" E a distance of 879.27 feet; thence S 04°52'34" W a distance of 1219.26 feet; thence S 08°58'33" E a distance of 630.90 feet; thence S 02°41'39" W a distance of 683.84 feet; thence S 38°57'06" W a distance of 883.05 feet; thence S 00°36'34" W a distance of 695.56 feet; thence S 33°38'55" W a distance of 695.56 feet; thence S 39°38'10" E a distance of 521.88 feet; thence S 00°28'11" E a distance of 521.88 feet; thence S 89°31'49" W a distance of 980.46 feet; thence S 20°25'57" W a distance of 836.32 feet; thence S 36°28'11" E a distance of 2307.36 feet; thence S

00°00'00" W a distance of 611.63 feet to the south line of the N1/2 of said Baca Float No. 3; thence N 89°52'37" W a distance of 3334.98 feet upon said south line; thence N 00°00'00" W a distance of 200.46 feet to the point of beginning.

Phase IV: Portions of APN: 112-43-002B. A portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel A: Beginning at the southwest corner of lot 161 of Salero Ranch 2nd Amended Unit 5 recorded as document No. 2008-01905, said records of the Santa Cruz County Recorder, said corner also being labeled as "PT 57" on the record of survey for trust for public land Phase II, recorded as document No. 2008-04365, said records of the Santa Cruz County Recorder; thence S 04°52'34" W a distance of 1219.26 feet upon the east line of Parcel 1, as shown on said survey for trust for public land Phase II, to the corner labeled "PT 56" on said record of survey; thence S 08°58'33" E a distance of 630.90 feet upon said east line to the corner labeled "PT 55"; thence S 02°41'39" W a distance of 683.84 feet upon said east line to the corner labeled "PT 54"; thence S 38°57'06" W a distance of 450.07 feet upon said east line; thence departing said east line, N 72°31'14" E a distance of 380.13 feet; thence N 42°04'28" E a distance of 168.63 feet; thence N 06°07'23" E a distance of 458.79 feet; thence N 09°13'50" W a distance of 428.46 feet; thence N 16°07'21" W a distance of 689.05 feet; thence N 10°00'14" E a distance of 341.00 feet; thence N 00°15'23" W a distance of 754.93 feet to the point of beginning.

Parcel B: Commencing at said above noted corner labeled "PT 54" on said east line as shown on said record of survey of the trust for public land Phase III, thence S 38°57'06" W a distance of 883.05 feet upon said east line to the corner labeled "PT 53", the point of beginning; thence S 00°36'34" W a distance of 695.56 feet upon said east line to the corner labeled "PT 52"; thence N 30°38'23" E a distance of 217.38 feet; thence N 03°24'47" W a distance of 299.47 feet; thence N 22°12'34" W a distance of 226.35 feet to the point of beginning.

15. Colorado River Nature Center Wildlife Area: The Colorado River Nature Center Wildlife Area is Section 10 of T19N, R22W, bordered by the Fort Mojave Indian Reservation to the west, the Colorado River to the north, and residential areas of Bullhead City to the south and east, G&SRB&M, Mohave County, Arizona.
16. Fool Hollow Lake Wildlife Area: The Fool Hollow Lake Wildlife Area shall be that area lying in those portions of the S1/2 of Section 7 and of the N1/2N1/2 of Section 18, T10N, R22E, G&SRB&M, described as follows: beginning at a point on the west line of the said Section 7, a distance of 990 feet south of the W1/4 corner thereof; thence S 86°12' E a distance of 2533.9 feet; thence S 41°02' E a distance of 634.7 feet; thence east a distance of 800 feet; thence south a distance of 837.5 feet, more or less to the south line of the said Section 7; thence S 89°53' W along the south line of Section 7 a distance of 660 feet; thence S 0°07' E a distance of 164.3 feet; thence N 89°32' W a distance of 804.2 feet; thence N 20°46' W a

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distance of 670 feet; thence S 88°12' W a distance of 400 feet; thence N 68°04' W a distance of 692 feet; thence S 2°50' W a distance of 581 feet; thence N 89°32' W a distance of 400 feet; thence N 12°40' W a distance of 370.1 feet, more or less, the north line of the SW1/4SW1/4 of said Section 7; thence west a distance of 483.2 feet, more or less, along said line to the west line of Section 7; thence north to the point of beginning.

17. House Rock Wildlife Area: The House Rock Wildlife Area is that area described as follows: beginning at the common 1/4 corner of Sections 17 and 20, T36N, R4E; thence east along the south Section lines of Sections 17, 16, 15, 14, 13 T36N, R4E, and Section 18, T36N, R5E, to the intersection with the top of the southerly escarpment of Bedrock Canyon; thence southeasterly along the top of said escarpment to the top of the northerly escarpment of Fence Canyon; thence along the top of said north escarpment to its intersection with the top of the southerly escarpment of Fence Canyon; thence northeasterly along the top of said southerly escarpment to its intersection with the top of the escarpment of the Colorado River; thence southerly along top of said Colorado River escarpment to its intersection with Boundary Ridge in Section 29, T34N, R5E; thence westerly along Boundary Ridge to its intersection with the top of the escarpment at the head of Saddle Canyon; thence northerly along the top of the westerly escarpment to its intersection with a line beginning approximately at the intersection of the Cockscomb and the east fork of South Canyon extending southeast to a point approximately midway between Buck Farm Canyon and Saddle Canyon; thence northwest to the bottom of the east fork of South Canyon in the SW1/4SW1/4 of Section 16, T34N, R4E; thence northerly along the west side of the Cockscomb to the bottom of North Canyon in the SE1/4 of Section 12, T35N, R3E; thence northeasterly along the bottom of North Canyon to a point where the slope of the land becomes nearly flat; thence northerly along the westerly edge of House Rock Valley to the point of beginning; all in G&SRB&M, Coconino County, Arizona.
18. Jacques Marsh Wildlife Area: The Jacques Marsh Wildlife Area is that area within the fenced and posted portions of the SE1/4, SW1/4SW1/4NE1/4, SE1/4NW1/4, SW1/4NW1/4, Section 11; and NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, Section 14; T9N, R22E, G&SRB&M, Navajo County, Arizona.
19. Lamar Haines Wildlife Area: The Lamar Haines Wildlife Area is that area described as: T22N, R6E, Section 12 NW1/4, G&SRB&M, Coconino County, Arizona.
20. Lower San Pedro River Wildlife Area: The Lower San Pedro River Wildlife Area shall be those areas described as follows:
For the Triangle Bar Ranch Property: Parcel 1: that portion of the SE1/4 of Section 22, T7S, R16E, G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the southeast corner of Section 22, to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence N 00°38'57" W along the east line of the SE1/4 of Section 22 a distance of 2626.86 feet to a point being the E1/4 corner of Section 22 a 2.5" Aluminum Cap stamped PLS 35235; thence S 89°00'32" W along the north line of the SE1/4 of Section 22 a distance of 1060.80 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 12°30'55" E a distance of 673.56 feet to a point being a 1/2"

2" Iron Pin tagged PLS 35235; thence S 36°31'44" E a distance of 491.55 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 689 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 00°31'09" W a distance of 400.00 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 1320.00 feet to a point on the west line of the SE1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 00°31'09" E a distance of 1454.09 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E a distance of 1387.86 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 53°14'11" E a distance of 322.56 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'49" W a distance of 321.71 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E along said South line of Section 22 a distance of 1011.31 feet to the point of beginning; containing 110.65 acres, more or less. Parcel 2: that portion of Sections 23 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the point on the south line of Section 23, which point is 720 feet east of the southwest corner of Section 23, said point being a 1/2" Iron Pin tagged PLS 35235; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 on the west line of Section 23; thence S 00°38'57" E a distance of 1691.03 feet (south, record) to the southwest corner of Section 23 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence along the south line of Section 23 N 89°02'45" E a distance of 720.00 feet (east, a distance of 720.00 feet, recorded) to the point of beginning; containing 13.98 acres, more or less. Parcel 3: lots 2 and 3, and the NE1/4NW1/4, SE1/4NW1/4, and NE1/4SW1/4 of Sections 18 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: commencing at the northwest corner of Section 18, said point being a GLO B.C. stamped Sec 18 CC; thence S 89°47'17" E along the north line of Section 18, a distance of 1271.33 feet to a point being a 1/2" Iron Pin tagged PLS 35235, and being the point of beginning, said point is the northwest corner of the NE1/4NW1/4; thence S 89°47'17" E a distance of 1320.00 feet to a point being the N1/4 corner of Section 18, to a point being a found stone marked 1/4; thence S 01°35'23" E a distance of 4020.67 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 to a point being the southeast corner or the NE1/4SW1/4 of Section 18; thence N 89°37'16" W a distance of 2610.28 feet to a point on the west line of Section 18 to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the southwest corner of Lot 3; thence N 01°17'05" W along the west line of Section 18, a distance of 1360.825 feet to a point being the W1/4 corner of Section 18, to a point being a found stone marked 1/4; thence N 01°20'34" W along the west line of Section 18 a distance of 1325.845 feet to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the northwest corner of Lot 2; thence S 89°32'47" E a distance of 1279.09 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 approximately 0.8 feet down from natural grade, to a point being the northeast corner of Lot 2; thence N 01°40'11" W along the west line of the NE1/4NW1/4 of Section 18, a distance of 1331.47 feet to a point on the north line of

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Section 18 and the point of beginning; containing 200.78 acres, more or less. Parcel 4: lots 3, 4, 5, 6, and 7 of Section 9, T7S, R16E, of G&SRB&M, Pinal County, Arizona more particularly described as follows: beginning at the S1/4 corner of said Section 9, to a point being a 1.5" Open Iron Pipe with added tag PLS 35235; thence N 00°00'03" E along the north-south midsection line a distance of 2641.16 feet (N 00°38'48" E a distance of 2641.20 feet, record) to the center section of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence continuing N 00°00'03" E along the north-south midsection line, a distance of 1349.83 feet (N 00°38'48" E a distance of 1349.83 feet, record) to the northeast corner of Lot 5 to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence S 89°09'38" W along the north line of Lot 5 a distance of 1346.80 feet (S 89°44'19" W a distance of 1347.21 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, and the northwest corner of Lot 5 and the southeast corner of Lot 3; thence N 00°58'35" E along the east line of Lot 3 a distance of 1357.74 feet (N 00°37'27" E a distance of 1357.74 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the northeast corner of Lot 3; thence N 89°24'33" W along the north line of Lot 3 a distance of 1323.90 feet (N 89°56'37" W a distance of 1323.945 feet, record) to the northwest corner of Section 9 to a point being a found Drill Steel with added tag PLS 35235; thence S 01°56'29" W along the west line of Section 9 a distance of 712.90 feet to a point on the west boundary line of Old Camp Grant and to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 23°03'26" E along said west boundary line of Old Camp Grant, a distance of 5011.05 feet to a point on the south line of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°13'21" E along the south line of Section 9 a distance of 709.50 feet (N 89°51'39" E a distance of 709.50 feet, record) to the point of beginning; containing 181.71 acres, more or less. Together with those parts of Sections 15 and 22, T7S, R16E, of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point being a 1/2" Iron Pin tagged PLS 35235, N 89°00'32" E along the south line of the NE1/4 of Section 22, a distance of 2251.00 feet (east a distance of 2251 feet, record) of the center section corner of Section 22; thence N 47°16'51" W a distance of 1275.05 feet (N 46°47'00" W a distance of 1275.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 79°57'00" W a distance of 1344.00 feet (N 7°27'00" W a distance of 1344.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 65°05'02" W a distance of 399.00 feet (N 59°46'00" W a distance of 399.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 17°49'24" W a distance of 1382.47 feet (N 17°34'00" W a distance of 1385.00 feet, record) to a point on the Section line between Sections 15 and 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 21°43'45" W a distance of 1408.97 feet (N 20°49'00" W a distance of 1412.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the Center corner of the SW1/4 of Section 15; thence S 01°06'32" W along the west line of the SE1/4SW1/4 of Section 15, a distance of 1317.07 feet (south, record) to a point on the south line of Section 15 and the southwest corner of the SE1/4SW1/4 of Section 15 to a point being a 1/2" Iron Pin tagged PLS 35235;

thence S 00°27'15" E along the west line of the E1/2NW1/4 of Section 22, a distance of 2637.50 feet (south, record) to a point on the south line of the NW1/4 of Section 22 and the southwest corner of the E1/2NW1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°00'56" E along said south line of the NW1/4 of Section 22 a distance of 1320.895 feet (east, record) to the center section corner of Section 22 to a point being a found 2.5" Aluminum Cap stamped C1/4 PLS 35235; thence N 89°00'32" E along the south line of the NE1/4 of Section 22 a distance of 2251.00 feet (east, record) to the point of beginning; containing 110.28 acres, more or less. Parcel 5: those parts of Sections 26 and 35 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 89°31'56" E a distance of 571.74 feet (record 572 a distance of feet east) of the center section of Section 35 said point being a 1/2" Iron Pin tagged PE 9626; thence N 16°07'19" W a distance of 1369.92 feet (N 15°44'00" W a distance of 1371 feet, record) to a point being a Power Pole tagged PLS 35235; thence N 46°55'33" W a distance of 279.77 feet (N 45°00'00" W a distance of 283.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 79°45'23" W a distance of 500.00 feet (N 80°00'00" W a distance of 500.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 21°10'05" W a distance of 1104.18 feet (N 20°38'00" W a distance of 1104.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being a distance of 3.55 feet south of the north line of Section 35; thence N 07°46'25" E a distance of 1334.00 feet (N 08°08'00" E a distance of 1334.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°37'04" W a distance of 630.00 feet to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence N 01°11'34" W a distance of 1314.34 feet (north a distance of 1320.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the north line of the SW1/4; thence along the north line of the SW1/4 N 89°18'34" E a distance of 282.00 feet (east a distance of 282.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being S 89°18'34" W a distance of 992.74 from the center section corner of Section 26; thence N 13°48'15" W a distance of 1351.04 feet (N 13°40'00" W a distance of 1358.00 feet, record) to a point on the north line of the SE1/4NW1/4 of Section 26 to a point being a 1/2" Iron Pin tagged PLS 35235, said point being N 89°10'39" E a distance of 26.52 feet from the northwest corner of the SE1/4NW1/4 of Section 26; thence N 26°31'53" W a distance of 1458.00 feet (N 23°43'00" W a distance of 1442.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, that is on the north line of Section 26 said point being N 89°02'45" E along the north line of Section 26, a distance of 720.00 feet from the northwest corner of Section 26; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the west line of Section 23; thence S 00°38'57" E along the west line of Section 23, a distance of 1690.37 feet (south, record) to the southwest corner of Section 23 and northwest corner of Section 26 to a point being a 2.5" Alumi-

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num Cap stamped PLS 35235; thence continuing S 01°16'16" E along the west line of Section 26 a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the W1/4 corner of Section 26 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence S 01°16'16" E along the west line of Section 26, a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the southwest corner of Section 26 and northwest corner of Section 35 to a point being a 2.25" Capped Iron Pipe stamped with added tag PLS 35235; thence S 00°45'30" E along the west line of Section 35, a distance of 1317.94 feet (south a distance of 1320.00 feet, record) to a point being a 2.5" Capped Iron Pipe stamped with added tag PLS 35235, said point being the southwest corner of the N1/2NW1/4 of Section 35; thence N 89°41'45" E along the south line of the N1/2NW1/4 of Section 35, a distance of 2630.87 feet (east a distance of 2644.00 feet, record) to a point being an Oblong Iron Pin with added tag PLS 35235 said point being the southeast corner of the N1/2NW1/4 of Section 35; thence S 01°11'23" E a distance of 1319.08 (south a distance of 1320.00 feet, record) to a point being an Oblong Iron Pin, with added tag PLS 35235, said point being the center section corner of Section 35; thence N 89°31'56" E along the south line of the NE1/4 of Section 35 a distance of 571.74 feet (east a distance of 572.00 feet, record) to the point of beginning; excepting therefrom any portion of said lands lying and within Section 23, T7S, R16E, G&SRB&M; CONTAINING containing 249.46 acres, more or less. Parcel 6: that portion of Section 1, T8S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 88°25'39" E a distance of 507.07 feet (east a distance of 510 feet record) of the southwest corner of the SE1/4SW1/4 of Section 1 said point being a 1/2" Iron Pin tagged RLS 10046; thence N 18°38'44" E a distance of 1399.18 feet (record N 19°41' E a distance of 1402 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 03°51'10" W a distance of 1314.74 feet (record N 02°44' W a distance of 1321 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence S 88°45'59" W a distance of 918.71 feet (record west, a distance of 919 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence N 01°02'04" W a distance of 977.00 feet (record north a distance of 977 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 72°26'42" W a distance of 1384.43 feet (record N 71°22' W a distance of 1393 feet) to a point on the west line of Section 1 to a point being a 1/2" Iron Pin PLS 35235; thence S 01°07'43" E along the west line of Section 1, a distance of 1422.00 feet (record south a distance of 1412 feet) to the W1/4 corner of Section 1, said point being a 2.5" Aluminum Cap stamped PLS 35235; thence continuing S 01°07'43" E along the west line of Section 1, a distance of 1320.00 feet (record south a distance of 1320 feet) to the southwest corner of the NW1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°37'29" E a distance of 1311.56 feet (record east to the southwest corner of the NE1/4SW1/4) to the southwest corner of the NE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'24" E a distance of 1316.31 feet (record, south a distance of 1320 feet) to the southwest corner of the SE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°25'39" E a distance of 507.07 feet (record,

east a distance of 510 feet) to the point of beginning; containing 126.84 acres, more or less. For the ASARCO Property: Parcel 1: Section 15: the W1/2SE1/4 and E1/2SW1/4 of Section 15, T7S, R16E of G&SRB&M, Pinal county, Arizona; except that portion of land situated in Government Lot 9 lying west of the center line of the San Pedro River, said portion being APN 300-35-002. Section 22: That portion of the NE1/4NW1/4 and the NE1/4 of Section 22 T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 23: that portion of the SW1/4 of Section 23, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 26: that portion of the N1/2NW1/4 of Section 26, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Parcel 2: Section 15: Government Lots 1, 2, 3, 4, 5, 6, and 7 of Section 15, T7S, R16E of G&SRB&M, Pinal County, Arizona. Parcel 3: Section 4: Government Lots 5, 8, 9, 11, 12, and 13 of Section 4 except that portion of land situated in Government Lot 13 lying east of State Highway 77 right-of-way, said portion of land being APN 300-31-005B. Section 5: Government Lots 2, 3, 4 and 5, except that portion of land situated in Government Lot 2, more particularly described as follows: beginning at the northeast corner of said Lot 2; thence along the east boundary of said Lot 2 due south 599.94 feet; thence leaving said east boundary due west 283.27 feet to the County Rd. right-of-way (El Camino Rd.); thence along said County Rd. right-of-way N 04°18'56" E a distance of 95.16 feet; thence continuing along said County Rd. right-of-way N 16°30'21" E a distance of 384.05 feet; thence continuing along said County Rd. right-of-way N 14°33'05" E a distance of 141.35 feet to the north boundary of said County Rd. right-of-way due east a distance of 131.48 feet along the north boundary of Government Lot 1 to the point of beginning.

21. Luna Lake Wildlife Area: The Luna Lake Wildlife Area shall be the fenced, buoyed, and posted area lying north of U.S. Highway 180 T5N, R31E, Section 17 N1/2, G&SRB&M, Apache County, Arizona.
22. Manhattan Claims Wildlife Area: Manhattan Claims Wildlife Area: The Manhattan Claims Wildlife Area shall be those areas described as the following mines or mining claims, situated in the California Mining District, in Cochise County, State of Arizona, to-wit: being Sections 3, 4, 5, 9, 10, in T17S., R30E., G&SRB&M, being known as the "Manhattan Group," Cochise County, State of Arizona. Erion Cap: Fraction: Monarch: and Mogul Patented Mines, the United States patent to which is of record in the Recorder's Office in Book 23 of Deeds of Mines, at page 396; Copper trust' Smith No. 1' Iron Cap; wedge; Smith No. 2; Rodea; Standard Extension; Smith No. 4; Smith No. 3; JHU; Cottonwood; Tucson; Prince; Hidden Treasure; Joe Wheeler fraction; Bride of the West; Mackey; Sun Beam; Queen; Last Turn; Winner; and Winner Fraction; patented mines, in the U.S. Patent to which is of record in the Recorder's Office in Book 23 Deeds of Mines, at page 368. Badger; Badger Fraction; patented mines, the U.S. Patent to which is of record in said Recorder's Office, in Book 23 Deeds of Mines, at page 388; Standard patented mine, the U.S. Patent to which is of record in said Recorder's Office in Book 23 Deeds of Mines at page 393; The following patented mining claims situated in said California Mining District, patent records

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- of which are set out with name of claim as follows: Bull Dog, Docket No. 27, at page No. 558; Copper King, Docket No. 27, at page No. 555; Copper Bluff, Docket No. 27, at page No. 552; Copper Top, Docket No. 27, at page No. 558; Copper Glance, Docket No. 27, at page No. 558; and AETNA, Docket No. 27, at page No. 558.
23. Mittry Lake Wildlife Area: The Mittry Lake Wildlife Area shall be those areas described as follows: T6S, R21W, Section 31: All of Lots 1, 2, 3, 4, E1/2W1/2, and that portion of E1/2 lying westerly of Gila Gravity Main Canal Right-of-Way; T7S, R21W; Section 5: that portion of SW1/4SW1/4 lying westerly of Gila Gravity Main Canal Right-of-Way; Section 6: all of Lots 2, 3, 4, 5, 6, 7 and that portion of Lot 1, S1/2NE1/4, SE1/4 lying westerly of Gila Gravity Main Canal R/W; Section 7: all of Lots 1, 2, 3, 4, E1/2W1/2, W1/2E1/2, and that portion of E1/2E1/2 lying westerly of Gila Gravity Main Canal R/W; Section 8: that portion of W1/2W1/2 lying westerly of Gila Gravity Main Canal R/W; Section 18: all of Lots 1, 2, 3, 4, E1/2NW1/4, and that portion of NE1/4, E1/2SW1/4, NW1/4SE1/4 lying westerly of Gila Gravity Main Canal R/W; T6S, R22W; Section 36: all of Lot 1. T7S, R22W; Section 1: all of Lot 1; Section 12: all of Lots 1, 2, SE1/4SE1/4; Section 13: all of Lots 1, 2, 3, 4, 5, 6, 7, 8, NE1/4, N1/2SE1/4, and that portion of S1/2SE1/4 lying northerly of Gila Gravity Main Canal R/W; all in G&SRB&M, Yuma County, Arizona.
 24. Planet Ranch Conservation and Wildlife Area: The Planet Ranch Wildlife Area shall be those areas described as follows: Mohave County (Parcels 1 through 5) Parcel No. 1: the S1/2S1/2 of Section 28, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 2: all of sections 32 and 34 T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 3: the S1/2S1/2 of Section 27, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 4: all of Section 33 and 35, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 5: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. La Paz County (Parcels 6 through 9) Parcel No. 6: that portion of the S1/2 of Lot 2, all of Lots 3, and 4, the S1/2SE1/4NW1/4 and the S1/2S1/2NE1/4 of Section 31, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57, of Dockets, Page 310. Parcel No. 7: all of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except any part of Section 32 lying within the Copper Hill Mining Claim as shown on the Plat of Mineral Survey Number 2675; except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona, described as follows: commencing at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet to the point of beginning; thence north 634.31 feet; thence S 76°41'15" W a distance of 94.09 feet to the southeasterly line of the Planet Ranch Road; thence along said line S 28°55' W a distance of 101.23 feet; thence southwesterly 250.25 feet through an angle of 54°22', along a tangent curve concave to the northwest, having a radius of 263.73 feet to a point of tangency, from which a radial line bears N 07°05' W; thence along said line S 82°55' W a distance of 96.52 feet; thence westerly 184.42 feet through an angle of 17°40'14" along a tangent curve concave to the north, having a radius of 597.96 feet to a point of tangency from which a radial line bears N 10°35'14" E; thence N 79°24'46" W a distance of 260.38 feet; thence leaving the southwesterly line of said Planet Ranch Road, south a distance of 429.61 feet to the south line of said Section 32; thence south along said south line east a distance of 874.42 feet more or less back to the point of beginning; and except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, La Paz County, Arizona, described as follows: beginning at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet; thence north a distance of 634.31 feet; thence S 76°41'15" W a distance of 214.08 feet; thence N 13°18'45" W a distance of 25 feet; thence N 76°41'15" E a distance of 220 feet; thence east a distance of 1270.58 feet; thence south a distance of 660 feet back to the point of beginning. Parcel No. 8: those portions of Sections 33, 34, and 35, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record (Section 34); also except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57 of Dockets, Page 310 (Section 33 and 35). Parcel No. 9: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record.
 25. Powers Butte (Mumme Farm) Wildlife Area: The Powers Butte Wildlife Area shall be that area described as follows: T1S, R5W, Section 25, N1/2SW1/4, SW1/4SW1/4; Section 26, S1/2; Section 27, E1/2SE1/4; Section 34. T2S,

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- R5W Section 3, E1/2W1/2, W1/2SE1/4, NE1/4SE1/4, NE1/4; Section 10, NW1/4, NW1/4NE1/4; Section 15, SE1/4SW1/4; Section 22, E1/2NW1/4, NW1/4NW1/4; all in G&SRB&M, Maricopa County, Arizona.
26. Quigley-Achee Wildlife Area: The Quigley-Achee Wildlife Area shall be those areas described as follows: T8S, R17W; Section 13, W1/2SE1/4, SW1/4NE1/4, and a portion of land in the W1/2 of Section 13, more particularly described as follows: beginning at the S1/4 corner; thence S 89°17'09" W along the south line of said Section 13 a distance of 2627.50 feet to the southwest corner of said Section 13; thence N 41°49'46" E a distance of 3026.74 feet; thence N 0°13'30" W a distance of 1730.00 feet to a point on the north 1/16th line of said Section 13; thence N 89°17'36" E along said north 1/16th line a distance of 600.00 feet to the center of said Section 13; thence S 0°13'30" E. along the north-south midsection line a distance of 3959.99 feet to the point of beginning. Section 23, SE1/4NE1/4, and a portion of land in the NE1/4NE1/4 of Section 23, more particularly described as follows: beginning at the northeast corner; thence S 0°10'19" E along the east line of said Section 23, a distance of 1326.74 feet to a point on the south line of the NE1/4NE1/4 of said Section 23; thence S 89°29'58" W along said south line, a distance of 1309.64 feet; thence N 44°17'39" E a distance of 1869.58 feet to the point of beginning. Section 24, NW1/4, N1/2SW1/4, W1/2NE1/4, N1/2SE1/4NE1/4; all in G&SRB&M, Yuma County, Arizona.
 27. Raymond Wildlife Area: The Raymond Wildlife Area is that area described as follows: All of Sections 24, 25, 26, 34, 35, 36, and the portions of Sections 27, 28, and 33 lying east of the following described line: beginning at the W1/4 corner of Section 33; thence northeasterly through the 1/4 corner common to Sections 28 and 33, 1/4 corner common to Sections 27 and 28 to the N1/4 corner of Section 27 all in T19N, R11E. All of Sections 15, 16, 17, 19, 20, 21, 22, 27, 28, 29, 30, 31, 32, 33, and 34 all in T19N, R12E.; all in G&SRB&M, Coconino County, Arizona.
 28. Robbins Butte Wildlife Area: The Robbins Butte Wildlife Area shall be those areas described as follows: T1S, R3W, Section 17, S1/2NE1/4, SE1/4, NW1/4SW1/4; Section 18, Lots 3, 4, and E1/2SW1/4, S1/2NE1/4, W1/2SE1/4, NE1/4SE1/4. T1S, R4W, Section 13, all except that portion of W1/2SW1/4SW1/4 lying west of State Route 85; Section 14, all except the W1/2NW1/4 and that portion of the SW1/4 lying north of the Arlington Canal; Section 19, S1/2SE1/4; Section 20, S1/2S1/2, NE1/4SE1/4; Section 21, S1/2, S1/2NE1/4, SE1/4NW1/4; Section 22, all except for NW1/4NW1/4; Section 23; Section 24, that portion of SW1/4, W1/2SW1/4NW1/4 lying west of State Route 85; Section 25, that portion of the NW1/4NW1/4 lying west of State Route 85; Section 26, NW1/4, W1/2NE1/4, NE1/4NE1/4; Section 27, N1/2, SW1/4; Section 28; Section 29, N1/2N1/2, SE1/4NE1/4; Section 30, Lots 5, 6, 7, 8, NE1/4, SE1/4SE1/4; all in G&SRB&M, Maricopa County, Arizona.
 29. Roosevelt Lake Wildlife Area: The Roosevelt Lake Wildlife Area is that area described as follows: beginning at the junction of A-Cross Rd. and Arizona Highway 188; south on Arizona Highway 188 to the main entrance of Roosevelt Lake Marina; northeast on this road towards the main marina launch; northeast across Roosevelt Lake to the south tip of Bass Point; northerly to Long Gulch Rd.; northeast on this road to the A-Cross Rd.; northwest on the A-Cross Rd. to the point of beginning; all in G&SRB&M, Gila County, Arizona.
 30. Santa Rita Wildlife Area: The Santa Rita Experimental Range is that area described as follows: Concurrent with the Santa Rita Experimental Range boundary and includes the posted portion of the following sections: Sections 33 through 36, T17S, R14E, Section 25, Section 35 and Section 36, T18S, R13E, Sections 1 through 4, Sections 9 through 16, and Sections 21 through 36, T18S, R14E, Sections 3 through 9, Sections 16 through 21, Sections 26 through 34, T18S, R15E, Sections 1 through 6, Sections 9 through 16, Section 23, T19S, R14E, Sections 3 through 10, Sections 16 through 18, T19S, R15E; all in G&SRB&M, Pima County, Arizona, and all being coincidental with the Santa Rita Experimental Range Area.
 31. Sipe White Mountain Wildlife Area: The Sipe White Mountain Wildlife Area shall be those areas described as follows: T7N, R29E, Section 1, SE1/4, SE1/4NE1/4, S1/2NE1/4NE1/4, SE1/4SW1/4NE1/4, NE1/4SE1/4SW1/4, and the SE1/4NE1/4SW1/4. T7N, R30E, Section 5, W1/2W1/2SE1/4SW1/4, and the SW1/4SW1/4; Section 6, Lots 1, 2, 3, 7, and 8, SW1/4NW1/4NW1/4, S1/2NW1/4NE1/4SE1/4, N1/2SE1/4SE1/4, E1/2SE1/4SE1/4SE1/4, SW1/4SE1/4 and the SE1/4SW1/4; Section 7, Parcel 10: Lots 1 and 2, E1/2NW1/4, E1/2E1/2NE1/4NE1/4, W1/2SW1/4NE1/4, NW1/4SE1/4, W1/2NE1/4SE1/4, NE1/4SW1/4, E1/2NW1/4SW1/4, and the NW1/4NE1/4; Section 8, NW1/4NW1/4, and the W1/2W1/2NE1/4NW1/4. T8N, R30E; Section 31, SE1/4NE1/4, SE1/4, and the SE1/4SW1/4; all in G&SRB&M, Apache County, Arizona.
 32. Springerville Marsh Wildlife Area: The Springerville Marsh Wildlife Area shall be those areas described as follows: S1/2 SE1/4 Section 27 and N1/2 NE1/4 Section 34, T9N, R29E, G&SRB&M, Apache County, Arizona.
 33. Sunflower Flat Wildlife Area: The Sunflower Flat Wildlife Area shall be those areas described as follows: T20N, R3E; Section 11, NE1/4SE1/4, N1/2NW1/4SE1/4, SE1/4NW1/4SE1/4, NE1/4SE1/4SE1/4, W1/2SE1/4NE1/4, S1/2SE1/4SE1/4NE1/4, E1/2SW1/4NE1/4; Section 12, NW1/4SW1/4SW1/4, NW1/4NE1/4SW1/4SW1/4, SW1/4NW1/4SW1/4, S1/2NW1/4NW1/4SW1/4, W1/2SE1/4NW1/4SW1/4, SW1/4NE1/4NW1/4 SW1/4; all in the G&SRB&M, Coconino County, Arizona.
 34. Three Bar Wildlife Area: The Three Bar Wildlife Area shall be that area described as follows: beginning at Roosevelt Dam, northwesterly on 188 to milepost 252 (Bumble Bee Wash); westerly along the boundary fence for approximately 7 1/2 miles to the boundary of Gila and Maricopa counties; southerly along this boundary through Four Peaks to a fence line south of Buckhorn Mountain; southerly along the barbed wire drift fence at Ash Creek to Apache Lake; northeasterly along Apache Lake to Roosevelt Dam.
 35. Tucson Mountain Wildlife Area: The Tucson Mountain Wildlife Area shall be that area described as follows: beginning at the northwest corner of Section 33; T13S, R11E on the Saguaro National Park boundary; due south approximately one mile to the El Paso Natural Gas Pipeline; southeast along this pipeline to Sandario Rd.; south on Sandario Rd. approximately two miles to the southwest corner of Section 15; T14S, R11E, east along the

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section line to the El Paso Natural Gas Pipeline; southeast along this pipeline to its junction with State Route 86, also known as the Ajo Highway; easterly along this highway to the Tucson city limits; north along the city limits to Silverbell Rd.; northwest along this road to Twin Peaks Rd.; west along this road to Sandario Rd.; south along this road to the Saguaro National Park boundary; west and south along the park boundary to the point of beginning, all in G&SRB&M, Pima County, Arizona.

36. Upper Verde River Wildlife Area: The Upper Verde River Wildlife Area consists of eight parcels totaling 1102.54 acres located eight miles north of Chino Valley in Yavapai County, Arizona, along the upper Verde River and lower Granite Creek described as follows:

Sullivan Lake: located immediately downstream of Sullivan Lake, the headwaters of the Verde River: the NE1/4NE1/4 lying east of the California, Arizona, and Santa Fe Railway Company right-of-way in Section 15, T17N, R2W; and also the NW1/4NE1/4 of Section 15 consisting of approximately 80 acres. Granite Creek Parcel: includes one mile of Granite Creek to its confluence with the Verde River: The SE1/4SE1/4 of Section 11; the NW1/4SW1/4 and SW1/4NW1/4 of Section 13; the E1/2NE1/4 of Section 14; all in T17N, R1W consisting of approximately 239 acres. E1/2SW1/4SW1/4, SE1/4SW1/4, NE1/4SW1/4 and NW1/4SE1/4 of Section 12, NW1/4NW1/4 of Section 13, T17N, R2W consisting of approximately 182.26 acres. Campbell Place Parcel: NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, SE1/4NW1/4, SW1/4NE1/4, SE1/4NE1/4, NE1/4SW1/4, NW1/4SE1/4, NE1/4SE1/4, NW1/4SW1/4, NE1/4SW1/4, and NW1/4SE1/4 in Section 7, T17N, R1W and SE1/4SE1/4 Section 12, T17N, R2W consisting of 315 acres. Tract 39 Parcel: the E1/2 of Tract 39 within the Prescott National Forest boundary, SE1/2SW1/4 and SW1/4SE1/4 of Section 5, T18N, R1W; and the W1/2 of Tract 39 outside the Forest boundary, SW1/4SW1/4, and SW1/4SW1/4 of Section 5 and NW1/4NW1/4 of Section 8, T18N, R1W consisting of approximately 163 acres. Wells Parcels: Parcel 1 and Parcel 2: all that portion of Government Lots 9 and 10, Section 7, along with Lot 3 and the SW1/4NW1/4, Section 8, located in T17N, R1W, of G&SRB&M, Yavapai County, Arizona, also known as APN 306-39-004L and 306-39-004M. Parcel 3 and Parcel 4: all that portion of the NE1/4SW1/4, NW1/4SE1/4, SW1/4SW1/4, and E1/2SW1/4SW1/4 of Section 12 and the NW1/4NW1/4 of Section 13, T17N, R2W, of G&SRB&M, Yavapai County, Arizona.

37. Wenima Wildlife Area: The Wenima Wildlife Area shall be those areas described as follows:

T9N, R29E; Section 5, SE1/4 SW1/4, and SW1/4 SE1/4 except E1/2 E1/2 SW1/4 SE1/4, Section 8, NE1/4 NW1/4, and NW1/4 NE1/4; Sections 8, 17 and 18, within the following boundary: From the 1/4 corner of Sections 17 and 18, the True Point of Beginning; thence N 00°12'56" E a distance of 1302.64 feet along the Section line between Sections 17 and 18 to the N1/16 corner; thence N 89°24'24" W a distance of 1331.22 feet to the NE1/16 corner of Section 18; thence N 00°18'02" E a distance of 1310.57 feet to the E1/16 corner of Sections 7 and 18; thence S 89°03'51" E a distance of 1329.25 feet to the northeast Section corner of said Section 18; thence N 01°49'10" E a distance of 1520.28 feet to a point on the Section line between Sections 7 and 8; thence N

38°21'18" E a distance of 370.87 feet; thence N 22°04'51" E a distance of 590.96 feet; thence N 57°24'55" E a distance of 468.86 feet to a point on the east-west midsection line of said Section 8; thence N 89°38'03" E a distance of 525.43 feet along said midsection line to the center W1/16 corner; thence S 02°01'25" W a distance of 55.04 feet; thence S 87°27'17" E a distance of 231.65 feet; thence S 70°21'28" E a distance of 81.59 feet; thence N 89°28'36" E a distance of 111.27 feet; thence N 37°32'54" E a distance of 310.00 feet; thence N 43°58'37" W a distance of 550.00 feet; thence N 27°25'53" W a distance of 416.98 feet to the NS1/16 line of said Section 8; thence N 02°01'25" E a distance of 380.04 feet along said 1/16 line to the NW1/16 corner of said Section 8; thence N 89°45'28" E a distance of 1315.07 feet along the east-west middle 1/16 line; thence S 45°14'41" E a distance of 67.69 feet; thence S 49°28'18" E a distance of 1099.72 feet; thence S 08°04'43" W a distance of 810.00 feet; thence S 58°54'47" W a distance of 341.78 feet; thence 50°14'53" W a distance of 680.93 feet to a point in the center of that cul-de-sac at the end of Jeremy's Point Rd.; thence N 80°02'20" W a distance of 724.76 feet, said point lying N 42°15'10" W a distance of 220.12 feet from the northwest corner of Lot 72; thence N 34°19'23" E a distance of 80.64 feet; thence N 15°54'25" E a distance of 51.54 feet; thence N 29°09'53" E a distance of 45.37 feet; thence N 40°09'33" E a distance of 69.21 feet; thence N 25°48'58" E a distance of 43.28 feet; thence N 13°24'51" E a distance of 63.12 feet; thence N 16°03'10" W a distance of 30.98 feet; thence N 57°55'25" W a distance of 35.50 feet; thence N 80°47'38" W a distance of 48.08 feet; thence S 87°28'53" W a distance of 82.84 feet; thence S 72°07'06" W a distance of 131.85 feet; thence S 43°32'45" W a distance of 118.71 feet; thence S 02°37'48" E a distance of 59.34 feet; thence S 23°03'29" E a distance of 57.28 feet; thence S 28°30'39" E a distance of 54.75 feet; thence S 36°39'47" E a distance of 105.08 feet; thence S 24°55'07" W a distance of 394.78 feet; thence S 61°32'16" W a distance of 642.77 feet to the northwest corner of Lot 23; thence N 04°35'23" W a distance of 90.62 feet; thence S 85°24'37" W a distance of 26.00 feet; thence N 64°21'36" W a distance of 120.76 feet; thence S 61°07'57" W a distance of 44.52 feet; thence S 39°55'58" W a distance of 80.59 feet; thence S 11°33'07" W a distance of 47.21 feet; thence S 19°53'19" E a distance of 27.06 feet; thence S 54°26'36" E a distance of 62.82 feet; thence S 24°56'25" W a distance of 23.92 feet; thence S 48°10'38" W a distance of 542.79 feet; thence S 17°13'48" W a distance of 427.83 feet to the northwest corner of Lot 130; thence S 29°10'58" W a distance of 104.45 feet to the southwest corner of Lot 130; thence southwesterly along a curve having a radius of 931.52 feet, and arc length of 417.52 feet to the southwest corner of Lot 134; thence S 15°04'25" W a distance of 91.10 feet; thence S 04°29'15" W a distance of 109.17 feet; thence S 01°41'24" W a distance of 60.45 feet; thence S 29°16'05" W a distance of 187.12 feet; thence S 14°44'00" W a distance of 252.94 feet; thence S 15°42'24" E a distance of 290.09 feet; thence S 89°13'25" E a distance of 162.59 feet; thence S 37°19'54" E a distance of 123.03 feet to the southeast corner of Lot 169; thence S 20°36'30" E a distance of 706.78 feet to the northwest corner of Lot 189; thence S 04°07'31" W a distance of 147.32 feet; thence S 29°11'19" E a distance of

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445.64 feet; thence S 00°31'40" E a distance of 169.24 feet to the east-west midsection line of Section 17 and the southwest corner of Lot 194; thence S 89°28'20" W a distance of 891.84 feet along said east-west midsection line to the True Point of Beginning; all in G&SRB&M, Apache County, Arizona.

38. White Mountain Grasslands Wildlife Area: The White Mountain Grasslands Wildlife Area shall be those areas described as follows:

Parcel 1 (CL1): the S1/2 of Section 24; the N1/2NW1/4 of Section 25; the NE1/4 and N1/2SE1/4 of Section 26; all in T9N, R27E of G&SRB&M, Apache County, Arizona; except all coal and other minerals as reserved to the U.S. in the Patent of said land. Parcel 2 (CL2): the SE1/4 and the SE1/4SW1/4 of Section 31, T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 3 (CL3): the NW1/4SW1/4 of Section 28; and the SW1/4S1/2SE1/4 and NE1/4SE1/4 of T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 4 (CL4): the SW1/4SW1/4 of Section 5; the SE1/4SE1/4 of Section 6; the NE1/4NE1/4 of Section 7; the NW1/4NW1/4, E1/2SW1/4NW1/4, W1/2NE1/4, SE1/4NW1/4, and that portion of the S1/2 which lies North of Highway 260, except the W1/2SW1/4 of Section 8; all in T8N, R28E of G&SRB&M, Apache County, Arizona. Parcel 1 (O1): the S1/2N1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona; except that Parcel of land lying within the S1/2NE1/4 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona, more particularly described as follows: From the N1/16 corner of Sections 10 and 11, monumented with a 5/8-inch rebar with a cap marked LS 13014, said point being the True Point of Beginning; thence N 89°44'54" W a distance of 1874.70 feet along the east-west 1/16 line to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 02°26'17" W a distance of 932.00 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 89°44'54" E a distance of 1873.69 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014, said point being on the east line of Section 10; thence N 02°30'00" E a distance of 932.00 feet along said Section line to the True Point of Beginning. Parcel 2 (O2): the N1/2S1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona. Except for that portion lying South of State Highway 260. Parcel 3 (O3): the SE1/4 of Section 25, T9N, R27E, of G&SRB&M, Apache County, Arizona. Parcel 4 (O4): lots 3 and 4; the E1/2SW1/4; W1/2SE1/4; and NE1/4SE1/4 of Section 30, T9N, R28E, of G&SRB&M, Apache County, Arizona. Parcel 5 (O5): lots 1, 2 and 3; the S1/2NE1/4; NW1/4NE1/4; E1/2NW1/4; and NE1/4SW1/4 of Section 31, T9N, R28E, of G&SRB&M, Apache County, Arizona. Parcel 6 (O6): beginning at the northwest corner of the SE1/4 of Section 27, T9N, R28E, of G&SRB&M, Apache County, Arizona; thence east a distance of 1320.00 feet; thence south a distance of 925.00 feet; thence west a distance of 320.00 feet to the center of a stock watering tub; thence N 83° W a distance of 1000.00 feet; thence north a distance of 740.00 feet to the point of beginning. State Land Special Use Permit: SE1/4SW1/4 of Section 5; E1/2NE1/4 of Section 08; NE1/4NW1/4 of Section 8; M&B in N1/2NW1/4 north of Hwy 260 of Section 17, all in T8N, R28E of the G&SRB&M, Apache County, Arizona. S1/2NW1/4 and

SW1/4 of Section 26; all of Section 36, all in T9N, R27E of the G&SRB&M, Apache County, Arizona. SE1/4 lying easterly of Carnero Creek in Section 18; Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4, lying southeasterly of Carnero Creek in Section 19; NW1/4SE1/4 of Section 29, Lots 1 and 2 and NE1/4 and E1/2NW1/4 and SE1/4SE1/4 of Section 30; and Lot 4, and the NE1/4NE1/4 of Section 31; all in T9N, R28E of the G&SRB&M, Apache County, Arizona. State Grazing Lease: Legal Description of the White Mountain Grassland State Land Grazing Lease. Lots 1 thru 4, and S1/2N1/2, SW1/4, N1/2N1/2SE1/4, S SW1/4NW1/4SE1/4, and W1/2SW1/4SE1/4 of Section 3; Lots 1 thru 4, and the S1/2N1/2 and S1/2 of Section 4; SE1/4SW1/4 of Section 5; E1/2NE1/4, NE1/4NW1/4 of Section 8; SE1/4NE1/4 and N1/2N1/2 of Section 9; S1/2NE1/4NE1/4, SE1/4NW1/4NE1/4, W1/2NW1/4NE1/4, N1/2NW1/4, all in Section 10; NE1/4NW1/4 lying north of the centerline of State Highway 260, in Section 17, T8N, R28E of the G&SRB&M, Apache County; NE1/4, S1/2NW1/4, and the SW1/4 of Section 25, and all of Section 36; in T9N, R27E of the G&SRB&M, Apache County; a portion of the SE1/4 of Section 18 lying southeasterly of Carnero Creek, Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4 lying southeast of Carnero Creek in Section 19; all of Section 20 and Section 21; SW1/4NE1/4, S1/2NW1/4, and M&B in N1/2SW1/4, of Section 27; N1/2E1/2SW1/4, SW1/4SW1/4 and SE1/4 of Section 28; Lots 1 and 2, and NE1/4, E1/2NW1/4, and SE1/4SE1/4 of Section 30; Lot 4 and NE1/4NE1/4 of Section 31; all of Section 32 and Section 33, in T9N, R28E, in the G&SRB&M, Apache County. SE1/4NE1/4SE1/4 of Section 31; T09N, R28E, G&SRB&M, Apache County, Arizona.

39. Whitewater Draw Wildlife Area: The Whitewater Draw Wildlife Area shall be those areas described as follows: T21S, R26E; Section 19, S1/2 SE1/4; Section 29, W1/2 NE1/4, and E1/2 NE1/4; Section 30, N1/2 NE1/4; Section 32; T22S, R26E; Section 4, Lots 3 and 4; T22S, R26E; Section 5, Lots 1 to 4, except an undivided 1/2 interest in all minerals, oil, and/or gas as reserved in Deed recorded in Docket 209, page 117, records of Cochise County, Arizona.
40. Willcox Playa Wildlife Area: The Willcox Playa Wildlife Area shall be that area within the posted Arizona Game and Fish Department fences enclosing the following described area: beginning at the Section corner common to Sections 2, 3, 10 and 11, T15S, R25E, G&SRB&M, Cochise County, Arizona; thence S 0°15'57" W a distance of 2645.53 feet to the east 1/4 corner of Section 10; thence S 89°47'15" W a distance of 2578.59 feet to the center 1/4 corner of Section 10; thence N 1°45'24" E a distance of 2647.85 feet to the center 1/4 corner of Section 3; thence N 1°02'42" W a distance of 2647.58 feet to the center 1/4 corner of said Section 3; thence N 89°41'37" E to the common 1/4 corner of Section 2 and Section 3; thence S 0°00'03" W a distance of 1323.68 feet to the south 1/16 corner of said Sections 2 and 3; thence S 44°46'30" E a distance of 1867.80 feet to a point on the common Section line of Section 2 and Section 11; thence S 44°41'13" E a distance of 1862.94 feet; thence S 44°42'35" E a distance of 1863.13 feet; thence N 0°13'23" E a distance of 1322.06 feet; thence S 89°54'40" E a distance of 1276.24 feet to a point on the west right-of-way

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fence line of Kansas Settlement Rd.; thence S 0°12'32" W a distance of 2643.71 feet along said fence line; thence N 89°55'43" W a distance of 2591.30 feet; thence N 0°14'14" E a distance of 661.13 feet; thence N 89°55'27" W a distance of 658.20 feet; thence N 0°14'39" E a distance of 1322.36 feet; thence N 44°41'19" W a distance of 931.44 feet; thence N 44°40'31" W a distance of 1862.85 feet to the point of beginning. Said wildlife area contains 543.10 acres approximately.

- C. Department Controlled Properties are described as follows: Hirsch Conservation Education Area and Biscuit Tank: The Hirsch Conservation Education Area and Biscuit Tank shall be that area lying in Section 3 T5N R2E, beginning at the northeast corner of Section 3, T5N, R2E, G&SRB&M, Maricopa County, Arizona; thence S 35°33'23.43" W a distance of 2938.12 feet; to the point of true beginning; thence S 81°31'35.45" W a distance of 147.25 feet; thence S 45°46'21.90" W a distance of 552.25 feet; thence S 21°28'21.59" W a distance of 56.77 feet; thence S 16°19'49.19" E a distance of 384.44 feet; thence S 5°27'54.02" W a distance of 73.43 feet; thence S 89°50'44.45" E a distance of 431.99 feet; thence N 4°53'57.68" W a distance of 81.99 feet; thence N 46°49'53.27" W a distance of 47.22 feet; thence N 43°3'3.68" E a distance of 83.74 feet; thence S 47°30'40.79" E a distance of 47.71 feet; thence N 76°2'59.67" E a distance of 105.91 feet; thence N 15°45'0.24" W a distance of 95.87 feet; thence N 68°48'27.79" E a distance of 69.79 feet; thence N 8°31'53.39" W a distance of 69.79 feet; thence N 30°5'32.34" E a distance of 39.8 feet; thence N 46°17'32.32" E a distance of 63.77 feet; thence N 22°17'26.17" W a distance of 517.05 feet to the point of true beginning.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

R12-4-804. Renumbered**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1424, effective June 14, 2003 (Supp. 03-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Section R12-4-804 renumbered to R12-4-125, by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

ARTICLE 9. AQUATIC INVASIVE SPECIES**R12-4-901. Definitions**

In addition to the definitions provided under A.R.S. §§ 5-301 and 17-255, the following definitions apply to this Article, unless otherwise specified:

"Aquatic invasive species" means those species listed in Director's Order 1.

"Certified agent" means a person who meets Department standards to conduct inspections authorized under A.R.S. § 17-255.01(C)(1).

"Conveyance" means a device designed to carry or transport water. Conveyance includes, but is not limited to, dip buckets, water hauling tanks, and water bladders.

"Equipment" means an item used either in or on water; or to carry water. Equipment includes, but is not limited to, trailers used to launch or retrieve watercraft, rafts, inner tubes, kick boards, anchors and anchor lines, docks, dock cables and floats, buoys, beacons, wading boots, fishing tackle, bait buckets, skin diving and scuba diving equipment, submersibles, pumps, sea planes, and heavy construction equipment used in aquatic environments.

"Operator" means a person who operates or is in actual physical control of a watercraft, vehicle, conveyance or equipment.

"Owner" means a person who claims lawful possession of a watercraft, vehicle, conveyance, or equipment.

"Person" has the same meaning as defined under A.R.S. § 1-215.

"Release" means to place, plant, or cause to be placed or planted in waters.

"Transporter" means a person responsible for the overland movement of a watercraft, vehicle, conveyance, or equipment.

"Waters" means surface water of all sources, whether perennial or intermittent, in streams, canyons, ravines, drainage systems, canals, springs, lakes, marshes, reservoirs, ponds, and other bodies or accumulations of natural, artificial, public or private waters situated wholly or partly in or bordering this state.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-901 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-901 renumbered from R12-4-1101 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-902. Aquatic Invasive Species; Prohibitions; Inspection, Decontamination Protocols

A. A person shall not, unless authorized under Article 4:

1. Possess, import, ship, or transport into or within this state an aquatic invasive species, unless authorized by the Director.
2. Sell, purchase, barter, or exchange in this state an aquatic invasive species.
3. Release an aquatic invasive species into waters or into any water treatment facility, water supply or water transportation facility, device or mechanism in this state.

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- B.** Upon removing a watercraft, vehicle, conveyance, or equipment from any waters listed in Director's Order 2 and prior to transport, a person shall:
1. Remove all clinging materials such as plants, animals, and mud.
 2. Remove all plugs and other valves or devices that prevent water drainage from all compartments that may retain water, such as ballast tanks, ballast bags, bilges, and ensure plugs or devices remain removed or open during transport.
 3. If no plugs or barriers exist, take reasonable measures to drain or dry all compartments or spaces that may retain water. Reasonable measures include, but are not limited to, emptying bilges, application of absorbents, or ventilation.
- C.** Before transporting a watercraft, vehicle, conveyance, or equipment to any waters located within or bordering this state from waters or locations listed in Director's Order 2, a person shall comply with the mandatory conditions and protocols identified in Director's Order 3 for decontamination of watercraft, vehicles, conveyances, and equipment.
- D.** Department employees, certified agents, and Arizona peace officers authorized under A.R.S. § 17-104 may inspect a watercraft, vehicle, conveyance, or equipment for the purposes of determining compliance with A.R.S. Title 17, Chapter 2, Article 3.1 and this Section.
- E.** If the presence of an aquatic invasive species is documented or suspected on or in a watercraft, vehicle, conveyance, or equipment, a Department employee or any Arizona peace officer may order a person to decontaminate or cause to be decontaminated such watercraft, vehicle, conveyance, or equipment using the mandatory protocols described in Director's Order 3.
- F.** The following Director's Orders are available at any Department office and online at azgfd.gov:
1. Director's Order 1 – Listing of Aquatic Invasive Species for Arizona,
 2. Director's Order 2 – Designation of Waters or Locations Where Listed Aquatic Invasive Species are Present, and
 3. Director's Order 3 – Mandatory Conditions on the Movement of Watercraft, Vehicles, Conveyances, or Other Equipment from Listed Waters Where Aquatic Invasive Species are Present.
- G.** This Section does not apply to owners and operators exempt under A.R.S. § 17-255.04.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-902 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-902 renumbered from R12-4-1102 and amended by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-903. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-903 renumbered to R12-4-904; new Section R12-4-903 renumbered from R12-4-904 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-903 expired under A.R.S. §

41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-904. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-904 renumbered to R12-4-903; new Section R12-4-904 renumbered from R12-4-903 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-904 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-905. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-905 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-906. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-906 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

ARTICLE 10. OFF-HIGHWAY VEHICLES**R12-4-1001. Minimum Standards for an Approved Off-highway Vehicle Educational Course**

The Department may approve an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, provided the course meets the following minimum standards:

1. Course content. The course shall provide information regarding:
 - a. OHV safety;
 - b. Responsibilities of users of OHVs;
 - c. Use of an OHV in a manner that does not harm the natural terrain, plants, or animals;
 - d. Use of an OHV in a manner that minimizes air pollution; and
 - e. State statutes and rules regarding use of OHVs.
2. Course procedures. The course provider shall:
 - a. Use a written examination to measure the extent to which a participant learned the course content; and
 - b. Provide a certificate of completion to a participant who receives a score of 80% or above on the written examination or that demonstrates an equivalent proficiency.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

R12-4-1002. Course-approval Procedure

- A.** To obtain approval of an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, the course provider shall submit an application to the Department's OHV Law Enforcement Program Manager using

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a form furnished by the Department. The provider shall include the following information on the application form:

1. Name of provider;
2. If the provider is not an individual, the name of the person who will maintain contact with the Department;
3. Business address;
4. Business email address; and
5. Business and contact telephone numbers.

B. In addition to the application form required under subsection (A), a provider shall include a copy of all of the following:

1. The curriculum that will be used to provide the educational course;
2. Any materials that will be provided to course participants;
3. The written examination required under R12-4-1001(2)(a); and
4. The certificate of completion required under R12-4-1001(2)(b).

C. The Department shall either approve or deny a request to approve an educational course within 60 days of receiving the application. The Department shall not approve an educational course that fails to meet the requirements established under R12-4-1001 or this Section. The Department shall provide a written notice to the course provider stating the reason for the denial.

D. The provider of an educational course of instruction that is not approved by the Department may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1003. Fee for an Approved Course

Under A.R.S. § 28-1175(B), the provider of an approved educational course of instruction in basic off-highway vehicle safety and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$300.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1004. Off-highway Vehicle Sound-level Requirements

A. A peace officer who has reason to believe that an off-highway vehicle (OHV) is being operated in violation of A.R.S. § 28-1179(A)(3) may direct the operator to submit the OHV to an onsite test to measure the OHV's sound level. In accordance with A.R.S. § 28-1179(A)(3), the sound level of an OHV shall be measured using the following procedures, which are incorporated by reference and are available for inspection at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, Arizona 85086:

1. All terrain vehicle or motorcycle. Society of Automotive Engineers, J1287, Measurement of Exhaust Sound Pressure Levels of Stationary Motorcycles, April 2017, available from SAE International, 400 Commonwealth Dr., Warrendale, PA 15096 or online at www.sae.org; and
2. Other OHV. International Organization for Standardization, ISO 5130:2007, Acoustics-Measurements of Sound Pressure Level Emitted by Stationary Road Vehicles, 2007, May 31, 2007 Edition 2, available from American National Standards Institute, Attention Customer Service

Department, 25 W. 43rd St., 4th Floor, New York, NY 10056 or online at www.iso.org.

B. If a peace officer directs the operator of an OHV to submit the OHV to an onsite test to measure the OHV's sound level, the operator shall allow the OHV and associated equipment to be tested. If the peace officer believes that more than one test of the OHV's sound level is necessary to ensure that an accurate measure is obtained, the operator shall allow multiple tests.

C. If it is determined that an OHV is being operated in violation of A.R.S. § 28-1179(A)(3), the operator of the OHV shall:

1. Immediately stop operating the OHV; and
2. Ensure the vehicle is not operated again until it can be operated in compliance with A.R.S. § 28-1179(A)(3), except:
 - a. During a period of emergency; or
 - b. When the operation is directed by a peace officer or other public authority.

D. This Section does not include any later amendments or editions of the incorporated materials.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1005. Nonresident Off-highway Vehicle User Indicia

A. The owner or operator of an all-terrain vehicle (ATV) or off-highway vehicle (OHV) as defined under A.R.S. § 28-1171 shall not operate the ATV or OHV off-highway in this state without an Arizona off-highway vehicle user indicia. This requirement only applies to an ATV or OHV that:

1. Is designed by the manufacturer primarily for travel over unimproved terrain.
2. Has an unladen weight of two thousand five hundred pounds or less.

B. For lawful Arizona off-highway operation, the owner or operator of a qualifying nonresident ATV or OHV shall apply to the Department for an off-highway vehicle user indicia as prescribed under A.R.S. § 28-1177. The owner or operator shall submit to the Department:

1. The nonresident off-highway vehicle user indicia application furnished by the Department and available on the Department's website,
2. The fee established under subsection (C)(1), and
3. The convenience fee established under subsection (C)(2).

C. As authorized under A.R.S. § 28-1177:

1. The fee for the nonresident off-highway vehicle user indicia is \$25.
2. The Department may also collect and retain a reasonable and commensurate fee for its services.

D. The owner or operator of the ATV or OHV titled or registered out-of-state shall display the nonresident off-highway user indicia in a manner that is clearly visible to outside inspection:

1. For vehicles with three or more wheels, on the left side rear quadrant of the vehicle.
2. For two-wheeled vehicles, the indicia shall be displayed on the left fork leg.

E. A printed receipt or an electronic copy of the receipt of payment for an annual decal that is purchased online shall serve as a temporary permit for a period of 30 days from the date of purchase.

F. Under A.R.S. § 28-1178, a person may operate an ATV or OHV in this state without the nonresident off-highway user indicia required under A.R.S. § 28-1177 when any one of the following applies:

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1. The person is loading or unloading an ATV or OHV from a vehicle.
2. The person is participating in an off-highway special event.
3. The person is operating an ATV or OHV:
 - a. During an emergency or as directed by a peace officer or other public authority.
 - b. Exclusively for agriculture, ranching, construction, mining or building trade purposes.
 - c. Exclusively on private land.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

ARTICLE 11. RENUMBERED**R12-4-1101. Renumbered****Historical Note**

New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1101 renumbered to R12-4-901 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-1102. Renumbered**Historical Note**

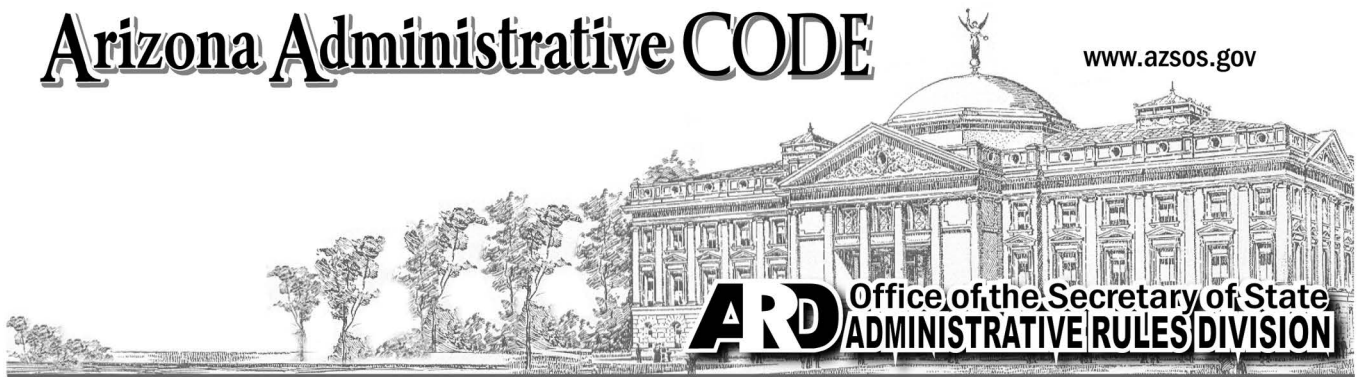
New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1102 renumbered to R12-4-902 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-1103. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).

R12-4-1104. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).



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The table of contents on page one contains links to the referenced page numbers in this Chapter.
Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
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The release of this Chapter in Supp. 24-2 replaces Supp. 20-4, 1-52 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

This Chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 12. NATURAL RESOURCES

CHAPTER 5. STATE LAND DEPARTMENT

Authority: A.R.S. § 37-102 et seq.

Supp. 24-2

Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-1).

Editor's Note: The proposed summary action repealing R12-5-901 through R12-5-920 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 98-3).

Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to Laws 1992, Ch. 297, § 6. Exemption from A.R.S. Title 41, Chapter 6 means that the Land Department did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; the Land Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

Title 12, Chapter 5, Articles 1 thru Article 23, were renumbered to bring the Chapter numbering into compliance with current format. For the old and new Section numbers, please refer to the introductory notes at the beginning of each Article in the table of contents or in the historical notes for the specific Sections.

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Article 2, consisting of Sections R12-5-201 thru R12-5-222, adopted effective August 2, 1994 (Supp. 94-3).

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Article 12, consisting of Section R12-5-1201, repealed by summary action with an interim effective date of August 30, 1996; filed with the Office of the Secretary of State August 8, 1996 (Supp. 96-3).

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Article 13, consisting of Sections R12-5-1301 and R12-5-1302, repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2).

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The heading for Article 14 was repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2).

ARTICLE 15. REPEALED

Adopted summary rules filed August 13, 1996; interim effective

date of May 3, 1996 now the permanent effective date (Supp. 96-3).

The heading for Article 15 was repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2).

ARTICLE 16. REPEALED

Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

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(Authority: A.R.S. § 37-213 et seq.)

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ARTICLE 1. GENERAL PROVISIONS

R12-5-101. Definitions

Unless the context otherwise requires, a word, term, or phrase that is defined in A.R.S. Title 27, Chapter 2 or Title 37 has the same meaning when used in this Chapter. Except as otherwise stated, the following definitions of words, terms, and phrases apply to this Chapter.

1. "Best interest of the state" means best interest of the Trust.
2. "Common mineral materials and products" means cinders, sand, gravel and associated rock, fill-dirt, common clay, disintegrated granite, boulders and loose float rock, waste rock, and materials of similar occurrence commonly used as aggregate road material, rip-rap, ballast, borrow, or fill for general construction and similar purposes.
3. "Contiguous" means two parcels of land that have at least part of one side in common or have a corner touching.
4. "Existing Road" means any maintained or unmaintained way, road, highway, trail, or path that has been utilized for motorized vehicular travel and clearly shows or has a history of established vehicle use. A one-time use or single set of vehicle tracts created by an off-highway vehicle does not constitute a road under this definition.
5. "Grantee" means the holder of a right-of-way and includes the holder of an approved assignment of a right-of-way other than an assignment for the purpose of granting a security interest.
6. "Lease" means any validly executed document that entitles the lessee to surface or subsurface use or occupancy of State Trust Land excluding an assignment for the purposes of granting a security interest.
7. "Lessee" means the holder of a lease excluding an assignment for the purpose of granting a security interest.
8. "Lessor" means the Department.
9. "Linear Right-of-Way" means a right-of-way issued for State Trust Land for utilities (including without limitation water, electrical, and communication) which are linear and non-exclusive.
10. "Natural product" means any material or substance occurring in its native state that when extracted, is subject to depletion and includes water, vegetation, and common mineral products and materials that are severable from the land, except geothermal resources and those substances subject to the mineral exploration permit and mineral leasing laws of this State.
11. "Non-conflicted application" means an application for the use of State Trust Land that is not conflicted by one or more applications for the same use of the land filed within the time-frame for a conflicting application to be filed under A.R.S. § 37-284.
12. "Non-Linear Right-of-Way" means a right-of-way issued for State Trust Land for utilities (including without limitation water, electrical, and communication) such as reservoirs, dam sites, and power or irrigation plant sites which are non-linear or appurtenant to a Linear Right-of-Way, inherently exclusive, and not otherwise classified as commercial.
13. "Party" means a person or agency named or admitted as a party in a proceeding or someone seeking to intervene and may include the Department.
14. "Partial Patent" means a patent for less than an entire tract covered under a Certificate of Purchase.

15. "Patent" means a land grant conveying title from the Department to a purchaser.
16. "Permit" or "Special Land Use Permit" means any Department-issued document that entitles the permittee a non-exclusive right to use the surface or subsurface of State Trust Land, excluding an assignment for the purposes of granting a security interest, and does not grant any interest in the land.
17. "Permittee" means the holder of a permit excluding an assignment for the purpose of granting a security interest.
18. "Person" includes those identified in A.R.S. § 1-215 as well as trusts and governmental entities, including political subdivisions, and municipal corporations.
19. "Public Records" means the area designated by the Commissioner within the offices of the Department for the submission of all documents to be filed with the Department.
20. "Right-of-Way" means a non-exclusive right of use and passage over, through, or beneath the surface of State Trust Land for an express purpose or to travel to a specific location, and includes Linear Right-of-Ways and Non-Linear Right-of-Ways.
21. "State Land(s)", "State Trust Land(s)", or "Trust Land(s)" means any land held in trust by the State and administered by the Arizona State Land Department pursuant to the Enabling Act, Constitution, and Titles 37 and 27 of Arizona Revised Statutes.
22. "Sublease" means an agreement between a lessee and a third person to lease the property where the lessee retains an interest in the lease.
23. "Subsurface Lessee" means the holder of a lease of the subsurface estate of any State Trust Land for oil and gas, mineral, or other similar natural products.
24. "Surface Lessee" means the holder of a lease of the surface estate of any State Trust Land for grazing, agricultural, commercial, homesite, or use or removal of natural products.

Historical Note

Original rule, Ch. I (Supp. 76-4). Section R12-5-101 renumbered from Section R12-5-01 (Supp. 93-3). Section repealed, new Section adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-102. Computation or Extension of Time

- A.** Computation of time. In computing any time period prescribed or allowed under this Chapter, except a time period prescribed under Article 2 of this Chapter, the Department shall:
1. Exclude the day from which the designated time period begins to run;
 2. Include intermediate Saturdays, Sundays, and legal holidays except when a time period is 10 days or less, the Department shall exclude Saturdays, Sundays, and legal holidays;
 3. Include the last day of the period is included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or a legal holiday; and

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4. Add five days to the time period when service of process is given by certified mail and no return receipt has been provided.
- B. Extension of time. At the Commissioner's initiative, or upon request, the Commissioner may extend any time period to perform or complete any ordered or required action. The Commissioner shall extend a time period only if the person making a request shows good cause for the extension.

Historical Note

Original rule, Subchapter A, Ch. II (Supp. 76-4). Section R12-5-102 renumbered from Section R12-5-02 (Supp. 93-3). Section repealed effective August 2, 1994 (Supp. 94-3). New Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-103. Records; Correction of Errors; Public Docket; Removal of Records

- A. Record. The Department shall stamp every document and other object physically filed in the Department to record date and time of receipt. When a document is electronically filed, the electronic record shall serve to record the date and time of receipt. A filed document or other object constitutes a part of the record and is available for public inspection, except as prohibited by statute, at any time during the office hours of the Department.
- B. Correction of errors. On the Commissioner's own initiative or upon request by a party, the Commissioner may correct a manifest typographical or clerical error in a decision, order, instrument, or other record of the Department resulting from oversight or omission. The Commissioner shall provide notice of any correction in the form the Commissioner deems appropriate.
- C. Public docket. A person may obtain a copy of a public docket, maintained by the Department pursuant to A.R.S. § 37-102(F), listing the matters pending before the Department by requesting a copy in person at the Phoenix Office or by mail or e-mail. The Department shall charge to cover the costs of copying a public docket in accordance with A.R.S. § 39-121.01.
- D. Removal of papers. A person shall not remove an instrument, document, or other paper or object on file with the Department from the Department, except as authorized by the Commissioner, the Commissioner's duly appointed deputy or employee or by order of a court of competent jurisdiction.

Historical Note

Adopted effective May 13, 1977 (Supp. 77-3). Correction, omission from subsection (A) in Supp. 77-3 (Supp. 77-6). Section R12-5-103 renumbered from Section R12-5-03 (Supp. 93-3). Section repealed effective August 2, 1994 (Supp. 94-3). New Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4).

R12-5-104. Application Forms, Filing Requirements and Restrictions, and Rights

- A. Forms. A person shall submit an application, report, or other document to be filed with the Department upon a form prescribed by the Department when applicable. The Department may require an applicant to furnish any information necessary, and forms may be changed from time to time.
- B. Legal status. A corporation, limited partnership, association, or other entity authorized to conduct business in this state that

is applying to purchase, lease, or sublease State Trust Land or any interest in State Trust Land shall state in its application that it is authorized to conduct business in this state.

- C. Requirement to pay fees to file documents. A person shall submit an application, report, document, or other instrument simultaneous with payment of any required fee.
- D. Incomplete or deficient applications and filings. If any application, or any of an application's corresponding attachments, does not contain the information required by statute or this Chapter, the Department shall immediately provide written notice of the deficiency to the applicant. The Department shall then allow 30 days from the date on the written notice from the Department for the applicant to cure the deficiency. If additional time is needed to cure the deficiency, the applicant may request an extension of time pursuant to R12-5-102(B). If a deficiency is not timely cured, the application cannot be processed on its merits and shall be deemed withdrawn. An application shall be made a record of the Department when an application is deemed complete.
- E. Restrictions on filing documents unrelated to State Trust Land. The Department shall accept for filing other instruments relating to State Trust Land, such as corporation papers, liens, or mortgages, powers of attorney, affidavits of heirship, death certificates, and other legal documents.
- F. Application confers no rights. A pending application to lease, purchase, or use State Trust Land confers no rights to the applicant.
1. The Department may allow a lessee who files a conflicted or non-conflicted application for renewal of a lease to remain in possession or continue to occupy or use the land in accordance with the provisions of the lease sought to be renewed until the application to renew is granted or denied if:
 - a. The rent is current;
 - b. The lessee is in possession, or otherwise occupies or uses the land; and
 - c. The lessee is in good standing under the lease sought to be renewed.
 2. A lessee who remains in possession or continues to occupy or use the land in accordance with the provisions of the lease with the Department's permission under this Section shall pay any rent or other monies owed, such as penalty and interest on delinquent rent or irrigation district assessments. If a prior lessee or permittee should not be awarded a renewed lease or permit, the Department shall assess and collect from said lessee or permittee the reasonable value of the use of said land pending action upon the application to renew said lease or permit.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-105. Drafting, Terms, and Execution of Instruments and Contracts

- A. Forms. All instruments and contracts issued by the Department shall be on forms prescribed by the Department.
- B. Terms. All instruments and contracts shall contain such provisions, covenants, conditions, and restrictions as may be prescribed by the Department.

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- C. Process for execution of documents. Upon approval of an application, the Department shall mail out two unsigned, duplicate original copies of the document to be signed by the applicant. The applicant shall sign both duplicate originals of the document or instrument requiring signature in the same manner as the person's name appears of record with the Department or in the manner which the person is requesting the Department issue a new document or instrument. The applicant shall return both signed duplicate originals of the document or instrument to the Department. After execution by the Commissioner, one copy of the signed instrument shall be returned to the applicant.
- D. Failure to execute document. If the Department offers out a contract for execution and an applicant does not execute and mail the contract, together with full payment as indicated by the included statement, within 60 days from the date of mailing by the Department, the application shall be deemed withdrawn; provided, however, that should the applicant object to an appraised rental value, they may appeal the appraisal as provided by law and the rules and regulations of the Department to the Board of Appeals of the State Land Department without prejudice to his rights to the offered contract.
- E. If a document is executed for the benefit of:
 - 1. One individual, the document shall be signed by that individual or by an authorized representative of the individual;
 - 2. More than one individual, the document shall be signed by each individual or by the individual's authorized representative; or
 - 3. A business entity or an association of any kind, the document shall be signed by an authorized representative of the entity or association.
- 1. A description of both the land being transferred and the remaining land by legal subdivision or by metes and bounds based on actual survey upon which acreage can be determined;
- 2. A map or such survey, if required by the Department
- C. No assignment shall be made without the consent of all parties of record in the Department in writing who may have a lien or encumbrance upon the applicable interest in the land. The assignee shall assume all rights and obligations of the assignor.
- D. After the Department approves an application for assignment, the assignor and assignee shall execute the assignment pursuant to A.R.S. § 37-281(B).
- E. In addition to the conditions and provisions of the lease sought to be subleased, any approved sublease is subject to further conditions and provisions as the Department may determine as necessary to further the best interest of the Trust, including but not limited to provisions relating to ownership of improvements on the lease and disposition of proceeds relating to the improvements.
- F. The Department may cancel a lease if a sublessee violates a provision of a lease.
- G. The Department shall hold the lessee and sublessee jointly and severally liable for damages arising out of a violation of a provision of a lease by a sublessee.
- H. The Department shall not approve a sublease of a sublease ("sub-sublease") for State Trust Land.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-106. Assignments; Subleases

- A. The Department shall not recognize or approve an assignment or sublease of any right, entitlement, or interest, in whole or in part, in State Trust Land, or possession, occupancy, or right to remove anything therefrom, in whole or in part, from State Trust Land unless:
 - 1. The person has filed a complete application for the assignment or sublease no later than 90 days immediately preceding the expiration of the term; and
 - 2. The person is not in default; and
 - 3. The person is expressly allowed to assign or sublease by the instrument governing the rights and interests it seeks to assign or sublease; and
 - 4. The person has paid rent for the upcoming year if the application has been filed less than 30 days prior to the rent due date; and
 - 5. In the case of an assignment, the Department has approved the assignment in writing; or
 - 6. In the case of a sublease, the Department has approved the sublease in writing, unless a lease expressly permits otherwise.
- B. In the event an assignment application is for a partial assignment, the applicant must submit:

R12-5-107. Fees; Remittances

- A. A person shall pay fees and other remittances, except for filing fees outlined in R12-5-1201, to the Department by cash, money order, bank draft, or check payable to the "Arizona State Land Department." A person shall pay filing fees pursuant to R12-5-1201 to the Department by cash, credit card, money order, bank draft, or check payable to the "Arizona State Land Department."
- B. A person shall pay all billing statements issued by the Department, whether relating to rent, royalty, or other monies owed to the Department, within 30 days of the date of issuance, unless otherwise specified on the billing statement. If payment is not postmarked or is not electronically receipted on or before the close of business on the due date, the Department shall assess penalty and interest as required by law.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4).

R12-5-108. Predecision Administrative Hearing

The Commissioner may initiate a predecision administrative hearing to investigate an issue, gather information, or review facts to assist the Commissioner in the decision-making process before issuing a decision on any matter pending before the Department.

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Historical Note

New Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-109. Rejection of Hearing Request

The Commissioner shall reject any request for a hearing under A.R.S. Title 41, Chapter 6 that the Commissioner determines not to be subject to A.R.S. Title 41, Chapter 6.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

**ARTICLE 2. PRACTICE AND PROCEDURE IN
ADMINISTRATIVE HEARINGS FOR PROTESTING
AUCTIONS BEFORE THE ARIZONA STATE LAND
COMMISSIONER**

R12-5-201. Applicability

This Article applies to a hearing resulting from a protest of an auction pursuant to A.R.S. § 37-301, hereinafter referred to in this Article as “a hearing.”

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4).

R12-5-202. Appointment of Hearing Officer

- A.** The Commissioner may serve as the hearing officer or may appoint a hearing officer to conduct a hearing under A.R.S. § 37-301.
- B.** If a hearing officer, for any reason, cannot continue to preside at the hearing, the Commissioner shall appoint a new hearing officer.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-203. Ex Parte Communications

A party shall not communicate on matters substantive to the hearing, either directly or indirectly, with the hearing officer, the Commissioner, the Deputy Commissioner, or any member of the Commissioner’s staff involved in the decision-making process unless:

1. All parties are present; or
2. It is during a scheduled proceeding where an absent party fails to appear after proper notice under R12-5-210.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-204. Failure to Appear

If a party fails to appear at a hearing, the hearing officer may vacate the hearing or allow the appearing party to present evidence.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-205. Representation

A party may participate in a hearing in person or through an attorney, except that a corporation shall be represented by an attorney. A

partnership may appear through any partner, an association through a key administrator or other executive officer, and an agency or a political subdivision or unit of a political subdivision may appear through an employee.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-206. Notice of Hearing

- A.** Upon determination by the Commissioner that a hearing will be held, the Department shall issue a notice of hearing that contains:
1. A caption referencing the Department’s case number, a brief description of the matter to be heard, the name or names of the parties and their status, or both;
 2. The date, time, and place of the hearing;
 3. A reference to the particular sections of the statutes and rules under which the hearing is to be held;
 4. A short, plain statement of the matter to be heard;
 5. The name, mailing address, and telephone number of the hearing officer;
 6. The names and mailing addresses of persons to whom notice is being given; and
 7. Any other information required by statute or rule.
- B.** An applicant for sale or long-term lease of State Trust land is a party to an administrative hearing conducted under A.R.S. § 37-301.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-207. Hearing Record

- A.** After the notice of hearing is issued, the hearing file shall be available for inspection at the Department’s Public Records Office, Phoenix, during regular business hours.
- B.** Hearings shall be electronically recorded or stenographically reported by the Department. The hearing officer shall designate the official record of the proceedings. If a hearing is recorded electronically, the tapes shall be available for review in the Department’s Public Records Office, Phoenix, during regular business hours. The cost for copies of tapes shall be paid by the person requesting them. The Department shall maintain the original transcript of the official record of the proceeding, if available, as part of the hearing file.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-208. Consolidation

When multiple protests of the same auction are pending before the Department, the Department may consolidate the protests into a single hearing.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-209. Filing

All papers filed with the Department in a hearing shall be typewritten or legibly written on paper no larger than 8 1/2 by 11 inches, include the name and address of the party or individual filing the

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paper, be properly captioned and designate the title and case number, state the name and address of each party served with a copy, and be signed by the party or, if represented, by the party's attorney. The signature certifies that the signer has read the paper, that to the best of the signer's knowledge, information, and belief there is good ground to support its contents, and that it is not filed for delay.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-210. Service; Proof of Service

- A. After a notice of hearing is issued, a copy of every paper filed by a party, or person seeking to intervene, shall be served on all parties to the hearing, or the party's counsel if the party is represented, at the same time the paper is filed. Service is complete at the time of personal service or on the date mailed if served by certified or regular mail addressed to the last address of record in the hearing file.
- B. The following is evidence that service is complete:
 1. If personally served, an affidavit of personal service, sworn to by the person serving the paper and stating that the server personally served the paper on the person to whom it was directed, where service was made, and the date of service;
 2. If served by certified mail, the return receipt signed by the party served or someone authorized to act on behalf of the party served; or
 3. If served by regular mail, either a statement subscribed on the paper filed with the Department, or an affidavit indicating the date mailed and listing those to whom it was mailed.
- C. The Department shall serve the notice of hearing decision and final order, either by personal service or by certified mail. The Department or a party shall serve all other papers by regular or certified mail or by personal service.
- D. When a party is represented by an attorney, service shall be made on the attorney. If a notice of hearing shows service on the Attorney General, all papers served thereafter shall be served on the Assistant Attorney General named on the notice of hearing or who later appears on behalf of the Department, or, if no Assistant Attorney General is named, on the Attorney General, State Government Division, Chief Counsel, Natural Resources Section.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4).

R12-5-211. Subpoenas

- A. The hearing officer may issue subpoenas for witnesses to appear and testify at the hearing or to produce books, records, documents, and other evidence, or both, on the hearing officer's own volition or at the request of a party.
- B. A request for a hearing subpoena shall be in writing, filed with the hearing officer, and served on each party at least seven days before the date set for hearing and state:
 1. The caption of the hearing, the case number, and the date, time, and place where the witness is expected to appear and testify;
 2. The name and address of the witness or custodian of records subpoenaed; and

3. The documents subpoenaed, if any.

- C. The hearing officer shall grant the request if the hearing officer determines there is reasonable need, such as relevant facts expected to be established by the person or document subpoenaed, and the production of documents is not unduly repetitious or burdensome.
- D. A party or person subpoenaed may file an objection to the subpoena with the hearing officer. The party or person shall file the objection within five days after service of the subpoena, or on the first day of the hearing, whichever is earlier.
- E. The party requesting the subpoena shall prepare the subpoena and cause it to be served upon the person to whom the subpoena is directed. A person who is not a party and is at least 18 years of age may serve a subpoena. The person shall serve the subpoena by delivering a copy to the person to be served. The person serving the subpoena shall provide proof of service by filing with the hearing officer a certified statement of the date and manner of service and the name of the person served.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4).

R12-5-212. Procedure at Hearing

- A. The hearing officer shall preside over the hearing and shall give all parties the opportunity to testify, respond, present evidence, argument, and witnesses, conduct examination and cross-examination, and submit rebuttal evidence. The hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. The hearing officer shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning and to expedite questioning to the extent consistent with the disclosure of all relevant testimony and information.
- B. If all parties agree and if each party has an opportunity to participate in the entire proceeding, the hearing officer may conduct all or part of the hearing by telephone or other electronic means.
- C. A hearing is open to the public, except if the hearing is required to be closed according to an express provision of law. The Department shall make a hearing conducted by telephone or other electronic means available to the public by the opportunity to view or listen to the tape of the hearing, and to inspect any transcript of the hearing that has been prepared and filed with the Department.
- D. The hearing officer may exclude from participation or observation a person whose conduct at the hearing is disruptive or shows contempt for the proceedings.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4).

R12-5-213. Evidence

- A. All witnesses shall testify under oath or affirmation. All parties shall have the right to present oral or documentary evidence and to conduct cross-examination as required for a full and true disclosure of the facts. The hearing officer shall receive evidence, rule upon offers of proof, and exclude evidence the hearing officer determines to be irrelevant, immaterial, or

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unduly repetitious. The hearing officer shall admit the kind of evidence on which reasonably prudent people would rely, even if the evidence would be inadmissible in a civil court trial.

- B. Unless otherwise ordered by the hearing officer, a party shall not present documentary evidence larger than 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and shall furnish a copy of each exhibit to each party present. If evidence offered by a party appears in a larger work that contains other information, the party shall plainly designate the portion offered. If the evidence offered is in a volume of a length that would unnecessarily encumber the record, the hearing officer shall not receive the book, paper, or document in evidence but the evidence may be marked for identification and, if properly authenticated, the designated portion may be read into or photocopied for the record. All documentary evidence offered is subject to appropriate and timely objection.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-214. Judicial Notice; Technical Facts

When conducting a hearing, the hearing officer may take notice of judicially cognizable facts as permitted under the Arizona Rules of Evidence. The Commissioner or the hearing officer may take judicial notice of generally recognized technical or scientific facts within the Commissioner's, the hearing officer's, or the Department's specialized knowledge. The Commissioner or the hearing officer may use experience, technical competence, and specialized knowledge in the evaluation of any information and evidence submitted in a hearing.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-215. Stipulations

Parties to a hearing may agree, in writing, to any issue addressed in the hearing, including matters of procedure, subject to the approval of the hearing officer. If approved by the hearing officer, an agreement on matters of procedure or substance is binding upon the parties to the stipulation. The hearing officer may require presentation of evidence for proof of stipulated facts. No agreement by the parties on substantive matters is binding upon the Department unless incorporated into the decision of the Commissioner.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4). Amended by final rulemaking at 26 A.A.R. 3036, effective January 5, 2021 (Supp. 20-4).

R12-5-216. Recommended Decision

If a hearing officer other than the Commissioner presides at a hearing, the hearing officer shall prepare a recommended decision for the Commissioner within 10 days of the close of the hearing, or no later than eight days before the auction date, whichever is earlier.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-217. Decision

The Commissioner's decision shall include separate findings of fact and conclusions of law. The Commissioner's decision shall also include policy reasons for the decision if it is an exercise of the Commissioner's discretion, including the reason for the remedy ordered.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-218. Rehearing of Decision

- A. As specified A.R.S. § 37-301(C), a request for rehearing shall be filed with the State Land Commissioner, State Land Department, Phoenix, and shall specify the particular grounds for rehearing. A rehearing of the decision may be granted for any of the following reasons materially affecting the requesting party's rights:
1. Irregularity in the proceedings or any order or abuse of discretion that deprived the requesting party of a fair hearing;
 2. Misconduct of the Commissioner, Departmental employees, the hearing officer, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing;
 5. Excessive or insufficient remedies;
 6. Error in the admission or rejection of evidence or other errors of law; or
 7. The decision is not justified by the evidence or is contrary to law.
- B. On review of the request for rehearing, the Commissioner may affirm the decision or grant a rehearing. An order granting a rehearing shall specify with particularity the grounds on which the rehearing is granted, and the rehearing shall cover only those matters specified. All parties to the hearing may participate as parties at any rehearing.

Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-219. Repealed**Historical Note**

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-220. Repealed**Historical Note**

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-221. Repealed**Historical Note**

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

R12-5-222. Repealed

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Historical Note

Adopted effective August 2, 1994 (Supp. 94-3). Section repealed by final rulemaking at 11 A.A.R. 92, effective February 5, 2005 (Supp. 04-4).

ARTICLE 3. SELECTIONS, INVESTIGATIONS, CLASSIFICATIONS AND APPRAISALS**R12-5-301. Expired****Historical Note**

Original rule, Subchapter D, Ch. II (Supp. 76-4). Section R12-5-301 renumbered from Section R12-5-50 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5476, effective October 31, 2003 (Supp. 03-4).

ARTICLE 4. SALES**R12-5-401. Expired****Historical Note**

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-401 renumbered from Section R12-5-71 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5476, effective October 31, 2003 (Supp. 03-4).

R12-5-402. Conditions for Filing Application

- A. An application shall cover only one section or subdivision thereof.
- B. When the application is made by one claiming a right to reimbursement for improvements placed upon state land, the applicant shall attach a list of the improvements placed or made upon said lands.
- C. The applicant to purchase state land shall deposit an amount of money sufficient to pay the expense incidental to bringing a parcel of land to sale when the Department determines that the benefit to be derived from the sale is less than the expense involved.
- D. An application to purchase state land cannot be withdrawn without the approval of the Commissioner.

Historical Note

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-402 renumbered from Section R12-5-72 (Supp. 93-3).

R12-5-403. Restrictions Subsequent to Filing Application to Purchase

No lessee may file any transfer, assignment, mortgage or application affecting the lands covered in their application to purchase.

Historical Note

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-403 renumbered from Section R12-5-73 (Supp. 93-3).

R12-5-404. Responsibility of the Purchaser

- A. The recording of a Certificate of Purchase and/or Patent with the County Recorder of the County in which the lands are located.
- B. Payment of the taxes, water assessments and other charges which may be assessed against the land.
- C. Protection of the lands against any loss or waste to or upon the lands.
- D. To maintain any right to the use of water appurtenant to the land against forfeiture or abandonment of the right.
- E. File a report with the State Land Commissioner of the sale of any sand, gravel, stone or other natural product from the land.
- F. Acquire the consent of the Department prior to granting a right-of-way on the land.

Historical Note

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-404 renumbered from Section R12-5-74 (Supp. 93-3).

R12-5-405. Evidence of Taxes and Assessments Being Paid; Extension of Time to Pay

- A. A holder of a Certificate of Purchase shall include, with the annual payments of principal and interest for the certificate of purchase, proof that taxes and any other assessments have been paid for the current year.
- B. An extension of time to pay an annual installment of principal or interest shall be made in accordance with R12-5-102(B).

Historical Note

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-405 renumbered from Section R12-5-75 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 4197, effective January 5, 2008 (Supp. 07-4).

R12-5-406. Assignment of a Certificate of Purchase

- A. The transfer of a Certificate of Purchase will be made only upon the filing of an "Application to Assign and Assumption of Certificate of Purchase" form which will be supplied by this Department.
- B. An application to assign and assumption of a Certificate of Purchase will not be approved:
 1. When the annual payments are found to be in arrears.
 2. When taxes are found to be in arrears.
 3. When the release or satisfaction of a lien or mortgage filed with the Department has not been submitted with said application.
 4. When affidavit of citizenship in the United States and/or statement of authorization to do business in the state of Arizona has not been submitted with said application.
- C. No portion, less than all of the lands covered in a Certificate of Purchase, can be assigned.

Historical Note

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-406 renumbered from Section R12-5-76 (Supp. 93-3).

R12-5-407. Expired**Historical Note**

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-407 renumbered from Section R12-5-77 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5476, effective October 31, 2003 (Supp. 03-4).

R12-5-408. Partial Patent

- A. As used in this Section, a "partial patent" means a patent for less than the entire tract covered under a Certificate of Purchase. The holder of a Certificate of Purchase applying to the Department for a partial patent of lands under a Certificate of Purchase, shall provide to the Department the following at the time of application:
 1. Appropriate filing fee as required under A.R.S. § 37-108(A)(9)(c).
 2. A copy of a receipt from the County Treasurer for the county where the land under application for partial patent is located, showing that the taxes are currently paid on both the parcel of land under application for partial patent and any lands remaining under the Certificate of Purchase.

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3. A written land legal description and a survey plat (drawing size 17" x 26") issued by a land surveyor, registered in Arizona, of the lands covered by the Certificate of Purchase, including the lands described in the application for partial patent. The written land legal description and the survey plat shall be provided in paper format and a digital format specified in the application.
 4. A proposed development plan showing the lands, including lands under the proposed partial patent, covered by the Certificate of Purchase and information as to how the proposed development plan will be implemented in compliance with City or County ordinances and regulations. The development plan shall contain proposed densities, unit breakdown, and approved or proposed zoning district classifications.
- B.** If the Commissioner deems it necessary, the Department shall require a tentative plat with a proposed development overlay, including the topography, infrastructure improvements, and existing structures of the lands under the Certificate of Purchase, including the lands under application for partial patent, as well as of those lands contiguous to all boundaries of the lands covered by the Certificate of Purchase.
- C.** The Department shall not accept an application that relates to a Certificate of Purchase for which the purchaser has failed to pay applicable fees or is in default as to payment of principal or interest, or in arrears on taxes.
- D.** Before issuing a partial patent, the Department shall determine that the remaining lands are of greater value than the unpaid balance of the Certificate of Purchase and that the remaining lands have development potential independent of the acreage that is sought to be patented. If the Commissioner determines that it is necessary to establish the value of the remaining lands, or the parcel sought to be patented, or both, the applicant shall provide, at the applicant's expense, the following:
1. An appraisal conducted in accordance with the Uniform Standards of Professional Appraisal Practice (USPAP) as referenced in A.A.C. R4-46-401 or an economic analysis by the Department's appraisal staff or by a state-approved appraiser of the parcel sought to be patented or the lands remaining under the Certificate of Purchase, or both.
 2. An infrastructure assessment detailing service, capacity, and cost information for the remaining lands; and
 3. Any additional information the Department considers necessary to determine the adequacy of the value of the remaining lands as security for the balance of all remaining payments required to be made under the Certificate of Purchase after the partial patent is issued.
- E.** If the application or any of its attachments does not contain the information required by this Section, the Commissioner shall immediately provide written notice of the deficiency to the applicant. The Department shall allow 20 days, from the date on the written notice from the Commissioner, for the applicant to cure the deficiency. If additional time is needed to cure the deficiency, the applicant may request an extension of the time pursuant to R12-5-102. If the deficiency is not remedied in the time allowed, the application shall be deemed withdrawn.

Historical Note

Original rule, Subchapter C, Ch. II (Supp. 76-4). Emergency amendment filed September 26, 1990, adopted effective September 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Section R12-5-408 renumbered from Section

R12-5-78 (Supp. 93-3). Amended by final rulemaking at 14 A.A.R. 4524, effective January 31, 2009 (Supp. 08-4).

R12-5-409. Expired**Historical Note**

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-409 renumbered from Section R12-5-79 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5476, effective October 31, 2003 (Supp. 03-4).

R12-5-410. Expired**Historical Note**

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-410 renumbered from Section R12-5-80 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5476, effective October 31, 2003 (Supp. 03-4).

R12-5-411. Expired**Historical Note**

Original rule, Subchapter C, Ch. II (Supp. 76-4). Section R12-5-411 renumbered from Section R12-5-81 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5476, effective October 31, 2003 (Supp. 03-4).

R12-5-412. Expired**Historical Note**

Adopted effective March 6, 1979 (Supp. 79-2). Section R12-5-412 renumbered from Section R12-5-82 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5476, effective October 31, 2003 (Supp. 03-4).

Editor's Note: The following Section was amended by emergency rulemaking effective December 20, 2002 to November 18, 2003. The State Land Department filed a rulemaking package for the permanent Section October 8, 2003, without requesting an immediate effective date. The effective date of the permanent rule would have been December 7, 2003, creating a three-week "window" during which neither the emergency rule nor the amended permanent rule would have been in effect. To avoid this, the Department refiled the permanent rule with the Governor's Regulatory Review Council, this time requesting an immediate effective date. G.R.R.C. approved the refiled rule and filed it with the Secretary of State November 4, 2003, thereby resolving the issue (Supp. 03-4).

R12-5-413. Real Estate Broker Commissions

- A.** The Commissioner may offer a commission for the sale or long-term commercial lease of state land at public auction. In determining whether to offer a commission for the sale or long-term commercial lease of state land at public auction, the Commissioner shall consider the following factors:
1. The appraised value of the parcel being offered,
 2. The location and size of the parcel being offered,
 3. The terms of the sale or lease,
 4. The marketability of the land, and
 5. The best interest of the State Trust.
- B.** If a commission is offered for the sale or long-term commercial lease of state land at public auction, the Department shall pay the commission from the fees collected under A.R.S. § 37-108(A)(10)(a).
- C.** The Department shall publish the decision of the Commissioner to pay or not pay a commission for the sale or long-term commercial lease of state land and the amount and terms of the commission offered, if any, in the public notice of the auction.

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- D.** Upon determination by the Commissioner that a commission will be offered on a sale or long-term commercial lease, a person holding an active real estate broker license in this state is eligible to receive the commission, from the Department, by registering with the Department the successful purchaser or lessee at public auction. A broker shall register himself or herself and the potential purchaser or lessee with the Department no later than three business days before the auction. The broker shall register in writing and include the following:
1. Name and address of the brokerage;
 2. Name and real estate license number of the broker and any real estate salesperson acting as an agent for the broker at the public auction;
 3. Name and address of the potential purchaser or lessee;
 4. Auction number, location, and parcel number of the land to be auctioned for sale or lease; and
 5. Signature of the broker or salesperson and the potential purchaser or lessee verifying that the broker or salesperson represents the potential purchaser or lessee and that together they have inspected the land to be auctioned for sale or lease.
- E.** A broker shall submit registration meeting the requirements of subsection (D) by mail or hand-delivery to the Department's public counter, Phoenix, Arizona 85007. The Department deems registration received on the date postmarked if mailed or time-stamped if hand-delivered. A broker shall not register the following:
1. A potential purchaser or lessee who is registered with another broker for the same auction, or
 2. A governmental agency.
- F.** The Department shall pay the commission to the broker representing the successful purchaser or long-term commercial lessee at the time of delivery of the certificate of purchase or patent, or lease, or after final disposition of any protests or appeals resulting from the auction, whichever occurs later.
- G.** The Department shall not pay a commission to a broker if the Commissioner determines that the broker has violated this Section.
- H.** For the purpose of this Section, the following definitions apply:
1. "Long-term commercial lease" means a lease granted on state land for commercial purposes to the highest and best bidder at public auction for a term in excess of 10 years, but not more than 99 years.
 2. "Commercial lease" means an agreement by which an owner of real property (lessor) gives the right of possession to another (lessee) for a specified period of time (term) and for a specified consideration (rent).

Historical Note

Adopted effective February 9, 1996 (Supp. 96-1). Section R12-5-413 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5151, effective December 20, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1963, effective May 23, 2003 for a period of 180 days (Supp. 03-2). Emergency rule repealed under A.R.S. § 41-1026(E); replaced by permanent Section R12-5-413 amended by final rulemaking at 9 A.A.R. 5038, effective November 4, 2003. For more information, see the Editor's Note preceding this Section (Supp. 03-4).

ARTICLE 5. LEASES**R12-5-501. Expired****Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-501 renumbered from Section R12-5-100 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-502. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-502 renumbered from Section R12-5-101 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-503. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-503 renumbered from Section R12-5-102 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-504. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-504 renumbered from Section R12-5-103 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-505. Time for Filing Conflicting Applications

- A.** Unleased land. If an application is filed on unleased land, and a proposed lease, permit, or right-of-way document is offered to an applicant for review and signature, the Department shall not accept another application for the same purpose.
- B.** Land under lease for the same purpose. The Department shall not accept a conflicting application for a lease unless the application is filed within the time prescribed by A.R.S. § 37-284.
- C.** Land under permit for the same purpose where the use is exclusive. An applicant shall file a conflicting application for a permit on land for the same purpose within 60 days before expiration of the existing permit.
- D.** For the purpose of this Article, conflicting applications are defined as two or more applications to lease State Trust surface land for the same purpose or two or more permit applications to use State Trust surface land for the same purpose.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-505 renumbered from Section R12-5-104 (Supp. 93-3). Section repealed; new Section made by final rulemaking at 9 A.A.R. 3817, effective October 4, 2003 (Supp. 03-3).

R12-5-506. Procedure in Processing Conflicting Applications

- A.** If two or more applicants apply for a lease or permit on the same land for the same purpose, the Department shall send a Notice of Conflicting Applications to each applicant requiring each applicant to submit to the Department a statement of equities containing the basis of the applicant's claim to the lease or permit and to serve a copy upon the other applicants within 30 days from the date of the Department's Notice, unless the time is extended by the Department or by stipulation of the applicants. If an applicant fails to submit a statement of equities, the Department may examine evidence or records, or review testimony from a hearing conducted under subsection (E)(2) and make a decision regarding the conflicting applications. The Department shall make its decision regarding an

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application filed for lease or permit under this Section in the best interest of the Trust.

- B. An applicant shall have the statement of equities verified under oath before an officer authorized under the laws of this state to administer oaths, or sign the statement of equities accompanied by a certification under penalty of perjury that the information contained in the statement of equities is to the best of the applicant's knowledge and belief, true, correct, and complete. The statement of equities shall include information related to the factors considered under subsection (D).
- C. An applicant, within 10 days from the date of receipt of the statement of equities of another applicant, may file with the Department and if filed, shall serve upon other applicants, a response to the other applicant's statement of equities.
- D. In conducting an investigation and review, the Department shall consider the following factors:
 - 1. An offer to pay more than appraised rental as an equity, if the Department determines not to go to bid on the conflict;
 - 2. Whether the applicant's proposed land use or land management plan is beneficial to the Trust;
 - 3. The applicant's access to or control of facilities or resources necessary to accomplish the proposed use;
 - 4. The applicant's willingness to reimburse the owner of reimbursable non-removable improvements;
 - 5. The applicant's previous management of land leases, land management plans, or any history of land or resource management activities on private or leased lands;
 - 6. The applicant's experience associated with the proposed use of land;
 - 7. Impact of the proposed use on future utility and income potential of the land;
 - 8. Impact to surrounding state land;
 - 9. Recommendations of the Department's staff; and
 - 10. Any other considerations in the best interest of the Trust.
- E. After investigation and review of the statements of equities, the Department may:
 - 1. Request additional information from an applicant;
 - 2. Conduct a hearing at the Department or another designated location at the earliest possible date, giving notice of time and place for hearing to all applicants;
 - 3. Award the lease or permit to an applicant;
 - 4. Reject all applications; or
 - 5. Proceed to bid according to A.R.S. § 37-284.
- F. The bid process is as follows:
 - 1. If the Department determines to proceed to bidding, the Department shall issue a Notice of Call for Bidding that states the time and place bids will be accepted including the minimum rental that will be accepted.
 - 2. The Notice shall specify the existence of a preferred right, if any. The Department shall include, with the Notice, a copy of the form of lease or permit that may be offered to the successful bidder. A bidder shall submit a written bid to the Department by 5:00 p.m. no later than 30 days from the date of the Notice. A bid shall be made on forms provided by the Department. The Department shall accept a bid form only with the original signature of the bidder. A bidder may either mail or deliver the bid in person to the Department.
 - 3. The Department shall not accept a bid from anyone other than an applicant named in the Notice of Call for Bidding.
 - 4. Unless subsection (F)(5) applies, the Department shall accept only one bid from each applicant. Once the bid is

submitted, the Department shall not accept a second or substitute bid or any change to the original bid.

- 5. If the bids of two or more applicants are the same, are also the highest bids offered, and there is no preferred right, the Department shall repeat the bid procedure under subsections (F)(1) and (2) with the following exceptions, until a single highest bid is submitted:
 - a. In a call for new bids, the Department shall establish a new minimum rental that equals the highest amount offered in the previous bidding.
 - b. The Department shall accept new bids only from the applicants who submitted the highest matching bids.
- 6. The Department shall mail a Notice of Bid Results to all bidders. A bidder choosing to exercise a preferred right shall, within 15 days of the Department's issuance of the Notice of Bid Results, offer a bid matching the highest bid, in writing, on forms provided by the Department.
- G. Nothing in this Section limits or diminishes the jurisdiction of the Department. This Section does not apply to an application for an oil or gas lease.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-506 renumbered from Section R12-5-105 (Supp. 93-3). Section repealed; new Section made by final rulemaking at 9 A.A.R. 3817, effective October 4, 2003 (Supp. 03-3).

R12-5-507. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-507 renumbered from Section R12-5-106 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-508. Application Confers No Right to Land

An application or permit for state land confers no right of occupancy, possession or use of said land until a lease or permit is issued thereunder or permission is granted in writing by the Commissioner. Provided, however, a prior lessee or permittee may occupy and use said land pending action on his application for renewal. In the event that the prior lessee or permittee should not be awarded a renewed lease or permit, the Commissioner may assess and collect from said lessee or permittee the reasonable value of the use of said land pending action upon the application to renew said lease or permit.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-508 renumbered from Section R12-5-107 (Supp. 93-3).

R12-5-509. Execution of Leases or Permits; Covenants; Effective Date and Completion of Lease or Permit

All leases and permits shall be signed by the lessee or permittee as provided by these rules and regulations and by the Commissioner or his Deputy, with the seal of the Department affixed thereto. All leases and permits shall contain such provisions, covenants, conditions and restrictions as may be prescribed by the Commissioner, hereinafter more particularly set forth under each type of lease. The effective date of the lease will be the date of application upon open land, or such other subsequent date as the Commissioner may prescribe. Upon lands previously leased, the date following the expiration date of the lease shall be the effective date; provided, that where the lands under lease have been reclassified, the effective date of the lease shall bear the date of such reclassification, if no

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appeal from reclassification is taken or if the Commissioner's decision is upheld if so appealed, or such other subsequent date as the Commissioner may prescribe.

Upon approval of the application to lease or permit and an appraisal or fixing of the rental value thereof, a lease or permit in duplicate will be mailed to the lessee or permittee, which lease or permit shall be signed in duplicate by the lessee or the permittee in the manner prescribed by these rules and regulations. Insert sheets which, when required, described the land being leased or for which permit is issued are a part of the lease or permit and shall be signed in the same manner as the lease or permit. A statement of the rental due and the permit or lease issuance fee will accompany the transmittal of the lease or permit. Upon the lease and permit and insert sheets, when required, being signed, they are to be returned to the Commissioner with the rental payment and lease or permit issuance fee in accordance with the statement rendered. When the lease or permit and insert sheets, when required, are received by the Commissioner, the same will be executed by the Commissioner as above provided and entered upon the records of the Commissioner. After execution by the Commissioner, one copy of the lease or permit, including the insert sheets when required, will be returned to the lessee or permittee with a receipt for the payment of rental.

If the lease, permit and insert sheets, when required, are not executed by the lessee or permittee and returned to the Commissioner, together with the payment of the rental as indicated by the statement therefor forwarded with such instruments, within 60 days from the date of mailing by the Commissioner, the lease or permit will be declared to be null and void and of no force and effect, and the land will become open and available for leasing by other persons. Provided, however, that should the applicant object to the appraised rental value, he may appeal from said appraisal as provided by law and the rules and regulations of the Department to the Board of Appeals of the State Land Department without prejudice to his rights to the offered lease or permit.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-509 renumbered from Section R12-5-108
(Supp. 93-3).

R12-5-510. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-510 renumbered from Section R12-5-109
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-511. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-511 renumbered from Section R12-5-110
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-512. Assignments

- A. A lessee or permittee of state lands not in default in his rentals and who has kept and performed all the conditions of his lease or permit may, but only with the written consent of the Commissioner, assign such lease or permit.
 1. Application for assignment shall be made on the appropriate form prescribed by the Commissioner.
- B. An application for assignment of a lease or permit made within the 30 days immediately preceding the end of any lease year of the pertinent lease or permit will not be accepted for filing by

the Commissioner unless the next year's advance rentals have been made.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-512 renumbered from Section R12-5-111
(Supp. 93-3).

R12-5-513. Manner of Assignments

Except as otherwise provided by law or these rules and regulations, assignments may be for all or part of the lands covered by a lease or permit. An application for assignment by the lessee or permittee, together with an application for transfer and assumption of lease or permit shall be submitted upon forms furnished and approved by the Commissioner. The applications shall be accompanied by the required fees, together with the lease or permit being assigned. The application for such assignment and the application for transfer and assumption of a lease or permit shall be signed by the parties as provided in these rules and regulations and acknowledged before a notary public or other officer authorized to administer oaths. The Commissioner shall indicate on the application to assign and application for transfer and assumption of lease or permit his approval or disapproval of the application, which action shall be made of record by the Commissioner.

In the event the assignment is a partial assignment and only covers a part of the leased or permitted lands, the description of the lands being transferred must be by legal subdivision or by metes and bounds based on an actual survey upon which acreage can be determined, together with a map or such survey if required by the Commissioner; otherwise no approval to said assignment and assumption will be granted by the Commissioner. An assignment may be only for a divided or undivided interest.

No assignment shall be made without the consent of all parties of record in the State Land Department in writing who may have a lien or encumbrance upon the lessee's or permittee's interest in said lease or permit.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-513 renumbered from Section R12-5-112
(Supp. 93-3).

R12-5-514. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-514 renumbered from Section R12-5-113
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-515. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Amended effective October 4, 1978 (Supp. 78-5). Section
R12-5-515 renumbered from Section R12-5-114 (Supp.
93-3). Section expired under A.R.S. § 41-1056(E) at 9
A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-516. Repealed

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-516 renumbered from Section R12-5-115
(Supp. 93-3). Section repealed by final rulemaking at 9
A.A.R. 3817, effective October 4, 2003 (Supp. 03-3).

R12-5-517. Rentals

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Rentals for leases and permits shall be as hereinafter fixed. All rentals must be paid annually in advance, except as may be provided in the lease or permit or otherwise authorized and directed in writing by the Commissioner.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-517 renumbered from Section R12-5-116
(Supp. 93-3).

R12-5-518. Rental Notices

If the rental is changed, the Commissioner shall notify the lessees and permittees at their last known address in the Commissioner's records; lessees and permittees shall be notified by the Commissioner of a change in rental, by sending a notice thereof by mail at least 30 days prior to the date upon which said rental is fixed by the Commissioner to be due, and any such notice shall be presumptively deemed to have been received on the day following which such notice is deposited in the U.S. Mail by the Commissioner. In all other cases, the Commissioner shall mail out rental notices which rents shall be paid within 30 days or on the due date whichever is the later; the Commissioner shall assume no responsibility if the notices are not acted upon.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-518 renumbered from Section R12-5-117
(Supp. 93-3).

R12-5-519. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-519 renumbered from Section R12-5-118
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-520. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-520 renumbered from Section R12-5-119
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-521. Modification or Amendment of Existing Lease or Permit

No existing lease or permit shall be modified or amended for a term any different than the term set forth therein unless mutually agreed upon by the Commissioner and the lessee or permittee.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-521 renumbered from Section R12-5-120
(Supp. 93-3).

R12-5-522. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-522 renumbered from Section R12-5-121
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-523. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-523 renumbered from Section R12-5-122

(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-524. Sale, Mortgage or Lien on Interest of Holder of Lease or Permit

The interest of the holder of any lease or permit shall be subject to sale, mortgage or other lien to the same extent as patented land. No contract of sale, mortgage or other lien shall become effective unless and until an executed or conformed copy thereof showing the recording data is filed with the Commissioner. When so filed, no assignment of the lease or permit affected shall be made without the consent of all parties. Upon the foreclosure of a contract of sale, mortgage or other lien filed with the Commissioner, the Commissioner shall assign the instrument in question to the party entitled thereto.

No action shall be taken by the Commissioner affecting the rights of the lienholder, mortgagee or contract purchaser or seller affecting the canceling, modification or declaration of the lien or permit to be forfeited without written notice to all parties in interest.

If a mortgagee, trustee under a deed of trust, lienholder or other person entitled to payment, receives full satisfaction of a mortgage, deed of trust or other obligation evidence of which has been filed with the Commissioner, he shall, at the request of the person making satisfaction or the Commissioner file with the Commissioner a sufficient release or satisfaction of mortgage or deed of release of the mortgage or deed of trust or lien.

Filing of these documents in no way obligates the Commissioner to the terms of them.

The Commissioner may on his own initiative, or at the request of a lessee or permittee, request of any mortgagee, trustee under a deed of trust, lienholder or other person entitled to payment who has filed with the Commissioner evidence of an obligation as set forth above, to notify the Department in writing as to the principal balance remaining due, if any, on such obligation; such request shall be made in writing and shall be mailed by the Commissioner to the last known address of record of such obligee -- the failure of such obligee to respond within 90 days from the date of receipt of such notice shall ipso facto be deemed as a consent by such obligee to any action that may be taken thereafter by the Commissioner with respect to any land covered by such mortgage, deed of trust, contract of sale; or other instrument evidencing an obligation.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-524 renumbered from Section R12-5-123
(Supp. 93-3).

R12-5-525. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-525 renumbered from Section R12-5-124
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-526. Expired

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-526 renumbered from Section R12-5-125
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-527. Expired

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Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-527 renumbered from Section R12-5-126
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-528. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-528 renumbered from Section R12-5-127
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-529. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-529 renumbered from Section R12-5-128
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-530. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-530 renumbered from Section R12-5-129
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-531. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-531 renumbered from Section R12-5-130
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-532. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-532 renumbered from Section R12-5-131
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

R12-5-533. Trespass on State Land

- A.** Whoever knowingly and wilfully commits a trespass upon state lands, either by cutting down or destroying any timber or wood standing or growing thereon, or by carrying away any timber or wood therefrom, or by mowing, cutting, or removing any hay or grass thereof or therefrom or the grazing of livestock thereon, unless he shall have pending an application for the leasing of such lands, or by extracting or removing any oils, gases, coal, minerals, earth, rocks, fertilizer or fossils of any kind or description thereon or therefrom, or who, without right, injures or removes any building, fence or improvements thereon, or unlawfully occupies, plows or cultivates any of said lands, or negligently or wilfully exposes growing trees, shrubs, or undergrowth standing thereon to danger or destruction by fire, shall be guilty of a misdemeanor.
- B.** Whoever commits any trespass upon state lands, as above stated, shall also be liable in a civil action, brought in the name of the state in the county in which the trespass was committed, for three times the amount of the damage caused by such trespass, if the trespass was wilful, but for single damages only, if casual or involuntary. In the case of unfenced state land included within a fenced range, it shall be prima facie evidence of wilful trespass to permit the grazing of livestock

thereon, unless the defendant shall have pending an application for the leasing of such lands. The damage referred to will be the rate per acre as found for the year for the appraised carrying capacities of the land. The Commissioner may also, without legal process, seize and take any product or property whatsoever unlawfully severed from such land, whether the same has been removed from such land or not, and may dispose of the product or property so seized in the manner prescribed by law for disposing of the products of state lands. The county officers of the several counties shall report to the Commissioner any trespass upon state lands which may come to their knowledge.

- C.** All lessees and permittees and holders of Certificates of Purchase are requested to inform the Commissioner in writing of any trespass committed on state lands, giving full information concerning such acts of trespass and by whom the same has been committed.
- D.** It shall be unlawful to utilize any type of motorized vehicle for travel on state trust lands except:
1. By the general public using public roads and highways that cross state trust lands;
 2. By lessees and permittees of the Department acting within the limits of their leases and permits, employees of public agencies acting within the scope of their duties, and any persons using military, fire, search and rescue, or law enforcement vehicles for emergency purposes; and
 3. By holders of valid Arizona hunting, fishing, or trapping licenses within the scope of such license:
 - a. On existing roads; or
 - b. For cross-country travel without damaging croplands, improvements, or cultural or historic sites to pick up legally killed big game animals.
- E.** For the purpose of this Section, the following definitions apply:
1. "Cross-country travel" means travel over the countryside other than on existing roads.
 2. "Existing road" means any maintained or unmaintained way, road, highway, trail, or path that has been utilized for motorized vehicular travel and clearly shows or has a history of established vehicle use. A one-time use or a single set of vehicle tracks created by an off-highway vehicle does not constitute a road under this definition.
 3. "Motorized vehicle" means any vehicle deriving motive power from any source other than muscle or wind.
 4. "Public roads and highways" means the entire width between the boundary lines of every public road or highway maintained by the Federal Government, the state, the Department, or a city, town, or county if any part of the road or highway is generally open to the use of the public for purposes of vehicular travel.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-533 renumbered from Section R12-5-132
(Supp. 93-3). Amended effective May 20, 1994 (Supp. 94-2).

R12-5-534. Closing Land to Recreational Use

- A.** The Commissioner may close Trust land in a specific area to recreational use for any of the following purposes when the Commissioner determines that it is in the best interest of the Trust and this state to restrict recreational access to reduce liability to the state or protect the public:

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1. Dust abatement: To abate dust caused by the unauthorized use of motorized or non-motorized off-road vehicles on Trust land;
 2. Human-caused hazardous environmental conditions: Conditions posing a risk to the public health or safety resulting from human-caused environmental hazards. Examples include illegal dumping of toxic or hazardous materials, leaking or abandoned underground storage fuel tanks, abandoned or unauthorized landfills, abandoned airfields used for pesticide or herbicide storage, abandoned mine workings, and other sites with similar characteristics;
 3. Naturally-occurring hazardous conditions: To reduce the risk from naturally-occurring conditions posing a risk to public health or safety. Examples include fissures, sink holes, and flood-damaged areas; or
 4. Damaged Trust lands: For protection or remediation of Trust lands that have been damaged by toxic or hazardous materials, mining, fires, off-road vehicles, or other human-caused or natural occurrences.
- B.** The Commissioner shall, by order, close land only to the extent necessary to prevent unauthorized recreational access, and shall specify the period of time deemed necessary for closure.
- C.** The Department shall post the order of Trust land closure to recreation in the Department's Public Records Room at 1616 W. Adams, Phoenix, AZ 85007 and in the Department's District Offices. The Department shall maintain evidence of public notice of Trust land closure in the Department's records.
- D.** For the purpose of this Section, the following definitions apply:
1. "Dust abatement" means to minimize the amount of particulate matter entrained into the air by requiring measures to prevent or mitigate particulate matter creation or emissions.
 2. "Environmental hazard" means a chemical, physical agent, biological toxin, or other pollutant that is present in the environment and that may cause human illness or injury.
 3. "Remediation" means an environment cleanup or other method used to remove or contain hazardous materials, stabilize mining waste, stabilize soil damage, or restore rangeland or native vegetation.

Historical Note

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
 Section R12-5-534 renumbered from Section R12-5-133 (Supp. 93-3). Section repealed by final rulemaking at 9 A.A.R. 3817, effective October 4, 2003 (Supp. 03-3).
 New Section made by final rulemaking at 12 A.A.R. 481, effective April 8, 2006 (Supp. 06-1).

R12-5-535. Expired**Historical Note**

Original rule, Art. I, Subchapter B, Ch. II (Supp. 76-4).
 Section R12-5-535 renumbered from Section R12-5-134 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 1428, effective March 31, 2003 (Supp. 03-2).

ARTICLE 6. IMPROVEMENTS (RESERVED)**ARTICLE 7. SPECIAL LEASING PROVISIONS****R12-5-701. Repealed****Historical Note**

Adopted effective May 28, 1981 (Supp. 81-3). Emergency amendment filed September 26, 1990, adopted effective September 27, 1990, pursuant to A.R.S. 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Section R12-5-701 renumbered from Section R12-5-150 (Supp. 93-3). Section repealed by summary action with an interim effective date of February 4, 2000; filed in the Office of the Secretary of State January 11, 2000 (Supp. 00-1). Interim effective date of February 4, 2000 now the permanent effective date; filed in the Office of the Secretary of State August 1, 2000 (Supp. 00-3).

R12-5-702. Agricultural Leases

- A.** Definitions. In this Article, terms used herein shall have the meanings as defined in A.R.S. § 37-101 or as below:
1. "Agricultural Development Lease" means a lease for the purpose of developing land into agricultural land on State Trust Land.
 2. "Agricultural Lease" means a lease for the purpose of developing land into agricultural land on State Trust Land.
- B.** Land available for an agricultural lease; term of leases. All State Trust Land classified as agricultural land are available to lease for agricultural purposes for such term as may be established by the Department, provided the term does not exceed:
1. Ten years for an agricultural lease or a renewal of an agricultural development lease; and
 2. Two years for an initial agricultural development lease.
- C.** Appraisal. Farm areas are geographically determined within the State and appraised by farm area every 10 years, or as market and other conditions dictate pursuant to A.R.S. § 37-282.01(G).
- D.** Sequence of development and improvement of land under an agricultural development lease.
1. The lessee of an agricultural development lease must initially only develop the leased land to the extent necessary and incident to the acquisition of a water supply adequate for the development of the leased land. The lessee must apply to the Department to make an improvement for said development of the leased land.
 2. To make an improvement on the leased land which is not necessary to the accomplishment of subsection (D)(1) above, the lessee of an agricultural development lease must apply to the Department. The Department may not approve an application to place an improvement which is not necessary to the accomplishment of subsection (D)(1) above until after the acquisition of such water supply has been accomplished or assured.
- E.** Compliance with regulations made by other state and federal agencies; remedies for non-compliance. When rules and regulations promulgated by state or federal regulatory agencies would affect State Trust Land under an agricultural lease or an agricultural development lease or crops grown thereon, the Department may require the lessee to conform with these regulatory practices to prevent the deterioration of the soil or crops grown thereon. If the lessee fails to comply with the requirements of the Commissioner, the Department may have the required remedial work accomplished and bill the lessee the amount expended for the remedial work. Failure by the lessee to pay for such remedial work shall, after the proper notice, subject the lease to forfeiture for nonpayment and noncompliance.
- F.** Preferred right of renewal of an agricultural development lease; Denial of renewal of an agricultural development lease.

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A lessee of an agricultural development lease shall not have a preferred right of renewal if the lessee has not acquired a water supply deemed by the Department to be adequate. The Department may deny a renewal application of an agricultural development lease if the lessee has not completed substantial due diligence toward complete agricultural subjugation and the development of the land beyond the acquisition of an adequate water supply, as determined solely by the Department.

Historical Note

Original rule, Art. III, Subchapter B, Ch. II (Supp. 76-4). Amended by emergency action effective June 20, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Section R12-5-702 renumbered from Section R12-5-151 (Supp. 93-3). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-703. Commercial Leases

Division of leases. The Department may at any time divide a commercial lease into two or more separate leases when such division would, in the opinion of the Commissioner, facilitate administration and management of the subject land or would result in separating one commercial use from another.

Historical Note

Original rule, Art. V, Subchapter B, Ch. II (Supp. 76-4). Amended by adding subsection (N) as an emergency effective January 9, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective June 16, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Section R12-5-703 renumbered from Section R12-5-152 (Supp. 93-3). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-704. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-704 renumbered from Section R12-5-153 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-705. Grazing Leases

- A.** Definitions. In this Section, terms used herein shall have the meanings as defined in A.R.S. §37-101 and § 37-285 and as below:
1. "Average market price of cattle" means the average price by hundredweight received during the calendar year under consideration by producers of cattle, exclusive of calves, in the states of Arizona, New Mexico, California, Utah, Nevada, Colorado, Wyoming, Montana, Idaho, Washington, and Oregon, as determined by the United States Department of Agriculture, and, if that service is not available, from such sources as the Department determines best to establish said price.
 2. "Carrying capacity" means the average number of animal units which can be supported by a section of grazing land with due consideration for sustained production of the forage consistent with conservative range management.
- B.** Applications for grazing lease renewals. Application for renewal of an existing grazing lease may include an entire ranch unit or any part thereof.
- C.** Land subject to grazing lease; term of lease. It is the policy of the Department not to offer open land for lease within an

established ranch unit without first offering said land to the owner or the person having control of the land in the ranch unit. There is no limit to the amount of grazing land that may be leased to any person.

- D.** Rental rates of grazing land; appraisal. In accordance with A.R.S. § 37-285(A), no grazing lease shall provide for a rental of less than the appraised rate of the land, and in no event less than 5¢ per acre per annum, or a minimum of \$2.50 per annum per lease, said minimum of \$2.50 per annum per lease applying to one section or portion thereof.
- E.** Rights of the Department to issue non-grazing leases for leased grazing land. All grazing leases granted by the Department are only a non-exclusive right to graze livestock and to use the land in a manner compatible with the terms of the lease. The Department may grant instruments for uses other than grazing on leased grazing land or for the removal of natural products therefrom. A grazing lessee shall not issue to any person any rights to use of leased grazing land or to remove any products therefrom.
- F.** Cultivation and growing of crops on grazing land. A grazing lessee may not grow crops commercially under the provisions of a grazing lease.
- G.** Cutting of timber, standing trees or posts.
1. A grazing lessee shall not cut or waste, nor allow to be cut or wasted, any timber or standing trees growing on the leased land without the written consent of the Department, except for fuel for domestic uses or for the necessary improvements upon the land; provided, however, that nothing herein contained shall be construed to permit the cutting of saw timber for any purpose.
 2. Posts cut primarily from cedar, mesquite and juniper trees may be used for the construction and use of improvements by a grazing lessee upon State Trust Land without cost, with the prior written consent of the Department; however, such posts may not be used on non-leased land without payment by the grazing lessee to the Department.
 3. When applicable, a grazing lessee must file an affidavit with the Department indicating the number of posts cut, the number used for improvement on the leased land, and the number used elsewhere or stockpiled for future use. At the time approval to cut posts is granted by the Department, the Department will determine the price, which will be comparable to the price of posts from the United States Forest Service. The price will then be payable at the time the affidavit indicating the number of posts cut is filed with the Department.
 4. The Department may visit a grazing lessee at any time to inspect the number of posts cut.
 5. If a grazing lessee does not desire to purchase the trees as above provided, the Department may sell the trees. A purchaser other than a grazing lessee shall not injure the lessee's surface rights and improvements or interfere with the lessee's use of the leased land, and a purchaser may be required to file a surety bond with the Department in such amount and under such conditions as to indemnify the lessee for any damage which may result due to the removal of the trees.
- H.** Use of state land. No lessee or permittee shall use land under a grazing lease or permit except for grazing purposes.
- I.** Posting to prohibit hunting and fishing on leased grazing land. A grazing lessee may not post signage on leased grazing land to prohibit hunting and fishing without the consent of the Arizona Game and Fish Commission.

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Historical Note

Original rule, Art. II, Subchapter B, Ch. II (Supp. 76-4).
Amended effective September 26, 1978 (Supp. 78-5).
Section R12-5-705 renumbered from Section R12-5-154
(Supp. 93-3). Amended by final rulemaking at 30 A.A.R.
2360 (July 19, 2024), effective August 19, 2024 (Supp.
24-2).

R12-5-706. Expired**Historical Note**

Original rule, Art. IV, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-706 renumbered from Section R12-5-155
(Supp. 93-3). Section expired under A.R.S. § 41-1056(E)
at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-
3).

ARTICLE 8. RIGHT-OF-WAY**R12-5-801. Linear Right-of-Way****A. Rights of surface and subsurface lessees or permittees**

1. The Department may grant a right-of-way without the consent of a surface or subsurface lessee.
2. When the applicant for a right-of-way and any existing right holder do not agree on the appraised value of damages to the right holder, the applicant for right-of-way may apply to the Department to appraise the value of any improvements that may be injured or damaged. The cost of any such appraisal shall be paid by the right-of-way applicant.
3. In cases where it is necessary to cut a fence belonging to a surface lessee or permittee or otherwise enter through a fence, the Department may require the installation of a standard cattle guard or other facilities by the right-of-way grantee as a condition to the granting of the right-of-way.

B. Termination of use; abandonment

1. When a right-of-way holder is no longer used by the grantee for which the right-of-way was granted, the right-of-way shall be terminated.
2. The Department may determine that a right-of-way has been abandoned or used for the purpose granted. In such case, the Department shall give the right-of-way grantee 30 days to show why a right-of-way should not be cancelled. If within 30 days the right-of-way grantee fails to respond, the Department may issue an order of cancellation.

C. Right-of-way provisions

1. Term of right-of-way. The term of the right-of-way shall be determined by the Department and shall be set forth on the right-of-way contract.
2. Right-of-way subject to public auction. A right-of-way for exclusive use, perpetual in nature, or for a term exceeding 50 years (except a right-of-way for transportation purposes granted to governmental agencies of the state or political subdivisions and municipal corporations thereof) shall be sold at public auction as provided under the laws for sale of State Trust Land.
3. Possession and right of use of right-of-way area. The right is granted for the use of the area described in the right-of-way contract subject to any existing prior rights and subject to any rights the Department shall grant thereafter.
4. Provisions of the right-of-way. Every contract shall provide for:
 - a. Payment to the Department of the rental amount.

- b. The right to install and construct necessary equipment and facilities with the right to remove the same within 90 days after expiration or termination of the right-of-way.
 - c. The obligation of the grantee to install and maintain fencing, gates, cattleguards, and other protective measures deemed necessary by the Department.
 - d. The obligation of the grantee to restore the surface of the land within the right-of-way to a reasonable condition as required by the Department.
 - e. The obligation of the grantee to indemnify, hold and save grantor harmless against all loss, damage, liability, expenses, costs and charges incident to or resulting in any way from the use, condition or occupation of the land.
 - f. A use provision.
 - g. The right of the grantee to assign the right-of-way.
 - h. The right of the grantee to terminate the right-of-way at any time during its term by giving the Department 30 days' notice of termination in writing, if the grantee is not delinquent in payments and has complied with all conditions on the date of termination.
5. A sub-grant of the right-of-way contract is prohibited.
 6. Right-of-way renewal. Upon application to the Department, not less than 30 days, nor more than 1 year prior to the expiration of the right-of-way contract, the grantee of a right-of-way contract, shall have a preferred right to renew the right-of-way contract if the grantee is not delinquent in the payment of rental or of monies due the Department on the date of expiration of the contract. The renewal right-of-way contract shall commence on the day following the expiration of the former contract.
 7. Bonds
 - a. The Department may require the grantee to furnish bond, in a reasonable amount, to be fixed by the Commissioner, guaranteeing that the grantee will restore the surface of the land described in the contract to a reasonable condition, upon the termination of the right-of-way contract.
 - b. The Department may require the grantee to file with the Department a surety bond in such form, approved by, and for such amount determined by, the Department, which shall be conditioned upon prompt payment to the lessee of the surface, subsurface or otherwise of the State Trust Land covered by the right-of-way. A surety bond required under this subsection shall cover any loss to a lessee from damage or destruction to grasses, forage, crops, and improvements upon such lands which is caused by the construction or use of the right-of-way.
 - c. Assignment of any or all of the right-of-way contract will not relieve the assignor of his obligation as principal under the bond. Release of the assignor's obligation under bond may be affected through the posting of a replacement bond by the assignee and subsequent, approval by the Department and notification of the release by the Department in writing to the principal and surety.
 - d. The Department, in its discretion, may reduce or increase the principal amount of the bond.
 - e. Immediately after determination by the Department that full discharge of the conditions of the obligations under any bond has been affected, it will notify

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- in writing the principal and surety held by the bond so that it may be formally terminated.
- f. Surety on the bond shall have the right to cancel the bond and be relieved of further liability after the period of notice, by giving 30 days' notice to the Department of its desire to cancel.
 - g. Upon receipt of such notification, the Department will notify the grantee by certified mail within 14 days of the impending action by surety.
 - h. Failure by the grantee to post a replacement bond before the expiration of the 30 days mentioned above, shall constitute a default by the grantee and cause for cancellation of the right-of-way.
8. Reports of completed facilities and construction. A right-of-way grantee shall report any completed facilities and construction to the Department.

Historical Note

Original rule, Art. VIII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-801 renumbered from Section R12-5-165 (Supp. 93-3). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-802. Repealed**Historical Note**

Original rule, Art. X, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-802 renumbered from Section R12-5-166 (Supp. 93-3). Repealed by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-803. Expired**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 8, 1993 (Supp. 93-3). Section R12-5-803 renumbered from Section R12-5-167 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

ARTICLE 9. EXCHANGES**R12-5-901. Scope of Rules**

These rules apply only to exchange of state land under the provisions of A.R.S. §§ 37-604 to 37-608, inclusive, and shall prevail over and supersede any existing policy or procedure to the extent that they are in conflict therewith.

Historical Note

No original number assigned (Supp. 76-4). Section R12-5-901 renumbered from Section R12-5-179 (Supp. 93-3). R12-5-901 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-901 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3).

R12-5-902. Repealed**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-902 renumbered from Section R12-5-180 (Supp. 93-3).

R12-5-902 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-902 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Repealed by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-903. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-903 renumbered from Section R12-5-181 (Supp. 93-3). R12-5-903 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-903 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-904. Application

An application for exchange shall set forth such information, including but not limited to the following:

1. The name of the applicant;
2. A description of all lands sought to be exchanged, which description shall be technically competent, definite, susceptible of only one interpretation, and furnish sufficient information for the identification of the land on the ground;
3. The number of acres contained in the lands of applicant offered in exchange, and applicant's estimated value thereof;
4. The number of acres contained in the State Trust Land applied for in exchange, and applicant's estimated value thereof;
5. A list of permanent improvements on the lands to be exchanged, applicant's estimated value thereof and the description of the location thereof in such manner as to facilitate the location thereof on the ground;
6. A description of any leasehold interest in the land to be exchanged or ownership of any improvements thereon, together with the name and address of any such claimant;
7. Accompanying agreements, if any, with the lease-holder or owner of improvements on the lands to be exchanged;
8. A map or maps of the land to be exchanged, coded as to ownership in a suitable manner, as to evaluate the application and assist in making an appraisal;
9. And aerial photographs of the land to be exchanged.

Historical Note

No original number assigned (Supp. 76-4). Section R12-5-904 renumbered from Section R12-5-182 (Supp. 93-3). R12-5-904 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-904 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before

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the proposed summary action has been restored (Supp. 98-3). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-905. Expired**Historical Note**

No original number assigned (Supp. 76-4). Emergency repeal filed September 26, 1990, effective September 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired, text of original rule placed back into effect December 27, 1990. Section R12-5-905 renumbered from Section R12-5-183 (Supp. 93-3). R12-5-905 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-905 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-906. Expired**Historical Note**

No original number assigned (Supp. 76-4). Emergency repeal filed September 26, 1990, effective September 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired, text of original rule placed back into effect December 27, 1990. Section R12-5-906 renumbered from Section R12-5-184 (Supp. 93-3). R12-5-906 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-906 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-907. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-907 renumbered from Section R12-5-185 (Supp. 93-3). R12-5-907 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-907 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-908. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-908 renumbered from Section R12-5-186 (Supp. 93-3). R12-5-908 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The pro-

posed summary action repealing R12-5-908 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-909. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-909 renumbered from Section R12-5-187 (Supp. 93-3). R12-5-909 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-909 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-910. Repealed**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-910 renumbered from Section R12-5-188 (Supp. 93-3). R12-5-910 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-910 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Repealed by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

R12-5-911. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-911 renumbered from Section R12-5-189 (Supp. 93-3). R12-5-911 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-911 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-912. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-912 renumbered from Section R12-5-190 (Supp. 93-3). R12-5-912 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-912 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before

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the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-913. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-913 renumbered from Section R12-5-191 (Supp. 93-3). R12-5-913 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-913 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-914. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-914 renumbered from Section R12-5-192 (Supp. 93-3). R12-5-914 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-914 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-915. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-915 renumbered from Section R12-5-193 (Supp. 93-3). R12-5-915 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-915 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-916. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-916 renumbered from Section R12-5-194 (Supp. 93-3). R12-5-916 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-916 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp.

98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-917. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-917 renumbered from Section R12-5-195 (Supp. 93-3). R12-5-917 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-917 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-918. Controversy as to Title or Leasehold Rights

The Commissioner may in his discretion hold in suspension or reject any application to exchange where it is found that title or leasehold rights in any of the land conveyed thereby are in controversy. The Department will not become a party to any controversy between different claimants to any of the land sought to be exchanged.

Historical Note

No original number assigned (Supp. 76-4). Section R12-5-918 renumbered from Section R12-5-196 (Supp. 93-3). R12-5-918 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-918 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3).

R12-5-919. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-919 renumbered from Section R12-5-197 (Supp. 93-3). R12-5-919 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-919 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-920. Expired**Historical Note**

No original number assigned (Supp. 76-4). Section R12-5-920 renumbered from Section R12-5-198 (Supp. 93-3). R12-5-920 repealed by summary action with an interim effective date of July 19, 1996; filed in the Office of the Secretary of State June 27, 1996 (Supp. 96-2). The proposed summary action repealing R12-5-920 was remanded by the Governor's Regulatory Review Council (September 10, 1996) which revoked the interim effectiveness of the summary rule. The Section in effect before

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the proposed summary action has been restored (Supp. 98-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-921. Expired**Historical Note**

Adopted effective September 22, 1978 (Supp. 78-5).
Emergency amendment filed September 26, 1990, adopted effective September 27, 1990, pursuant to A.R.S. 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Section R12-5-921 renumbered from Section R12-5-199 (Supp. 93-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 764, effective July 31, 2017; filed in the Office March 22, 2018 (Supp. 18-1).

ARTICLE 10. EXPIRED

Article 10, consisting of Sections R12-5-1001 through R12-5-1012, expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1001. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1001 renumbered from Section R12-5-200 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1002. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1002 renumbered from Section R12-5-201 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1003. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1003 renumbered from Section R12-5-202 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1004. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1004 renumbered from Section R12-5-203 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1005. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1005 renumbered from Section R12-5-204 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1006. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1006 renumbered from Section R12-5-205

(Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1007. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1007 renumbered from Section R12-5-206 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1008. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1008 renumbered from Section R12-5-207 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1009. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1009 renumbered from Section R12-5-208 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1010. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1010 renumbered from Section R12-5-209 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1011. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1011 renumbered from Section R12-5-210 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

R12-5-1012. Expired**Historical Note**

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1012 renumbered from Section R12-5-211 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4240, effective September 6, 2002 (Supp. 02-3).

ARTICLE 11. SPECIAL USE PERMITS**R12-5-1101. Policy; Use of Land**

- A. The Department may issue Special Land Use Permits, as a non-exclusive right to use the land and not as a grant of any vested or unvested interest in the land, for any purpose otherwise authorized by statute or law for leases and other grants, including without limitation, grazing, agriculture, commercial, homesite, mineral exploration, and recreation.
- B. Advertising displays and signage on State Trust Land. The erection or maintenance on State Trust Land of advertising displays and signage, without the Department's issuance of a per-

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mit, is unauthorized and shall be deemed a trespass, except as to the following:

1. Official notices or advertisements posted by or under the direction of any public or court officer in the performance of his official duties;
 2. Danger, precautionary and information signs erected by officials of the federal government or officials of the state or any subdivision thereof, or any non-profit organization in the state warning of the conditions of travel on a highway, or of forest fires, or road symbols, or speed limits, and including all civil defense directional signs;
 3. Highway markers or signs relating to any city, town, village, historic place, or shrine;
 4. Notice of any railroad, bridge, ferry, or other transportation or transmission company necessary for the direction or safety of the public;
 5. Signs erected by Red Cross or other organizations that serve to direct the public during emergency-related events; and
 6. Any other circumstances approved in advance by the Department.
- C. Identification of authorized advertising displays. Each advertising display erected or maintained under a permit issued pursuant to these rules and regulations shall, for convenient identification, have the serial number of such permit marked or painted thereon.
- D. Restrictions on advertising displays and signage.
1. No advertising display or signage shall be permitted which, in the opinion of the Department, would mar the landscape, hide road intersections or crossings, or is otherwise objectionable. At any time, the Department may determine that signage or displays may impose unsafe or imprudent risk to the public or other authorized uses of State Trust Land and may prohibit placement or require modification or removal.
 2. No advertising display or signage shall be affixed to or painted on any tree or rock situated on State Trust Land or on any other natural object on such land.
 3. All advertising displays and signage shall conform to applicable state laws and local ordinances or regulations.

Historical Note

Original rule, Art. XI, Subchapter B, Ch. II (Supp. 76-4).

Emergency amendment filed September 26, 1990, adopted effective September 27, 1990, pursuant to A.R.S. 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Section R12-5-1101 renumbered from Section R12-5-241 (Supp. 93-3). Amended by final rulemaking at 30 A.A.R. 2360 (July 19, 2024), effective August 19, 2024 (Supp. 24-2).

ARTICLE 12. FEES

R12-5-1201. Administrative Fees

The State Land Department shall charge the following fees for:

Application Type	Fee
Agricultural and Grazing – New (per section or fraction thereof)	\$150
Agricultural and Grazing – Renew	\$200
Commercial – New (10 years or less)	\$1,000
Commercial – New - long-term (more than 10 years)	\$2,000
Commercial – Renew (includes homesite)	\$1,000
Appraisal for long-term leases and land sales	Actual cost

Application Type	Fee
Complete Assignment to an entity 100% controlled by assignor or family member	\$500
Partial assignment for long-term Commercial Lease only – (more than 10 years)	\$2,500
All other assignments	\$1,000
Application to Place Improvement	\$150
Application to Place Improvement without Prior Approval	\$200
Application for Land Treatment	\$150
Special Land Use Permits – New or Renew	\$300
Non-commercial Sovereign Land Boat Dock / Launch Ramp Permit	\$100
Application to Amend General	\$100
Sublease	\$200
Amendments for Commercial Lease – 10 years or less	\$500
Amendments for Commercial Lease – long-term (more than 10 years)	\$1,000
Lease Reinstatement	\$300
Replacement of lost documents	\$50
Certified copy of documents	\$10 + \$1 per page
Returned check	\$20
Miscellaneous filings: Power of Attorney, Probate Documents and Divorce Documents	\$50
Mortgage, Deed of Trust	\$50 per lease
Bond for conservation or purchase applications for conservation purposes	\$1,000
Right of Way – New or Renew	\$500
Right of Way – Amendment	\$100
Temporary Right of Entry	\$100
Application to Purchase	\$2,000
Certificate of Purchase (Issuance)	\$1,000
Patent (Issuance)	\$200
Application for Partial Patent	\$1,000
Natural Products – Commercial - Wood Products	\$200
Natural Products – Incidental Use Permit	\$200
Natural Products – Water	\$500
Mineral Materials	\$500
Minerals	\$500
Mineral Exploration (New or Renew)	\$500
Oil & Gas (New or Renew)	\$500
Geothermal	\$500
Recreational Annual Use - Individual	\$15
Recreational Permits (Group) Less than 5 days, Less than 20 people	\$15
Recreational Annual Use - Immediate Family Unit (Two adults and children under the age of 18)	\$20
Urban Planning Classification	\$1,000
Urban Planning Development	\$1,000

Historical Note

Adopted as an emergency effective July 31, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-

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4). Emergency expired. Permanent rule adopted effective November 1, 1984 (Supp. 84-6). Section R12-5-301 repealed, new Section adopted by emergency action and filed September 26, 1990, effective September 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired, text of original Section placed back into effect December 27, 1990. Section R12-5-1201 renumbered from Section R12-5-301 (Supp. 93-3). R12-5-1201 repealed by summary action with an interim effective date of August 30, 1996; filed in the Office of the Secretary of State August 8, 1996 (Supp. 96-3). Adopted summary rules filed December 6, 1996; interim effective date of August 30, 1996 now the permanent effective date (Supp. 96-4). New Section made by exempt rulemaking at 17 A.A.R. 813, effective April 22, 2011 (Supp. 11-2).

ARTICLE 13. REPEALED

R12-5-1301. Repealed

Historical Note

Section R12-5-1301 renumbered from Section R12-5-501 (Supp. 93-3). R12-5-1301 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1302. Repealed

Historical Note

Original rule, Art. III, Ch. IV (Supp. 76-4). Section R12-5-1601 renumbered from Section R12-5-560 (Supp. 93-3). R12-5-1302 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

ARTICLE 14. REPEALED

The heading for Article 14 was repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

ARTICLE 15. REPEALED

The heading for Article 15 was repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

ARTICLE 16. REPEALED

R12-5-1601. Repealed

Historical Note

Original rule, Art. III, Ch. IV (Supp. 76-4). Section R12-5-1601 renumbered from Section R12-5-560 (Supp. 93-3). R12-5-1601 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim

effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1602. Repealed

Historical Note

Original rule, Art. III, Ch. IV (Supp. 76-4). Section R12-5-1602 renumbered from Section R12-5-561 (Supp. 93-3). R12-5-1602 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1603. Repealed

Historical Note

Original rule, Art. III, Ch. IV (Supp. 76-4). Section R12-5-1603 renumbered from Section R12-5-562 (Supp. 93-3). R12-5-1603 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1604. Repealed

Historical Note

Original rule, Art. III, Ch. IV (Supp. 76-4). Section R12-5-1604 renumbered from Section R12-5-563 (Supp. 93-3). R12-5-1604 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1605. Repealed

Historical Note

Original rule, Art. III, Ch. IV (Supp. 76-4). Section R12-5-1605 renumbered from Section R12-5-564 (Supp. 93-3). R12-5-1605 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1606. Repealed

Historical Note

Adopted effective November 25, 1977 (Supp. 77-6). Section R12-5-1606 renumbered from Section R12-5-570 (Supp. 93-3). R12-5-1606 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1607. Repealed

Historical Note

Adopted effective November 25, 1977 (Supp. 77-6). Section R12-5-1607 renumbered from Section R12-5-571 (Supp. 93-3). R12-5-1607 repealed by summary action with an interim effective date of May 3, 1996; filed in the

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Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1608. Repealed**Historical Note**

Adopted effective November 25, 1977 (Supp. 77-6). Section R12-5-1608 renumbered from Section R12-5-572 (Supp. 93-3). R12-5-1608 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1609. Repealed**Historical Note**

Adopted effective November 25, 1977 (Supp. 77-6). Section R12-5-1609 renumbered from Section R12-5-573 (Supp. 93-3). R12-5-1609 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1610. Repealed**Historical Note**

Adopted effective November 25, 1977 (Supp. 77-6). Section R12-5-1610 renumbered from Section R12-5-574 (Supp. 93-3). R12-5-1610 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1611. Repealed**Historical Note**

Adopted effective November 25, 1977 (Supp. 77-6). Section R12-5-1611 renumbered from Section R12-5-575 (Supp. 93-3). R12-5-1611 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

R12-5-1612. Repealed**Historical Note**

Adopted effective November 25, 1977 (Supp. 77-6). Section R12-5-1612 renumbered from Section R12-5-576 (Supp. 93-3). R12-5-1612 repealed by summary action with an interim effective date of May 3, 1996; filed in the Office of the Secretary of State April 8, 1996 (Supp. 96-2). Adopted summary rules filed August 13, 1996; interim effective date of May 3, 1996 now the permanent effective date (Supp. 96-3).

ARTICLE 16.1. RENUMBERED

Article 16.1, consisting of Sections R12-5-570 thru R12-5-576, renumbered to Article 16, Sections R12-5-1606 thru R12-5-1612 (Supp. 93-3).

ARTICLE 17. REPEALED AND EXPIRED**R12-5-1701. Repealed****Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1701 renumbered from Section R12-5-600 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1702. Repealed**Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1702 renumbered from Section R12-5-601 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1703. Repealed**Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1703 renumbered from Section R12-5-602 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1704. Repealed**Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1704 renumbered from Section R12-5-603 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1705. Repealed**Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1705 renumbered from Section R12-5-604 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1706. Repealed**Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1706 renumbered from Section R12-5-605 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1707. Expired**Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1707 renumbered from Section R12-5-606 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 18 A.A.R. 1652, effective January 31, 2012 (Supp. 12-2).

R12-5-1708. Repealed**Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1708 renumbered from Section R12-5-607 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1709. Repealed**Historical Note**

Original rule, Ch. V (Supp. 76-4). Section R12-5-1709 renumbered from Section R12-5-608 (Supp. 93-3). Section

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tion repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1710. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1710 renumbered from Section R12-5-609 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1711. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1711 renumbered from Section R12-5-610 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1712. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1712 renumbered from Section R12-5-611 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1713. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1713 renumbered from Section R12-5-612 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1714. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1714 renumbered from Section R12-5-613 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1715. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1715 renumbered from Section R12-5-614 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1716. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1716 renumbered from Section R12-5-615 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1717. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1717 renumbered from Section R12-5-616 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1718. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1718 renumbered from Section R12-5-617 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

tion repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1719. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1719 renumbered from Section R12-5-618 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1720. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1720 renumbered from Section R12-5-619 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1721. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1721 renumbered from Section R12-5-620 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1722. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1722 renumbered from Section R12-5-621 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1723. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1723 renumbered from Section R12-5-622 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

R12-5-1724. Repealed

Historical Note

Original rule, Ch. V (Supp. 76-4). Section R12-5-1724 renumbered from Section R12-5-623 (Supp. 93-3). Section repealed by final rulemaking at 6 A.A.R. 3180, effective August 1, 2000 (Supp. 00-3).

ARTICLE 18. MINERAL LEASES

R12-5-1801. Definitions

Unless the context otherwise requires:

1. "Commissioner" means the State Land Commissioner.
2. "Contiguous" means adjoining and having at least part of one side in common.
3. "Department" means the State Land Department.
4. "Geochemical surveys" means surveys on the ground for mineral deposits by the proper application of principles and techniques of the science of chemistry as they relate to the search for and the discovery of mineral deposits.
5. "Geological surveys" means surveys on the ground for mineral deposits by the proper application of the principles and techniques of the science of geology as they relate to the search for and discovery of mineral deposits.
6. "Geophysical surveys" means surveys on the ground for mineral deposits through the employment of generally recognized equipment and methods for measuring physi-

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cal differences between rock types or discontinuities in geological formations.

7. "Lessee" means the holder of any lease issued pursuant to the provisions of these rules and regulations and includes the holder of an approved assignment of such lease.
8. "Mineral" means all natural inorganic substances that may be extracted from the earth, and includes mineral compounds and mineral aggregates, natural building stone, saline deposits, and such organic substances as coal and guano, but does not include petroleum and related hydrocarbon gases or other natural gases.
9. "Mining" means extracting mineral from the earth, but shall not include any activity carried on after the mineral has been detached from the earth and has reached the natural or original surface of the earth.
10. "Qualified expert" means an individual qualified by education or experience to conduct geological, geochemical, or geophysical surveys, as the case may be.
11. "Shipping" means the transportation of extracted mineral, after mining, to the place of processing or sale.

Historical Note

Original rule, Art. VI, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-1801 renumbered from Section R12-5-701 (Supp. 93-3).

R12-5-1802. Expired**Historical Note**

Original rule, Art. VI, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-1802 renumbered from Section R12-5-702 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 1834, effective January 31, 2002 (Supp. 02-1).

R12-5-1803. Expired**Historical Note**

Original rule, Art. VI, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-1803 renumbered from Section R12-5-703 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 1834, effective January 31, 2002 (Supp. 02-1).

R12-5-1804. Expired**Historical Note**

Original rule, Art. VI, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-1804 renumbered from Section R12-5-704 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 1834, effective January 31, 2002 (Supp. 02-1).

R12-5-1805. Lease for Mineral Claim

- A. Term of lease. Every mineral lease of state land shall be for a term of 20 years.
- B. Lessee's right of possession and enjoyment. Every mineral lease shall confer the right:
 1. To extract and ship minerals from the claim located within planes drawn vertically downward through the exterior boundary lines thereof, provided:
 - a. That in case of each lease of a claim located pursuant to the provisions of subsection (C) of these rules and regulations (Type A claim), the lease shall confer extralateral rights, in the discovery vein only, as follows:

Exclusive right of possession and enjoyment of the vein, lode, or ledge throughout its entire

depth, the top or apex of which lies inside the surface lines of the claim extended downward vertically, although such veins, lodes or ledges may so far depart from a perpendicular in their course downward as to extend outside the vertical side lines of such surface locations. But the right of possession to such outside parts of such veins or ledges shall be confined to such portions thereof as lie between vertical planes drawn downward as above described, through the end lines of the location, so continued in their own direction that such planes will intersect such exterior parts of such veins or ledges. Nothing in this subsection shall authorize the locator or possessor of a vein or lode which extends in its downward course beyond the vertical lines of his claim to enter upon the surface of a claim owned or possessed by another.

2. To use as much of the surface as required for purposes incident to mining.
3. Of ingress to and egress from other state lands, whether or not leased for purposes other than mining.
 - a. Proposed routes of ingress and egress over state lands, preferably reflecting agreement on the part of the lessees concerned, shall be subject to final approval by the Commissioner. Construction of roadways shall not be initiated by the mineral claimant or lessee until such approval is had.

C. Provisions of mineral lease

1. Every mineral lease of state lands shall provide for:
 - a. The annual performance of not less than \$100.00 worth of labor or of improvements made upon each claim or group of contiguous claims in common ownership. The annual expenditure shall become due and shall be performed during the year commencing at the expiration of one year from the date of location at 12:00 o'clock meridian and during each year thereafter.
 - i. The term "labor" shall include, without being limited to, geological, geochemical and geophysical surveys conducted by qualified experts and verified by a detailed report filed with the Commissioner which sets forth fully:
 - (1) The location of the work performed in relation to the point of discovery and boundaries of the claim,
 - (2) The nature, extent and cost thereof,
 - (3) The basic findings therefrom, and
 - (4) The name, address, and professional background of the persons conducting the work.

Such surveys, however, may not be applied as labor for more than two consecutive years or for a total of more than five years on any one mining claim, and each such survey shall be non-repetitive of any previous survey of the same claim.

- ii. Improvements mentioned in (A)(1) above shall be limited to those necessary and incident to mining or which develop, or tend to develop, mineral.
- iii. Proof of annual labor on each claim shall be filed with the Commissioner, in such form as the Commissioner may prescribe, within 90

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days after expiration of the period provided for its performance.

- b. The fencing of all shafts, prospect holes, adits, tunnels and other dangerous mine workings for the protection of livestock.
 - c. The construction of necessary improvements and installation of necessary machinery and equipment with the right to remove it upon expiration, termination or abandonment of the lease, if all the monies owing to the state under the terms of the lease have been paid.
 - d. The cutting and use of timber and stone upon the claim, not otherwise appropriated, for fuel, construction of necessary improvements, or for drains, roadways, tramways, supports, or other necessary purposes.
 - e. The right of the lessee and his assigns to transfer the lease.
 - f. Termination of the lease by the Commissioner upon written notice specifically setting forth the default for which forfeiture is declared, and preserving the right of the lessee to cure the default within a period of not less than 30 days.
Notices of termination shall be mailed to the address of record of the lessee. Such notice shall set forth the default and inform the lessee of the time and place he may appear before the Commissioner to show cause why the lease should be restored to good standing.
 - g. Termination of the lease by the lessee at any time during its term by giving the Commissioner 30 days' notice of termination in writing; provided, the lessee is not delinquent in the payment of rent or royalty to the date of termination.
- D. Lease rental.** The rental for a lease of a mineral claim on state lands shall be \$15.00 per annum, payable in advance at the time of application for lease and at the beginning of each yearly period thereafter.
- E. Royalty**
1. Every mineral lease of state land shall provide for payment to the state by the lessee of a royalty of 5% of the net value of the minerals produced from the claim. The net value shall be deemed to be the gross value after processing, where processing is necessary for commercial use, less the actual cost of transportation from the place of production to the place of processing, less costs of processing and taxes levied and paid upon the production thereof. In case of minerals not processed for commercial use, the net value shall be the gross proceeds, or gross value, at the place of sale or use, less the actual cost of transportation from the place of production to the place of sale or use, less taxes, if any, levied and paid upon the production thereof.
 2. In the case of limestone, silica, shale, and clay manufactured into building materials, the royalty shall be 3¢ per gross short ton of material removed. The 3¢ per ton royalty shall be based upon the average regional wholesale price of the building material so manufactured over the 12-month period immediately preceding June 14, 1958. The royalty shall be adjusted at the end of each five-year period thereafter in direct proportion to the decrease or increase in the five-year average of the average yearly regional prices for such building materials over the preceding five-year period, providing the decrease or increase amounts to 10% or more of the previous base price.
3. In case of sand, rock and gravel to be used in the construction of roads, buildings or other structures, the royalty shall be 5¢ per cubic yard.
 - a. As used as a basis of classification for royalty purposes, the word "rock" means the granular material coarser than gravel, and usually associated with natural deposits of sand and gravel.
 4. The minimum rental paid for each year shall be credited upon royalties which may become due during the year.
- F. Assignment of lease.** The lessee of each mineral claim, if not in default of rent or royalty, and who has kept and performed all the conditions of his lease, may with the written approval of the Commissioner assign his lease. Application for assignment and assignments will be in such form as the Commissioner may require.
- G. Renewal.** Upon application to the Commissioner, not less than 30 nor more than 60 days prior to the expiration of the lease, the lessee of mineral lands, if he is not delinquent in the payment of rental or royalty on the date of expiration of the lease, shall have a preferred right to renew the lease bearing even date with the expiration of the old lease for a term of 20 years.
- H. Sub-leases.** No sub-lease shall be valid without the written permission of the Department.
- I. Lease, reserved mineral interest; bond**
1. Each mineral lease of the state's reserved mineral interest, resulting from sale of state land, shall contain such special conditions and terms as are necessary to the protection of the pertinent patentee or contract purchaser of state lands, or their successors in interest and the state of Arizona, against damage to lands, livestock, water, crops or other tangible improvements on lands held by such patentee or contract purchaser and suffered by the reason of the use or occupation of such land by the lessee.
 - a. Lease applicant will be required to execute a bond in a reasonable principal amount, conditioned upon payment for such damage.
 - b. Failure by lease applicant to post bond within 30 days after notice of such requirement has been served by the Department shall be deemed to constitute forfeiture of right to the lease.

Historical Note

Original rule, Art. VI, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-1805 renumbered from Section R12-5-705
(Supp. 93-3).

R12-5-1806. Records and Reports

- A.** Annual lease report. An annual report shall be submitted by the lessee of each mineral claim showing any and all work performed, improvements made, the cost thereof, and such other information as the Commissioner may require. The report, covering the mining operation in general, shall be filed with the Commissioner within 90 days after expiration of the period provided for the performance of annual labor, shall be incorporated with the report of that labor and shall be in such form as the Commissioner may prescribe.
- B.** Monthly production report. A monthly report of production shall be submitted by the lessee of each mineral claim within 15 days after the end of the month in which production is first had and before the 15th of each succeeding month for the month immediately preceding, unless otherwise ordered by the Commissioner. Any negative report subsequent to the initial production report shall be submitted unless waived by the

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Commissioner. The report shall be in such form as the Commissioner may prescribe and shall contain such information as the Commissioner may require, including, but not limited to, information regarding amounts of mineral extracted, use, or sold, the costs of shipping and processing, and the monetary returns therefrom.

- C. Records. Each lessee of a mineral claim shall make and keep appropriate books and records covering the mining, shipping, processing and selling of mineral from the claim. The Commissioner or his representative shall have the right at all times during the existence of each lease of a mineral claim, and for six months thereafter, to make such reasonable examination of such books, records or other material as may be necessary to obtain information desired.

Historical Note

Original rule, Art. VI, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-1806 renumbered from Section R12-5-706
(Supp. 93-3).

R12-5-1807. Relating to Mineral Reservations

- A. Definitions. Unless the context otherwise requires:
1. "Commissioner" means the State Land Commissioner.
 2. "Department" means the State Land Department.
 3. "Reserved minerals" means those minerals, hydrocarbons and other substances as defined in A.R.S. § 37-231, subsection (E).
- B. Scope and authority. These rules and regulations are for the protection of the patentee or contract purchaser of state lands, sold under the authority granted by A.R.S. § 37-231, subsection (E), or their successors in interest, and the state of Arizona, against damage to the lands, livestock, water, crops, or other tangible improvements on lands held by such patentee or contract purchaser, and suffered by reason of the use or occupation of such lands by lessees or permittees engaged in mining and oil and gas exploration and development under leases or permits executed by the Department.
- C. Nature of mineral reservation. In accordance with the provisions of A.R.S. § 37-231, wherein the state of Arizona reserves and retains all oil, gas, other hydrocarbon substances, helium or other substances of a gaseous nature, coal, metals, minerals, fossils, fertilizer of every name and description, together with all uranium, thorium, or any other material determined to be peculiarly essential to the production of fissionable materials, and the exclusive right thereto, on, in, or under such land regardless of any sale of its lands and the subsequent issuance of any instrument conveying title thereto, the State Land Department, for, and on behalf of the state of Arizona, at the same time reserves the right to sever and ship the reserved minerals therefrom; at the same time recognizing its responsibility to properly provide for the protection of the purchaser against damage to his lands and certain improvements on the lands held by him as provided by law.
- D. Surface and subsurface use. A lessee or permittee engaged in mining and oil and gas exploration and development under leases or permits executed by the Department shall have the right to reasonable use of so much of the surface or subsurface of the lands of a patentee or contract purchaser as may be necessary for the conduct of operations to explore for, sever and remove the reserved minerals under such leases or permits, provided that the Commissioner in his discretion may require a lessee or permittee to, first, secure the written consent or waiver of the patentee or contract purchaser; or, second, pay to the patentee or contract purchaser the damages to the lands, livestock, water, crops, or other tangible improvements under

agreement; or, third, in lieu of either of the foregoing provisions, post with the Department prior to his entry upon the lands, a cash deposit or surety bond, in an amount to be fixed by the Commissioner, conditioned upon payment to the patentee or contract purchaser for all such damage caused by lessee or permittee.

Historical Note

Original rule, Art. VI, Subchapter B, Ch. II (Supp. 76-4).
Section R12-5-1807 renumbered from Section R12-5-707
(Supp. 93-3).

ARTICLE 19. PROSPECTING PERMITS**R12-5-1901. Definitions**

- A. "Commissioner" means State Land Commissioner.
- B. "Date of issuance of permit" means the 15th day after approval of the designated land by the Commissioner.
- C. "Department" means State Land Department.
- D. "Exploration" means activity conducted upon the state land covered by an exploration permit to determine the existence or nonexistence of a valuable mineral deposit, including but not limited to geological, geochemical or geophysical surveys conducted by qualified experts, and drilling, sampling and excavation, together with the costs of assay and metallurgical testing of samples from such land.
- E. "Geochemical surveys" means surveys on the ground for mineral deposits by the proper application of the principles and techniques of the science of chemistry as they relate to the search for and discovery of mineral deposits.
- F. "Geological surveys" means surveys on the ground for mineral deposits by the proper application of the principles and techniques of the science of geology as they relate to the search for and discovery of mineral deposits.
- G. "Geophysical surveys" means surveys on the ground for mineral deposits through the employment of generally recognized equipment and methods for measuring physical differences between rock types or discontinuities in geological formations.
- H. "Mineral" means all natural inorganic substances that may be extracted from the earth and includes mineral compounds and aggregates, natural building stone, saline deposits, and such organic substances as coal and guano but does not include petroleum and related hydrocarbon gases or other natural gases.
- I. "Qualified expert" means an individual qualified by education or experience to conduct geological, geochemical, or geophysical surveys, as the case may be.

Historical Note

Original rule, Art. VI-A, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1901 renumbered from Section R12-5-731 (Supp. 93-3).

R12-5-1902. Expired**Historical Note**

Original rule, Art. VI-A, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1902 renumbered from Section R12-5-732 (Supp. 93-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 31, 2012; filed in the Office January 11, 2017 (Supp. 17-1).

R12-5-1903. Application for Permit

- A. Qualifications of applicant. Any citizen of the United States, partnership or association of citizens, or a corporation organized under the laws of the United States or any state or territory thereof, and authorized to transact business in the state,

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may apply to the Commissioner for a mineral exploration permit on state land.

- B.** Area covered by permit application. Separate application shall be made for each mineral exploration permit. A permit may include one or more of the rectangular subdivisions of 20 acres, more or less, or lots of state land in any one section of the public land surveys.
- C.** Information to be furnished by the applicant
1. The application for permit shall be in such form as the Commissioner may prescribe, shall be in writing, signed by the applicant or an authorized agent or attorney for the applicant, and shall contain the following information:
 - a. Name and address of applicant.
 - b. Statement whether applicant is an individual, partnership or corporation.
 - c. Statement of citizenship.
 - d. If a corporation:
 - i. Name.
 - ii. State of incorporation.
 - iii. Arizona business address.
 - iv. Affirmation of authorization to do business in Arizona.
 - e. Age and marital status.
 - f. Description according to the public land survey of the land for which application is being made.
 - g. Location of mineral locations, claims or leases on the land under application.
 - h. Location of abandoned underground or other major workings on the land under application.
 - i. Location of proposed roadways within the area under application and of proposed of ingress and egress over other state land concerned.
 - j. Location of improvements or crops on land under application, or on land over which proposed routes of ingress and egress pass. (Information required in (g), (h), and (i) above, shall be conveyed by means of a reasonably accurate plat, or drawing, accompanying the application form.)
 2. This rule shall not be taken or construed to limit or restrict the authority of the Commissioner to require the furnishing by the applicant of such additional information as may appear to him to be necessary or desirable, either generally or specifically, for the proper administration of the law governing prospecting permits.
- D.** Filing application for permit; fee; time of filing
1. Each application filed with the Department shall be accompanied by payment to the Department of a failing fee of \$15.00.
 2. Each application so filed that meets the requirements of (A), (B), and (C)(1) above shall be stamped by the Department with the time and date it is filed with the Department and, upon being so stamped, shall have a priority over any other application for a permit involving the same state land which may be filed with the Department subsequent to such time and date.
 - a. Each application filed by U.S. Mail shall be considered to have been filed in the Department at the time and date it is delivered to the mail room of the Department, provided the requirements of (A), (B), and (C)(1) have been met.
 - b. When two or more applications are delivered to the mail room of the Department in the same mail, the applications shall be deemed to have been simultaneously filed.
 3. Each application not meeting the requirements of (A), (B), and (C)(1) above shall be rejected by the Department.
- E.** Withdrawal from mineral location of lands under application. The open state land involved in a filed and time-stamped application for permit shall be deemed withdrawn from mineral location at the time the application is stamped and shall remain so withdrawn so long as the application is pending.
- F.** Adjudication of rights; notice to applicant; issue of permit
1. Not less than 30 days, nor more than 45 days from the filing of the application with the Department, provided there is no prior application for a mineral exploration permit involving the same state land then pending before the Department, or if such prior application is then pending but is subsequently cancelled, not more than 15 days after it is cancelled, the Department shall mail to the applicant, by registered or certified mail at the address shown on the application, a written notice designating:
 - a. The state land described in the application which, at the time the application was filed with the Department, was open to entry and location as a mineral claim or claims upon discovery of a valuable mineral deposit thereon,
 - b. The amount of rental required to be paid for the mineral exploration permit, and
 - c. Whether a bond will be required as a condition to issuance of such permit.
 2. If, within 15 days after the mailing of such notice, the applicant shall pay to the Department as rental for the permit, the amount of \$2.00 per acre for each acre of state land designated in the notice and shall file with the Department the bond, if any, required as a condition to issuance, the Commissioner shall issue to the applicant a mineral exploration permit for the state land designated in the notice.
- G.** Default by applicant; cancellation of application. Upon failure of the applicant for a mineral exploration permit to make the payment or furnish the required bond within the period of 15 days, as provided in (F) above, the application shall be deemed cancelled, of no further effect and the filing fee forfeited.
- H.** Simultaneous filings; conflicts; adjudication of priority
1. In the event it is determined by the Department that two or more applications for a mineral exploration permit have been filed at the same time, as indicated by the time-stamp, and that the applications include one or more rectangular subdivisions of 20 acres, more or less, or lots of state land which are identical, a conflict of priority shall exist as to such identical land.
 2. Resolution of conflicts of priority shall be by drawing held by the Department not less than ten, nor more than 20 days after the simultaneous filing. Ample notice by registered mail of conflict and drawing shall be given each applicant involved. The drawing shall be conducted in such a manner as to resolve the order of priority of filing between or among the simultaneously filed applications, and suitable notice of the determined order of priority shall be given to each such applicant by the Department.
- I.** Right of applicant to use of land. The filing of an application for a mineral exploration permit shall not confer upon the applicant any greater right to use of the land under application than that held before such filing.

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Historical Note

Original rule, Art. VI-A, Subchapter B, Ch. II (Supp. 76-4). Emergency amendment filed September 26, 1990, adopted effective September 27, 1990, pursuant to A.R.S. 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Section R12-5-1903 renumbered from Section R12-5-733 (Supp. 93-3).

R12-5-1904. Expired**Historical Note**

Original rule, Art. VI-A, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-1904 renumbered from Section R12-5-734 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 1834, effective January 31, 2002 (Supp. 02-1).

R12-5-1905. Conversion of Permitted Acreage to Mineral Lease

Application for lease.

1. Following discovery of a valuable mineral deposit upon the state land covered by a mineral exploration permit with a rectangular subdivision of 20 acres, more or less, or lot of the public land survey, the permittee may apply to the Commissioner for a mineral lease upon state land so contained.
 - a. For the purpose of the application and any mineral lease issued pursuant to such application, such rectangular subdivision or lot shall constitute a mineral claim without extra-lateral rights and shall be deemed to have been located as of the date of filing the application for mineral lease.
2. The application for mineral lease shall be on a form provided by the Commissioner and shall be accompanied by:
 - a. Lease application fee of \$25.00 per lease.
 - b. Advance annual rental of \$15.00 per claim.
 - c. A plat, to scale, accurately showing location of the claim properly tied in to known U.S. Public Survey corner monuments to properly identify the land claimed.
 - d. A reasonably accurate drawing showing the proposed route of ingress and egress over other state land concerned.
 - e. Evidence, in a form acceptable to the Commissioner, constituting the applicant's proof of a valuable mineral deposit within the bounds of the claim. Final determination as to such proof shall be made by the Commissioner from the evidence submitted or by any other means at his disposal.
3. Ordinarily, both the application to lease, and the lease, shall be on the basis of one application per claim and one lease per claim. However,
 - a. The Commissioner may permit the acceptance of applications embracing more than one claim provided the claims are contiguous and further provided, that prior arrangement for such consolidation has been made and approval had; and
 - b. The Commissioner may permit or cause consolidation of claims for lease purposes to the extent consistent with required Departmental administrative procedures. Any consolidation thus effected shall not alter the provisions of subsection (2) above.
4. From and after the date of issuance of a mineral lease, the mineral claim or claims covered by such mineral lease shall be deemed to be excluded from the prospecting permit.

Historical Note

Original rule, Art. VI-A, Subchapter B, Ch. II (Supp. 76-4). Emergency amendment filed September 26, 1990, adopted effective September 27, 1990, pursuant to A.R.S. 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Section R12-5-1905 renumbered from Section R12-5-735 (Supp. 93-3).

ARTICLE 20. COMMON MINERAL MATERIALS AND NATURAL PRODUCTS**R12-5-2001. Definitions**

- A. "Common mineral materials" includes cinders, sand, gravel and associated rock, fill-dirt, common clay, disintegrated granite, boulders and loose float rock, waste rock and materials of similar occurrence commonly used as aggregate road material, rip-rap, ballast, borrow, fill, for general construction and for similar purposes.
- B. "Natural products" includes all other products severed from the land including, but not limited to, water and plants but shall not include geothermal resources and those substances subject to the mining prospecting permit and leasing laws of Arizona.
- C. "Royalty" means the monetary consideration representing the true appraised value of the common mineral materials of natural products.
- D. For the purposes of any common mineral materials sales agreement, unless otherwise stated, the following terms shall have these meanings.
 1. "Ton" is 2,000 pounds.
 2. A "cubic yard" is a measurement of material that will fill a container that measures 1 yard by 1 yard by 1 yard and when a cubic yard is to be converted to tons industry accepted measures of conversion will be used.
 3. "Annual production" is the number of tons of material that the Department determines is a reasonable amount to be extracted from the site in any 12-month period.
 4. "Unit royalty rate" is the amount of money to be paid by the buyer to the Department for each ton of common mineral materials extracted.

Historical Note

Former Section R12-5-771 repealed as an emergency effective October 31, 1977, new Section R12-5-771 adopted effective September 16, 1977 (Supp. 77-5). Former Section R12-5-771 repealed as an emergency now repealed, new Section adopted effective September 21, 1978 (Supp. 78-5). Section R12-5-2001 renumbered from Section R12-5-771 (Supp. 93-3).

R12-5-2002. Miscellaneous Rules

- A. Scope. These rules are promulgated pursuant to authority vested in the State Land Department by statute and provide for the disposition of common mineral products and natural products in conformance with the enabling Act and Arizona Constitution. These rules and regulations shall supersede any existing rules or procedures of the Department under this Chapter.
- B. Application of rules. As applicable, these rules shall govern the sale of all common mineral materials and natural products.
- C. State land subject to application to purchase. Any state-owned land containing deposits or accumulations of common mineral materials and natural products shall be subject to application for sale thereof it being understood that the state reserves the right to refuse to authorize the sale of common mineral materials or natural products on its lands.

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- D. Location prohibited. Common mineral materials and natural products are not subject to location as a claim, application for prospecting permit or to application for a mineral lease, as provided by Title 27, Chapter 2, Articles 3 and 4 of the Arizona Revised Statutes. The right to enter upon state land for the purpose of exploring and testing of common mineral materials is reserved by the Department.
 - E. Nature of agreement. A common mineral materials or natural products sales agreement is an agreement by virtue of which the holder may enter designated state trust lands and recover, extract, use, store, remove and dispose of the materials or natural products designated in the sales agreement, as set forth in R12-5-775(B), R12-5-778, and R12-5-779.
 - F. Area of activity. The agreement entitles the holder to pursue any permitted activity on or within the premises as determined by boundaries drawn vertically downward through the exterior boundaries of the premises.
 - G. Environmental protection. At any time during the course of the agreement, the Department may require the purchaser to employ new or other conservation measures in addition to any required at the time of purchase. Any such requirement shall not affect the royalty or minimum annual guarantee requirement.
 - H. Rehearings and appeals. The right to a rehearing or an appeal from an intermediate or final order of the Department, Commissioner or Board of Appeals from any action taken pursuant to this Article, shall be as authorized by the law pertaining to the conduct of the Department, Commissioner and Board of Appeals, the general rules pertaining to such rehearings and appeals and such right is neither enlarged nor diminished by this Article.
- b. Statement whether applicant is an individual, partnership or corporation or agency of the state or political subdivision thereof.
 - c. Statement of citizenship, when applicable.
 - d. If a corporation:
 - i. Name.
 - ii. State of incorporation.
 - iii. Arizona business address.
 - iv. Affirmation of authorization to do business in Arizona.
 - e. Age and marital status, when applicable.
 - f. Description, according to the public land survey, of the land for which application is being made.
 - g. Location of mineral claims or leases on the land under application.
 - h. Location of abandoned mineral workings or common mineral materials pits on the land under application.
 - i. Location of proposed roadways within the area under application and of proposed routes of ingress and egress over other state land.
 - j. Location of improvements or crops on land under application or on land over which proposed routes of ingress and egress pass (information required in (g) through (j) herein shall be conveyed by means of a reasonably accurate plat or drawing accompanying the application form).
- 2. This rule shall not be taken or construed to limit or restrict the authority of the Commissioner to require the applicant to furnish such additional information, either generally or specifically, as the Commissioner may deem necessary for the proper administration of the law governing sales of common mineral materials or other natural products.

- D. Filing application for sale. Each application filed with the Department shall be accompanied by the filing fee provided by law and an application for commercial lease of whatever portion, if any, of the lands covered by the sale application upon which the applicant intends to undertake related commercial activities, place permanent improvements or otherwise use the surface.

Historical Note

Former Section R12-5-772 repealed as an emergency effective October 31, 1977, new Section R12-5-772 adopted effective September 16, 1977 (Supp. 77-5). Former Section R12-5-772 repealed as an emergency now repealed, new Section adopted effective September 21, 1978 (Supp. 78-5). Section R12-5-2002 renumbered from Section R12-5-772 (Supp. 93-3).

R12-5-2003. Application for Purchase

- A. Qualification of applicant. Any citizen, or one who has declared his intention to become a citizen, of the United States, partnership, or association of citizens, or a corporation organized under the laws of the United States or any state, or territory thereof, and authorized to transact business in the state, and any agency of the state of Arizona or any political subdivision thereof may apply to the Department to purchase common mineral materials or natural products.
- B. Area covered by application. A separate application shall be made for each common mineral materials or other natural products sale that relates to land in a different section or to non-contiguous parcels within a section. The size of any area subject to sale shall be determined by the Department in order to further the best interests of the state, and may represent consolidated applications.
- C. Information to be furnished by the applicant.
 - 1. The application to purchase shall be in such form as the Commissioner may prescribe, shall be filed with the Department by the applicant or an authorized agent for the applicant, and shall contain the following information:
 - a. Name and address of applicant.

Historical Note

Former Section R12-5-773 repealed as an emergency effective October 31, 1977, new Section R12-5-773 adopted effective September 16, 1977 (Supp. 77-5). Former Section R12-5-773 repealed as an emergency now repealed, new Section adopted effective September 21, 1978 (Supp. 78-5). Section R12-5-2003 renumbered from Section R12-5-773 (Supp. 93-3).

R12-5-2004. Exploration Permits

Common mineral materials and natural products, exploration, permits.

- 1. Scope. Following receipt of an application to purchase, the Department may issue permits to any person to explore for common mineral materials or natural products which are subject to sale.
- 2. Issuance of permits. Such permits will be issued only for limited entry into designated areas for the purpose of exploring or testing for common mineral material or natural products.
- 3. Non-assignability of permits. Such permits are non-assignable and subject to control stipulations by the Department.

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4. No reimbursable improvements will be authorized or recognized by the Department in connection with any activity pursuant to an exploration permit.
5. Filing an application for sale shall entitle an applicant to an exploration permit without payment of further fees; any other person wishing to explore must pay a sum equal to the application fee.
6. All related state land must be restored after exploration and before sale by the exploring person(s).

Historical Note

Former Section R12-5-774 repealed as an emergency effective October 31, 1977, new Section R12-5-774 adopted effective September 16, 1977 (Supp. 77-5). Former Section R12-5-774 repealed as an emergency now repealed, new Section adopted effective September 21, 1978 (Supp. 78-5). Section R12-5-2004 renumbered from Section R12-5-774 (Supp. 93-3).

R12-5-2005. Use of Land

- A. Rights of applicant. Except as may be provided by an exploration permit duly issued pursuant to R12-5-774, the filing of an application for a common mineral material or other natural products sale shall not confer upon the applicant any greater right to the use of the land under application or to the common mineral materials or other natural products therein than were held by the applicant before filing.
- B. Rights of Buyer. The Buyer shall have the right to use as much of the surface of the premises as is reasonably necessary for the extraction, severance, temporary storage, removal and disposition of the materials from the premises, including the right to wash, screen, crush, sort or otherwise mechanically process those materials, together with the right of ingress to and egress from the premises across other state lands along designated routes approved by the Department. The right herein granted shall be perfected by Buyer obtaining the commercial lease referred to in R12-5-773(D).
- C. Use by other than Buyer; assignability of Buyer's rights. No one other than the employees or officers of the Buyer or those of an independent contractor engaged in the performance of a written contract with the Buyer shall have the right to enter upon the premises to perform any act permitted Buyer under the sales agreement. However, Buyer may assign its interest upon the prior written approval of the Department upon a form provided for such.
- D. No reimbursable improvements shall be authorized or recognized by the Department no matter by whom or for what purpose constructed insofar as the Buyer of a common mineral materials or natural products agreement is concerned. The Buyer shall have 90 days following the expiration or termination of the agreement, provided Buyer has performed all acts to be performed by it to remove any improvements; further provided that such removal does not interfere with the land being returned to an acceptable condition. Otherwise, any such improvements shall be deemed abandoned to the trust. Nothing in this provision, however, shall interfere with any right to reimbursement for improvements which Buyer might have by virtue of its status as a lessee of the Department.

Historical Note

Former Section R12-5-775 repealed as an emergency effective October 31, 1977, new Section R12-5-775 adopted effective September 16, 1977 (Supp. 77-5). Former Section R12-5-775 repealed as an emergency now repealed, new Section adopted effective September 21,

1978 (Supp. 78-5). Section R12-5-2005 renumbered from Section R12-5-775 (Supp. 93-3).

R12-5-2006. Notice and Conduct of Competitive Sales

- A. Nature
 1. All sales of common mineral materials and natural products, except to governmental agencies, shall be by public auction.
 2. Common mineral materials or natural products may be sold to governmental agencies without public auction on terms specified by the Commissioner, provided that the materials or products are sold at their true appraised value and that they are to be used for governmental purposes.
- B. Sales notice. Public notice of sale at public auction for common mineral materials or natural products shall be published once each week for not less than ten successive weeks in a newspaper of general circulation published regularly at the state Capitol and in a newspaper of general circulation published regularly nearest the location of the interest to be sold and with the same formality as required for the sale of land.
- C. Conduct of sales. A representative of the Department shall conduct the public auction in a manner as consistent as possible as that provided for sales of land. Specifically, bidding shall be conducted in the following manner:
 1. Bidding shall be by voice bid but no bid will be considered or recorded which is not higher than the highest preceding bid, except the initial bid may be for the unit royalty rate established in the notice of sale.
 2. No bid shall be accepted for less than the unit royalty rate established in the notice of sale and the Department reserves the right to reject any or all bids, if determined by it to be in the best interests of the state.
 3. Before a final bid at public auction is accepted, bidder must present to the auctioneer the amount of money that represents the minimum required in the notice of sale. The successful bidder shall have an additional 30 days from the date of sale in which to pay such additional sums, post such bonds and complete whatever other requirements may be required. Failing to do so will result in the abandonment of such sums already paid to the Department as liquidated damages and the freeing of the Department to reconsider such other bidders as the proper recipient of the sales agreement.
- D. Execution of agreement
 1. Upon approval by the Department of the successful bid for a common mineral materials or other natural products sale, the Department, by mail, will tender the sales agreement to the Buyer for its signature and simultaneously will notify it of the bond coverage required by the Department as a condition of issuing the sales agreement and will further state the execution fee required by law.
 - a. When the executed sales agreement is filed with the Department by the Buyer and the Buyer has posted the bond or bonds required as a condition of issuance of the agreement, and the agreement has been signed by the Commissioner, the agreement will be in full force and effect.
 - b. The date of commencement of the agreement will be the date of sale.

Historical Note

Adopted effective September 16, 1977 (Supp. 77-5). Section R12-5-2006 renumbered from Section R12-5-776 (Supp. 93-3).

R12-5-2007. Common Mineral Materials

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- A.** Material to be specified. Common mineral materials sales agreements will recite the material or materials covered by such agreements and the rights of Buyers will pertain only to such materials as specified in the agreement.
1. It is understood that flora will necessarily be distributed by Buyer's activities, but such disturbance shall be minimal and the Department may so direct Buyer's activities to assure such minimal disturbance.
 2. Buyer shall not be entitled to keep, give, sell or otherwise dispose of any flora on the premises unless the agreement so provides, in which event such flora shall have been appraised by or for the Department and a separate price therefore set forth in the agreement.
 3. This agreement shall confer the right on the Buyer to extract groundwater from the land area subject to the sale for the purposes stated in R12-5-772, subsection (E) and R12-5-775, subsection (B), and purposes incidental or related thereto which uses and purposes shall be set forth in the Notice of Sale and which shall have been a factor in the establishment of the minimum acceptable unit royalty rate however, groundwater may be separately noted for sale in which event the notice of sale shall specifically so provide.
 4. The granting of a right to extract groundwater shall not constitute a representation or guarantee by the Department that there is any groundwater available at any level or any quality for extraction.
 5. Any right to extract groundwater conferred hereby is subject to any and all limitations and provisions existing in law or regulation of any agency including any such applicable other regulation of this Department.
 6. Nothing herein shall affect any right to the use of groundwater which buyer might otherwise possess by virtue of being a lessee of the Department or having otherwise acquired a groundwater permit through Public Auction Sale by the Department.
- B.** Advertising of sale. The advertising of sale of common mineral materials shall state the location by legal description of the tract or tracts on which the material is being offered, the kind of material, the term, the time and place of auction, the unit, the minimum unit royalty rate, minimum annual production, total bid deposit required, bond requirements, the office where additional information may be obtained and such additional information as the Department may deem necessary.
1. When the materials to be sold on a basis other than the standard one set forth in these rules, the notice of sale shall so state in specific detail.
- C.** Appraisals. Common mineral materials to be sold will be appraised by the Department when the materials are in their undisturbed natural condition ("in situ") using acceptable appraisal standards. The appraisal will determine the minimum unit royalty rate and minimum annual production.
- D.** Annual royalty. Until any reappraisal goes into effect, the annual royalty shall be the higher of
1. The minimum annual royalty as determined by the bidding process as provided in R12-5-777(E),
 2. The number of units of material extracted multiplied by the unit royalty rate.
- Upon reappraisal, subsections (D)(1) and (2) shall be adjusted to reflect the reappraisal.
- a. The minimum annual royalty payment shall be due and payable in advance on the anniversary of the agreement. Royalty for any material extracted, severed or disposed of in excess of the minimum annual production shall be due and payable in advance on the anniversary of the agreement. Royalty for any material extracted, severed or disposed of in excess of the minimum annual production shall be due and payable monthly within 30 days after billing by the State Land Department.
- E.** Bids. Unless otherwise provided by the Commissioner and specifically published in the notice of sale, all bids shall be by the unit royalty rate.
1. In determining the minimum annual royalty, the Department shall multiply the unit royalty rate bid by the successful bidder times the minimum annual production which shall be determined solely by the Department and set forth in the notice of sale.
- F.** Reappraisals. The royalty rate established initially shall remain fixed for the first two years of the agreement. For each subsequent year the Department may reappraise in the following manner:
1. No later than 60 days before the end of any anniversary date, the Department may reappraise the material to determine the unit rate and/or the acceptable minimum annual royalty; that reappraisal shall be effective for the second year following the one in which the reappraisal is made.
 2. The Department shall notify the Buyer within 30 days of the reappraisal and Buyer shall be obligated for payments based on such reappraisal for the second year following the one in which the reappraisal is made. If any proper appeal is taken by Buyer and not concluded before the effective date of the reappraisal, the prior royalty shall be paid, with any necessary adjustment being made immediately upon the conclusion of such appeal.
 3. The Department is not obligated to reappraise in any particular year and its failure to do so merely means the last appraisal results shall remain in effect until a proper reappraisal is made.
- G.** Provisions of the agreement
1. Term
 - a. The term of a common mineral material sales agreement shall not be for more than 20 years.
 - b. The Department will set the term of each sales agreement in such manner as to best utilize the resources and provide an economically sound term compatible with the law, the best interest of the trust and of the state.
 2. For contract administration and sales-related expenses, a charge of 2% will be added to the minimum annual roy-

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- alty and to royalties paid for production in excess of minimum annual production.
3. The royalty provisions shall be set forth in the agreement.
 4. All common mineral materials removed from the premises shall be measured by volume, weight or truck tally or a combination of these methods or any other form of measurement the Department determines to be to the best interest of the state.
 5. Buyer's conduct on premises
 - a. The Buyer will conduct its operations in a workman-like manner at all times, to protect the premises and soils thereof and including, but not limited to:
 - i. Keeping the premises free of all litter, junk or debris;
 - ii. Taking precautions as necessary to protect the safety of persons or property upon the premises;
 - iii. Complying with all flood control regulations which may be applicable to the premises;
 - iv. Fencing all dangerous workings for the protection of humans and livestock;
 - v. Complying with all other rules and regulations prescribed from time to time by the Department or any other agency having jurisdiction over the premises or the activities.
 - b. Upon termination of the agreement, the Buyer will restore the surface of the premises to a reasonable condition in accordance with good mining practices, such restoration to include:
 - i. The sloping of side banks of the excavation resulting from the operation to a grade of not more than one foot vertical for each two feet of horizontal distance, unless otherwise specified by the Department;
 - ii. The backfilling into the excavation of all unused waste materials and overburden resulting from the operation, and the leveling of such backfill to a reasonably uniform depth on the floor excavation, unless otherwise specified by the Department;
 - iii. The removal and restoration of the surface of any new haul roads constructed on state land by Buyer, which roads the Department does not elect to retain, any such election of retention to be made in writing.
 - c. The Buyer will indemnify, hold and save harmless, the state of Arizona, the Department and all of their officers and employees, against all loss, damage, liability, expense, costs and charges incident to or resulting in any way from use, condition or occupation of the premises.
 6. Transfers
 - a. The Buyer, with prior approval of the Commissioner, may assign the agreement.
 - b. The application for assignment and the assignment and assumption of the agreement will be on such forms as the Department may prescribe.
 - c. Assignment shall not relieve the Buyer from any duties under the agreement but the assignee shall succeed to all of the rights and be jointly and severally liable, along with the assignor, to all of the obligations existing under the agreement dating from its inception.
 - d. No transfer of the Buyer's interest or any portion thereof is authorized except as specifically provided in these rules.
 7. Termination of sales agreement
 - a. Upon 30 days' written notice to Buyer, the Department may terminate the agreement for the failure or neglect of the Buyer to perform any of its provisions, including those specified by these rules. Failure to pay royalties when due is such a failure of performance.
 - b. Notices of termination shall be mailed to the address of record at the Department of the Buyer. Such notice shall set forth the reason for the termination.
 - c. Provided Buyer is not in default in any of the terms and conditions of the agreement, the Buyer shall have the right to terminate the agreement upon any annual anniversary date thereof by giving the Seller not less than 30 days' prior notice in writing of Buyer's intention to do so.
 8. Upon termination or expiration of the agreement, Buyer shall have 90 days, provided it has fully performed under the agreement, to remove any stockpiled material on the premises. The Commissioner may, if the Buyer so requests in writing within ten days before the expiration of any such removal period, or extension thereof, grant a further extension not to exceed 60 days and provided that the cumulative removal period, along with extensions, shall not exceed 210 days. If the Buyer has not fully performed or fails to remove the stockpiled material within that specified time, such material will be deemed abandoned to the Trust. Any subsequent buyer of material on the portion of the premises on which stockpiled will succeed to its ownership and pay the Department the new Buyer's royalty rate therefor upon removal.
 9. The agreement shall not provide for any renewal thereof.
 10. Bonds
 - a. The Commissioner may require the Buyer to post a cash deposit or surety bond to guarantee the performance of the sales agreement and the payment of all monies due the state under the sales agreement.
 - b. Restoration and surface damage bond
 - i. The Commissioner shall require the Buyer to furnish bond, in a reasonable amount, to be fixed by the Commissioner, conditioned that the Buyer will guarantee restoration of the surface of the land described in the sales agreement to a reasonable condition in accordance with good mining practices, upon termination of the sales agreement.
 - ii. The Commissioner shall also require the Buyer to include in the above bond an amount set by the Department as a surety bond in the form, amount, and with surety approved by the Commissioner, conditioned upon prompt payment to the owner or lessee of the surface of state land covered by the common mineral materials sales agreement, or across which the common mineral materials Buyer exercises the right of ingress, for any loss to such owner or lessee for damage or destruction caused by the common mineral materials Buyer or Buyer's agents or employees, to grasses, forage, crops and improvements upon such land.

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- iii. Assignment of the sales agreement will not relieve the assignor of his obligation as principal under the bond. Release of the assignor's obligation under the bond may be effected through the posting of a replacement bond by the assignee, but only after approval by the Commissioner in lieu of a replacement bond, the bonding company may furnish a bond rider form changing the name of principal.
 - iv. The Commissioner, in his discretion reasonably exercised, may reduce or increase the principal amount of any bond.
 - v. After determination by the Commissioner that full discharge of the conditions of the obligation under any bond has been effected, he will, in writing, notify the principal and surety held by the bond so that it may be formally terminated.
 - vi. Surety on the bond shall have the right to cancel the bond and be relieved of future liability, but not previous liability after the period of notice, by giving 30 days' notice to the Buyer and the Department of its desire to so cancel. Failure by the Buyer to post a replacement bond before the expiration of the 30 days, mentioned next above, shall constitute a default by the Buyer and cause for cancellation of the sales agreement.
11. Records and reports
- a. A monthly report of production (either affirmative or negative) shall be submitted by the Buyer of each common mineral materials sales agreement within 15 days after the end of the month in which his sales agreement was issued, and by the 15th of each month thereafter.
 - b. The report shall be in such form as the Commissioner shall prescribe and shall contain such information as the Commissioner shall require, including, but not limited to, the type, volumes, weights and classifications of the common mineral materials removed or disposed of.
 - c. Each Buyer shall make and keep an accurate account of all operations, showing the sales, prices, dates, purchasers and the total amount of material disposed or removed from the subject premises.

Historical Note

Adopted effective September 16, 1977 (Supp. 77-5). Section R12-5-2007 renumbered from Section R12-5-777 (Supp. 93-3).

R12-5-2008. Natural Products -- Groundwater

When the law permits and the Department believes it consistent with the best interests of the state, groundwater may be sold at public auction in the same manner and subject to the same forms, insofar as possible, as are common mineral materials.

Historical Note

Adopted effective September 16, 1977 (Supp. 77-5). Section R12-5-2008 renumbered from Section R12-5-778 (Supp. 93-3).

R12-5-2009. All Other Natural Products

When the Department believes it consistent with the best interests of the state, natural products other than groundwater may be sold at

public auction in the same manner and subject to the same terms, insofar as possible, as are common mineral materials.

Historical Note

Adopted effective September 16, 1977 (Supp. 77-5). Section R12-5-2009 renumbered from Section R12-5-779 (Supp. 93-3).

ARTICLE 21. OIL AND GAS LEASES**R12-5-2101. Completed Oil and Gas Lease Application**

An oil and gas lease application, filed pursuant to this Article, shall be on a form prescribed and furnished by the Department. The application is complete if all blank spaces are addressed with all required attachments. The applicant may indicate "not applicable" or "N/A" on any blank, as appropriate. The applicant shall complete the application's certification page pursuant to the instructions. An applicant shall appropriately sign and date the application.

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2101 renumbered from Section R12-5-781 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1). New Section made by final rulemaking at 13 A.A.R. 4310, effective January 5, 2008 (Supp. 07-4).

R12-5-2102. Expired**Historical Note**

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2102 renumbered from Section R12-5-782 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2103. Expired**Historical Note**

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2103 renumbered from Section R12-5-783 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2104. Application for Noncompetitive Lease; Acreage Limitation

- A. The Department shall not issue an oil and gas lease on land already leased for that purpose. If state lands are not located within a known geological structure of a producing oil or gas field, a person shall submit a noncompetitive oil and gas lease application for a noncompetitive oil and gas lease. State lands under a single oil and gas lease application shall not exceed 2,560 acres which shall be the maximum acreage of state lands in a noncompetitive oil and gas lease. The lands under application shall be in as compact a body as possible. The application may include non-contiguous state lands within a six mile square area if the maximum acreage of contiguous land is not available, but shall not exceed 2,560 acres.
- B. An applicant shall submit the completed noncompetitive oil and gas lease application to the Department's Phoenix Office, 1616 W. Adams, Phoenix, AZ 85007, to the attention of Public Records, along with payment of the required application fee pursuant to A.R.S. § 37-108 and advanced rent payment as calculated under A.R.S. § 27-555(D). The first applicant to file a complete noncompetitive oil and gas lease application with required fees and advance rental payment has priority to the lease. The Department shall resolve conflicts resulting from

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simultaneously filed noncompetitive oil and gas lease applications in accordance with Section R12-5-2105.

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2104 renumbered from Section R12-5-784 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 4310, effective January 5, 2008 (Supp. 07-4).

R12-5-2105. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2105 renumbered from Section R12-5-785 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 4310, effective January 5, 2008 (Supp. 07-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 290, effective January 15, 2020 (Supp. 20-1).

R12-5-2106. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2106 renumbered from Section R12-5-786 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 4310, effective January 5, 2008 (Supp. 07-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 290, effective January 15, 2020 (Supp. 20-1).

R12-5-2107. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2107 renumbered from Section R12-5-787 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2108. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2108 renumbered from Section R12-5-788 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2109. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2109 renumbered from Section R12-5-789 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2110. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2110 renumbered from Section R12-5-790 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2111. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2111 renumbered from Section R12-5-791 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E)

at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2112. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2112 renumbered from Section R12-5-792 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2113. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2113 renumbered from Section R12-5-793 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2114. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2114 renumbered from Section R12-5-794 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2115. Competitive Lease; Award of Lease

When state lands are located within a known geological structure of a producing oil or gas field, the oil and gas interest in the land shall be leased only by sealed bid.

1. Within 30 days of opening of sealed bids, the Department, subject to its right to reject a bid, shall award the lease to the highest qualified bidder. The Department shall give notice of its decision, by certified mail, to the applicants.
2. The Department shall send a lease offer to the successful bidder. The successful bidder shall execute the leases and pay the first year's rental, within 30 days from receipt of the lease offer.
3. If two or more tracts, where the acreage does not exceed more than two sections of land, are awarded to any bidder the tracts may, if not otherwise prohibited by law, be included in a single lease.

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2115 renumbered from Section R12-5-795 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 4310, effective January 5, 2008 (Supp. 07-4).

R12-5-2116. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2116 renumbered from Section R12-5-796 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2117. Expired

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2117 renumbered from Section R12-5-797 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E)

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at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2118. Cooperative and Unit Agreements

A lessee seeking the Commissioner's approval of a cooperative or unit agreement under A.R.S. § 27-557, shall comply with the following procedure and requirements.

1. To facilitate the Department's decision making process and to allow an applicant to obtain feedback prior to formal submission, an applicant shall submit the following information no less than 60 days before submitting a cooperative or unit agreement for approval:
 - a. A copy of a plat map showing the area to be included in the cooperative or unit agreement;
 - b. Structural and geological information that supports the land to be included in the cooperative or unit agreement; and
 - c. A draft of the proposed cooperative or unit agreement for the Department's review.
 - d. If the proposed cooperative or unit agreement includes federal lands, and if by inclusion of those lands, the federal government requires standard provisions for a cooperative or unit agreement, the applicant shall submit a proposed cooperative or unit agreement that includes the federal provisions.
2. A cooperative or unit agreement does not affect the leasehold of any leased state lands outside of the cooperative or unit area. The cooperative or unit agreement does not affect leaseholds within the cooperative or unit area unless the lessees' land is committed to the cooperative or unit area pursuant to A.R.S. §§ 27-557 or 27-531 et seq.

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2118 renumbered from Section R12-5-798 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 4310, effective January 5, 2008 (Supp. 07-4).

R12-5-2119. Expired**Historical Note**

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2119 renumbered from Section R12-5-799 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2120. Surrender

A lessee may surrender to the Department a lease or any part of a lease, but not less than an approximate 40 acre parcel. A lessee shall surrender the lease or a part of a lease to the Department by submitting to the Department one copy of the lease and any monies owed.

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2120 renumbered from Section R12-5-800 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 4310, effective January 5, 2008 (Supp. 07-4).

R12-5-2121. Expired**Historical Note**

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2121 renumbered from Section R12-5-801 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E)

at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1).

R12-5-2122. Monthly Statement

A lessee shall submit to the Department a monthly statement of oil or gas production and other statements required of the lessee under the lease.

Historical Note

Original rule, Art. VII, Subchapter B, Ch. II (Supp. 76-4). Section R12-5-2122 renumbered from Section R12-5-802 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 4310, effective January 5, 2008 (Supp. 07-4).

ARTICLE 22. GEOTHERMAL RESOURCES**R12-5-2201. Definitions**

In these rules and regulations the following terms shall have the meaning herein given:

1. "Commission" means the Oil and Gas Conservation Commission.
2. "Completion" or "completed well" means a well that has produced or is capable of producing geothermal resources or has been determined to be a dry hole, temporarily abandoned or plugged and abandoned, or has been readied for other phases of exploitation.
3. "Department" means the State Land Department.
4. "Environment" means the sum total of all the external conditions which may act upon an organism or community, to influence its development or existence.
5. "Geothermal area" means the same general surface area which is underlain or reasonably appears to be underlain by one or more formations containing geothermal resources.
6. "Geothermal resources" means:
 - a. All products of geothermal processes embracing indigenous steam, hot water and hot brines.
 - b. Steam and other gases, hot water and hot brines resulting from water, other fluids or gas artificially introduced into geothermal formations.
 - c. Heat or other associated energy found in geothermal formations, including any artificial stimulation or induction thereof.
 - d. Any mineral or minerals, exclusive of fossil fuels and helium gas, which may be present in solution or in association with geothermal steam, water or brines.
7. "Lease" means a geothermal resources development lease issues for state lands pursuant to the provisions of this Article.
8. "Lessee" means the holder of a lease or any assignee of an original lease or part thereof.
9. "Operator" means any person drilling, maintaining, operating, pumping or in control of any well, and includes the owner, when any well is or has been or is about to be operated or under the direction of the owner.
10. "Owner" means and includes the operator when any well is operated or has been operated or is about to be operated by any person other than the owner.
11. "Person" means and includes any individual, firm, association, corporation or any other group or combination acting as a unit.
12. "Waste" means any physical waste including, but not limited to, underground waste resulting from the inefficient, excessive or improper use of dissipation of reservoir energy or resulting from the location, spacing, drilling,

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equipping, operation or production of a geothermal resources well in such a manner that reduces or tends to reduce the ultimate economic recovery of the geothermal resources within a reservoir, and surface waste resulting from the inefficient storage or utilization of geothermal resources and the location, spacing, drilling, equipping, operation or production of a geothermal resources well in such a manner that causes or tends to cause the unnecessary or excessive surface loss or destruction of geothermal resources obtained or released from the reservoir.

13. "Well" means any well drilled in search of geothermal resources or any development well on lands in areas proved to be underlain by one or more formations containing geothermal resources or reasonably presumed to contain geothermal resources or any well drilled for information purposes, or any producing well or reentered abandoned well used for the injection of fluids into the geothermal formation or disposition of fluids into non-geothermal formations, or any well drilled for the purpose of stimulating the heat of a formation or for the creation of heat in a formation by nuclear or any other form of energy.
14. "Known Geothermal Resource Area (KGRA)" means an area in which the geology, nearby discoveries, competitive interests, and other indicia would, in the opinion of the Department, engender a belief in the people who are experienced in the subject matter that the prospects for the extraction of geothermal resources are sufficient to warrant expenditures of money for that purpose.

Historical Note

No original number assigned (Supp. 76-4). Former Section R12-5-850 repealed, new Section R12-5-850 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2201 renumbered from Section R12-5-850 (Supp. 93-3).

R12-5-2202. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-851 repealed, new Section R12-5-851 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2202 renumbered from Section R12-5-851 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2).

R12-5-2203. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-852 repealed, new Section R12-5-852 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2203 renumbered from Section R12-5-852 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2204. Terms of Lease

- A. If, after the expiration of the ten year primary term or the additional two-year period provided for in A.R.S. § 27-6710, this lease is maintained in force and effect by the production of geothermal resources in paying quantities and the production shall cease, this lease shall continue in force and effect provided lessee pays the rentals provided for in these rules and conducts operations on the lands with reasonable diligence for the purpose of restoring the paying production of geothermal resources from the lands. In the event paying production of

geothermal resources from the lands is restored within one year from the date of cessation of production, this lease shall remain in full force and effect.

- B. If geothermal resources in paying quantities are discovered on the lands covered by this lease or on lands joined therewith in a cooperative or pooled unit, while the lease is in full force and effect, but lessee is unable to produce any geothermal resources because of lack of transportation, processing or generating facilities, the lease shall be extended beyond the primary term of ten years from year to year, but not to exceed a period of three years, by payment of a shut-in geothermal resources royalty of \$2.00 per acre per year, payable in advance annually on the anniversary date of the lease, and if the payment is made it will be considered geothermal resources are being procured and produced in paying quantities from the leased premises for such year.

Historical Note

No original number assigned (Supp. 76-4). Former Section R12-5-853 repealed, new Section R12-5-853 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2204 renumbered from Section R12-5-853 (Supp. 93-3).

R12-5-2205. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-854 repealed, new Section R12-5-854 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2205 renumbered from Section R12-5-854 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2206. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-855 repealed, new Section R12-5-855 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2206 renumbered from Section R12-5-855 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2207. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-856 repealed, new Section R12-5-856 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2207 renumbered from Section R12-5-856 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2208. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-857 repealed, new Section R12-5-857 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2208 renumbered from Section R12-5-857 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2209. Surface Use

- A. Geothermal resources lessees shall have the right to use so much of the surface of the lands as may be reasonably necessary for the conduct of their operations under the leases.
- B. Surface rights to include:

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1. Prospecting, exploration drilling and production.
2. Right to construct and maintain all roads, communication lines, pipelines, reservoirs, storage tanks, pumping stations, or other structures reasonably necessary to the production thereof, to the extent such construction is compatible with existing and future surface use of the land, as determined by the State Land Commissioner.

However, the lessee shall be liable for unnecessary or excessive damage caused by lessee, in the judgment of the Department, to the state's interest in the surface, or to the interest of a surface lessee, if any, and the Department may require the lessee at any time to execute a bond in a reasonable principal amount as determined by the Department conditioned upon payment for all such damage. If the lessee and a surface lessee cannot agree upon the amount of damages caused by lessee, such damages shall be appraised by the Department or its agent and appeal from the judgment of the Department may be taken as provided by law.

Historical Note

No original number assigned (Supp. 76-4). Former Section R12-5-858 repealed, new Section R12-5-858 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2209 renumbered from Section R12-5-858 (Supp. 93-3).

R12-5-2210. Environmental Protection and Conduct of Operations

- A. All lessees and operators shall comply with all applicable Arizona environmental statutes as now in effect or as hereafter enacted or amended, and all applicable rules and regulations. In addition, lessee must comply with all federal environmental statutes and regulations.
- B. Lessee or operator shall be subject to liability for any excessive or unnecessary damage to the surface of the ground and improvements thereon, and is charged to conduct operations so as not to pollute surface or subsurface waters on the lands covered by the lease or on neighboring lands.
- C. In addition, operations shall be conducted so as to prevent pollution to the air, noise pollution, compliance with the Arizona Antiquities Act and acts providing for the protection of native flora and fauna.

Historical Note

No original number assigned (Supp. 76-4). Former Section R12-5-859 repealed, new Section R12-5-859 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2210 renumbered from Section R12-5-859 (Supp. 93-3).

R12-5-2211. Cooperative and Unit Agreements

Commitment of leases of state lands to cooperative or unit agreements shall be conditioned on the following procedure and requirements which shall be submitted at time of application.

1. There shall be submitted to the Department two copies of a plat showing the area to be unitized, together with such geophysical and geological information as will tend to support the delineation of a geothermal resource area. The information so furnished shall be held confidential by the Department until released by the applicant or applicants.
2. There shall be submitted to the Department two preliminary drafts of the agreement for approval as to form. Where the amount of federal land predominates in any unit area, the standard form of unit agreement of the United States should be followed.

3. After determination by the Department that it is for the best interest of the state to permit a lessee to participate in a cooperative or unit agreement for the development and operation of a geothermal resource area, the Department may grant approval therefor when a request for such approval is submitted.
4. A cooperative or unit agreement shall not affect the leasehold of any leased state lands lying outside of the unit area, and shall not be effective as to the leaseholds lying within the unit area unless the lessees thereof and the then approved operating interests shall subscribe to such an agreement.
5. The terms and conditions of leases covering state lands will be modified and changed to the extent necessary to conform the same to the terms and conditions of the agreement.

Historical Note

No original number assigned (Supp. 76-4). Former Section R12-5-860 repealed, new Section R12-5-860 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2211 renumbered from Section R12-5-860 (Supp. 93-3).

R12-5-2212. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-861 repealed, new Section R12-5-861 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2212 renumbered from Section R12-5-861 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2213. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-862 repealed, new Section R12-5-862 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2213 renumbered from Section R12-5-862 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2214. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-863 repealed, new Section R12-5-863 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2214 renumbered from Section R12-5-863 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2).

R12-5-2215. Expired**Historical Note**

No original number assigned (Supp. 76-4). Former Section R12-5-864 repealed, new Section R12-5-864 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2215 renumbered from Section R12-5-864 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2216. Abandonment -- Other Uses

As provided for in A.R.S. § 27-667(C) any well drilled for geothermal resource which has penetrated fresh water zones may be disposed of as a fresh water well subject to the following conditions:

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1. State's lessee must file written request for such use with the Department.
2. Condition of the hole must be such that plugging back to fresh water zone can be safely accomplished.
3. Must meet the requirements of the rules and regulations of the Department pertaining to such use.
4. Must meet the requirements of the Commission's rules and regulations pertaining to disposal of groundwater.

Historical Note

No original number assigned (Supp. 76-4). Former Section R12-5-865 repealed, new Section R12-5-865 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2216 renumbered from Section R12-5-865 (Supp. 93-3).

R12-5-2217. Expired

Historical Note

No original number assigned (Supp. 76-4). Former Section R12-5-866 repealed, new Section R12-5-866 adopted effective March 14, 1979 (Supp. 79-2). Section R12-5-2217 renumbered from Section R12-5-866 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 474, effective January 31, 2009 (Supp. 09-1).

R12-5-2218. Renumbered

Historical Note

No original numbers assigned (Supp. 76-4). Repealed effective March 14, 1979 (Supp. 79-2). Section R12-5-2218 renumbered from Section R12-5-867 (Supp. 93-3).

R12-5-2219. Renumbered

Historical Note

No original numbers assigned (Supp. 76-4). Repealed effective March 14, 1979 (Supp. 79-2). Section R12-5-2219 renumbered from Section R12-5-868 (Supp. 93-3).

R12-5-2220. Renumbered

Historical Note

No original numbers assigned (Supp. 76-4). Repealed effective March 14, 1979 (Supp. 79-2). Section R12-5-2220 renumbered from Section R12-5-869 (Supp. 93-3).

R12-5-2221. Renumbered

Historical Note

No original numbers assigned (Supp. 76-4). Repealed effective March 14, 1979 (Supp. 79-2). Section R12-5-2221 renumbered from Section R12-5-870 (Supp. 93-3).

R12-5-2222. Renumbered

Historical Note

No original numbers assigned (Supp. 76-4). Repealed effective March 14, 1979 (Supp. 79-2). Section R12-5-2222 renumbered from Section R12-5-871 (Supp. 93-3).

R12-5-2223. Renumbered

Historical Note

No original numbers assigned (Supp. 76-4). Repealed effective March 14, 1979 (Supp. 79-2). Section R12-5-2223 renumbered from Section R12-5-872 (Supp. 93-3).

R12-5-2224. Renumbered

Historical Note

No original numbers assigned (Supp. 76-4). Repealed effective March 14, 1979 (Supp. 79-2). Section R12-5-2224 renumbered from Section R12-5-873 (Supp. 93-3).

ARTICLE 23. BOARD OF APPEALS

R12-5-2301. Definitions

Unless the context requires otherwise, in this Article:

1. "Appellant" means the person that files a notice of appeal with the Clerk under A.R.S. § 37-215.
2. "Board" means the Land Department Board of Appeals appointed by the Governor under A.R.S. § 37-213(A).
3. "Chairperson" means the Chairperson or, in the Chairperson's absence or by designation, the Vice-chairperson of the Board.
4. "Clerk" means the person designated by the Board to handle administrative matters for the Board.
5. "Commissioner" means the State Land Commissioner appointed under A.R.S. § 37-131, or the Commissioner's designee.
6. "Department" means the State Land Department.
7. "Good cause" means a reason that the Board determines is substantial enough to afford a legal excuse.
8. "Party" has the same meaning as prescribed in A.R.S. § 41-1001.
9. "Person" means an individual, limited liability company, corporation, association, partnership, receiver, trustee, guardian, executor, administrator, fiduciary representative, group acting as a unit, and any department, agency, or instrumentality of the state or a political subdivision.

Historical Note

Adopted effective September 9, 1983 (Supp. 83-5). Section R12-5-2301 renumbered from Section R12-5-901 (Supp. 93-3). Former Section R12-5-2301 renumbered to R12-5-2315, new Section R12-5-2301 adopted effective November 27, 1995 (Supp. 95-4). Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2302. Notice of Appeal

- A. A person that files a notice of appeal under A.R.S. § 37-215 shall ensure that the notice is written and contains a clear and concise statement of the grounds for appeal and the specific relief requested.
- B. If a notice of appeal regards a final decision of the Commissioner relating to classification or appraisal of lands or improvements, the person filing the notice of appeal shall file it with the Commissioner under this Article.
- C. If a notice of appeal regards a final decision of the Commissioner not relating to classification or appraisal of lands or improvements, the person filing the notice of appeal shall file it with the Department under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4). Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2303. Notice of Hearing

- A. Setting a hearing date. Within 10 days after receipt of a notice of appeal under A.R.S. § 37-215 and R12-5-2302(B), the Clerk shall set a date for the hearing.
- B. Service of a notice of hearing. At least 30 days before a hearing, the Clerk shall serve notice of the hearing, by certified

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mail or personal service, to the appellant, Department, and all other parties to the appeal.

- C. Contents of a notice of hearing. The Clerk shall ensure that a notice of hearing contains a statement:
1. Identifying the Board, parties, and matters asserted;
 2. Establishing the date, time, and place of the hearing;
 3. Identifying the legal authority and jurisdiction under which the hearing is to be held;
 4. Advising the parties of the requirements of R12-5-2305; and
 5. Referencing the particular statutes and rules involved.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 9 A.A.R. 88, effective February 17, 2003 (Supp. 02-4). Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2304. Prehearing Disclosure

- A. Witnesses and exhibits. At least 15 days before the hearing date, each party shall:
1. File with the Clerk:
 - a. A list of all witnesses who may be called to testify on behalf of the party, and
 - b. Eight copies of all documentary exhibits to be offered on behalf of the party; and
 2. Serve upon each other party a copy of the list of witnesses and a list of all exhibits to be offered on behalf of the party.
- B. The Board shall exclude the testimony of a witness and the admission of an exhibit not disclosed under subsection (A), unless the Board determines that admission of the evidence is in the interest of fairness and justice.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2305. Continuances

- A. General. The Chairperson may, for good cause, continue or reschedule a hearing on the Chairperson's own motion, application of a party, or stipulation of the parties.
- B. Application for continuance.
1. Filing. To obtain a continuance of a hearing, a party shall file an application for continuance with the Clerk and serve a copy of the application on all parties no later than 10 days before the scheduled hearing. For good cause, the Chairperson may allow a party to file and serve an application for continuance less than 10 days before the scheduled hearing.
 2. Contents. A party filing an application for continuance shall ensure that the application states why the continuance is requested, why a stipulation from adverse parties was not obtained, and the amount of time requested.
 3. Response and reply. An opposing party may file and serve a response within five days after service of an application for continuance. The Board shall permit a reply that is filed and served within five days after the response is served.
- C. Stipulations. The parties may stipulate to a continuance. The Board shall accept a stipulation that is filed no later than 72 hours before the time scheduled for the hearing.

- D. Time limits. Unless the parties agree, the Board shall not grant a continuance if granting the continuance causes the hearing not to be conducted in compliance with A.R.S. § 37-215(C).

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Typographical correction made to A.R.S. reference in R12-5-2305(E) (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2306. Computation of Time; Additional Time After Service by Mail

- A. Computation. To compute any period prescribed or allowed by this Article or order of the Board, the day of the act, event, or default after which the period begins to run is not included. The last day of the period is included, unless the last day is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday. When the period prescribed or allowed is 10 days or less, intermediate Saturdays, Sundays, and legal holidays are excluded in the computation.
- B. Service by mail. If a party has a right or is required to do some act or proceed within a prescribed period after service of a notice or other paper and if the notice or paper is served by mail, five calendar days are added to the prescribed period.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2307. Service of Documents Other than Subpoenas

- A. Method of service. Unless otherwise specified in this Article, a person shall serve a document other than a subpoena by:
1. Personal service with receipt or certificate of delivery,
 2. Legible fax with confirmed receipt, or
 3. Regular mail.
- B. Service on attorney. If a party has appeared through an attorney, service upon the attorney is deemed service upon the party.
- C. Time of service. Service is made at the time a document is:
1. Personally served;
 2. Faxed to the number contained in Board's records for the person being served; or
 3. Deposited in the United States mail, postage prepaid, in a sealed envelope addressed to the person being served, at the person's address of record.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2308. Subpoenas

- A. Issuance of a subpoena. Upon written application of a party or on the Chairperson's own motion, the Chairperson may issue a subpoena requiring the attendance and testimony of a witness, production of documentary or other tangible evidence, or both.
- B. Specificity required. A party that applies for a subpoena to compel production of documentary or other tangible evidence shall ensure that the application specifically identifies the books, papers, documents, or other evidence to be produced.
- C. Service of a subpoena. A party that applies for a subpoena shall ensure that the subpoena is personally served. The person serving a subpoena shall provide proof of service by filing

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with the Board a certified statement of the date and manner of service and the name of the person served.

- D. Objection to a subpoena.** A party or the person served with a subpoena who objects to the subpoena, or a portion of the subpoena, may file a written objection with the Board. The person filing an objection shall:
1. File it within five days after service of the subpoena or at the beginning of the hearing, whichever occurs first; and
 2. Ensure that the objection states why the subpoena is unreasonable or oppressive or how the desired testimony or evidence may be obtained by an alternative method.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2309. Motions

- A. Generally.** A party that requests an order or other relief from the Board shall file a motion. Unless made during a hearing, a motion shall be made in writing at least 10 days before the hearing. All motions, whether written or oral, shall state the factual and legal grounds supporting the motion and the relief or order sought.
- B. Response to motion; reply.** A party may file a response to a pre-hearing motion within five days after service of the pre-hearing motion. The responding party shall serve the response on the moving party. The moving party may file a reply within five days after service of the response.
- C. Affidavits.** If a party makes a motion that relies on facts that are neither apparent in the record nor subject to official notice, the party shall support the motion by affidavit or other satisfactory evidence.
- D. Rulings on motions.** The Board shall consider a pre-hearing motion on the written materials submitted by the parties, unless the Chairperson directs otherwise. The Chairperson may rule on a procedural motion. The Board shall rule on a non-procedural motion.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2310. Hearing

- A. Recording of hearing.** The Board shall ensure that a hearing record is made by tape recorder or stenographer.
- B. Order of appearance.** The Chairperson shall designate the order in which parties introduce their evidence.
- C. Improper conduct.** It is improper conduct to fail to comply with an order of the Chairperson or to disrupt a hearing. A person who engages in improper conduct shall be excluded from the hearing if the Chairperson determines that exclusion is necessary to facilitate the hearing.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2311. Evidence

- A. Generally.** A witness at a hearing shall testify under oath or affirmation. To encourage a full and true disclosure of the facts, the Chairperson shall ensure that all parties have the right to present oral or documentary evidence and conduct cross-examination. The Chairperson shall admit evidence that the Chairperson determines is relevant, probative, and material

and rule upon offers of proof. The Chairperson shall exclude evidence the Chairperson determines is irrelevant, immaterial, or unduly repetitious.

- B. Evidence.** The Chairperson may conduct a hearing in an informal manner without adherence to the rules of evidence required in judicial proceedings.
- C. Official notice.** The Board may take official notice of any matter than might be judicially noticed by a superior court of Arizona or any matter that is peculiarly within the knowledge of the Board as an expert body.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2312. Objection to Decision by Chairperson

If any member of the Board objects to a decision made by the Chairperson under this Article, the Board member may request that the Board vote on the matter in question and the Chairperson shall submit the matter to a vote of the Board.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2313. Ex Parte Communications

- A. Prohibitions.** A party shall not communicate, directly or indirectly, orally or in writing, with a member of the Board about any substantive issue relating to a proceeding before the Board unless:
1. All parties are present, either personally or by an attorney;
 2. It is during a scheduled proceeding where an absent party fails to appear after proper notice; or
 3. It is by written motion with a copy to all parties.
- B. Record.** A Board member who receives an ex parte communication shall place in the public record of the proceeding:
1. A copy of the ex parte communication if the communication is written; or
 2. A summary of the substance of the ex parte communication if the communication is oral.
- C. Action by Board.** Upon receipt of an ex parte communication by a member of the Board, the Board, to the extent consistent with the interests of justice, may require the party making the ex parte communication to show cause why the party's claim or interest in the proceeding should not be dismissed, denied, disregarded, or otherwise adversely affected by the violation.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2314. Decision of the Board

- A. Time limit.** Unless the parties stipulate otherwise, the Board shall render its final decision within 60 days after the hearing.
- B. Contents.** The Board shall include findings of facts and conclusions of law, separately stated, in the Board's decision.

Historical Note

Adopted effective November 27, 1995 (Supp. 95-4).
Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

R12-5-2315. Rehearing or Review of Decision

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- A.** Generally. Except as provided in subsection (G), within 30 days after service of notice of a final decision issued by the Board, a party may file with the Board a written motion for rehearing or review of the decision. A party is not required to file a motion for rehearing or review of a decision to exhaust the party's administrative remedies. A party may seek judicial review of the Board's final decision under A.R.S. Title 12, Chapter 7, Article 6.
- B.** Amendment of motion; response; oral argument. A party may amend a motion for rehearing or review at any time before the Board rules on the motion. Another party may file a response to a motion for rehearing or review within 10 days after service of the motion or amended motion. A party shall ensure that a motion or response is supported by a memorandum discussing legal and factual issues. Oral argument may be requested by either party or the Board.
- C.** Grounds for rehearing or review. The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
1. Irregularity in the proceedings or any order or abuse of discretion that deprived the moving party of a fair hearing;
 2. Misconduct of the Board, its staff, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
 5. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings; or
 6. The findings of fact or decision is not justified by the evidence or is contrary to law.
- D.** Affirmation or modification of decision; grant of rehearing or review. The Board may affirm or modify a decision or grant a rehearing or review to all or some of the parties on all or some of the issues for any of the reasons listed in subsection (C). The Board shall specify with particularity the grounds for an order modifying a decision or granting a rehearing or review. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- E.** Board-initiated rehearing or review. Not later than 30 days after the date of a decision and after giving the parties notice and an opportunity to be heard, the Board may, on its own initiative, order a rehearing or review of the decision for any reason it might have granted a rehearing or review on motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in a motion. The Board shall specify with particularity the grounds on which a rehearing or review is granted under this subsection.
- F.** Affidavits. When a party bases a motion for rehearing or review upon affidavits, the party shall serve the affidavits with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. This period may be extended by the Chairperson for a maximum 10 days for good cause or by written stipulation of the parties. The Board may permit a party to file a reply affidavit.
- G.** Exigency. If, in a particular decision, the Board makes a specific finding that the immediate effectiveness of the decision is necessary for preservation of the public health, safety, or welfare and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review.
- H.** Time limits. The Board shall rule on a motion for review or rehearing within 90 days after it is filed. If the Board grants a rehearing or review, the Board shall conduct the rehearing or review within 90 days after issuing the order granting the rehearing or review.

Historical Note

Adopted effective September 9, 1983 (Supp. 83-5). Section R12-5-2301 renumbered from Section R12-5-901 (Supp. 93-3). Section R12-5-2315 renumbered from R12-5-2301 and amended effective November 27, 1995 (Supp. 95-4). Amended by final rulemaking at 13 A.A.R. 4216, effective February 2, 2008 (Supp. 07-4).

ARTICLE 24. EXPIRED

Article 24, consisting of R12-5-2401 through R12-5-2405, expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2).

R12-5-2401. Expired**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 8, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2).

R12-5-2402. Expired**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 8, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2).

R12-5-2403. Expired**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 8, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2).

R12-5-2404. Expired**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 8, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2).

R12-5-2405. Expired**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 8, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 2942, effective May 31, 2004 (Supp. 04-2).

ARTICLE 25. CLASSIFYING TRUST LANDS AS SUITABLE FOR CONSERVATION PURPOSES**R12-5-2501. Petition**

- A.** A petition to nominate trust land suitable for conservation purposes may be filed at the Arizona State Land Department during regular business hours. The petition shall be made on a form provided by the Department.

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- B.** A petitioner shall nominate Trust lands in a manner consistent with and only for lands considered eligible under A.R.S. § 37-311, et seq.
- C.** A petitioner shall include the following information in a petition to nominate trust land suitable for conservation purposes:
1. A legal description of the land and a map that identifies the Township (T), Range (R), section, land description, acreage and county where the land is located. (Example: T1N, R3E, Section 17, SWNW, 40 acres, Maricopa County);
 2. A statement of proposed conservation uses of the land;
 3. A statement of why the land is suitable for conservation purposes with reference to the criteria identified in R12-5-2502(A);
 4. A statement of the existing surface uses on the land and how each existing use is affected both physically and economically by the proposed conservation use;
 5. An identification of the local jurisdiction in which the land is located;
 6. A statement of the local governing authority's comprehensive plan designation and existing zoning for the land and how the proposed conservation use is or is not consistent with the comprehensive plan and zoning;
 7. A statement of the positive and negative physical and economic impacts on the local community nearest the land;
 8. A statement of who or what entity will likely manage the land if, after the land is reclassified as suitable for conservation purposes, the land is approved for lease or purchase for conservation purposes; and
 9. A statement of any known mineral potential, including sand and gravel, of the lands.
- Historical Note**
Adopted effective March 5, 1998 (Supp. 98-1).
- R12-5-2502. Reclassification**
- A.** Criteria: Reclassification of state lands as suitable for conservation purposes shall be in the best interest of the Trust as determined by the Commissioner. The Commissioner and the Conservation Advisory Committee may consider any or all of the following criteria in evaluating whether the nominated land should be reclassified as suitable for conservation purposes:
1. Open space: Existence of substantially undisturbed open space values that make the land's conservation an asset to the community or to other adjacent developable state trust land;
 2. Unique scenic beauty:
 - a. Existence of a natural community landmark such as a significant mountain vista; or,
 - b. Existence of a scenic vista on to or through the land under petition from nearby major roadways or pathways, in addition to the mere existence of undeveloped open space;
 3. Wildlife and vegetation:
 - a. Existence of significant vegetation or wildlife, both native to the region and worthy of protection due to the relative lushness, health and diversity of the vegetation or the number and diversity of the wildlife;
 - b. Existence of endangered, threatened, or protected plants or endangered or threatened wildlife species as identified under federal or state laws;
 - c. Existence of significant stands of a signature plant characteristic of the location;
 4. Cultural resources:
 - a. Existence of a prehistoric or historic archaeological site;
 - b. Existence of a historic structure; or
 - c. Comparative costs of mitigation, data recovery, or preservation compared to potential revenue production of the land;
 5. Wildlife habitat:
 - a. Existence of sufficient acreage and habitat quality to support populations of endangered, threatened, or other particular species;
 - b. Interconnection between the land under petition and nearby public lands for wildlife movement;
 - c. Diversity of plant communities or biodiversity of plant or animal species;
 - d. Habitat condition, whether intact or degraded; or
 - e. Distance from an existing or proposed roadway, utility line, or urban development;
 6. Other:
 - a. Geologic and topographic features:
 - i. Existence of a significant wash, slope, or other topographic feature;
 - ii. Existence of a unique rock outcropping, formation or other unusual geologic feature; and
 - iii. Known soil conditions unsuitable for development purposes;
 - b. Watershed integrity: Relationship of the land to maintenance of the integrity of one or more watersheds;
 - c. Floodplain management: Impact of the 100-year floodplain on the land;
 - d. Surface water and groundwater:
 - i. Existence of a spring or other wetland;
 - ii. Occurrence of perennial or intermittent stream flow; and
 - iii. Potential for groundwater recharge.
 - e. Long-term viability of the land for conservation management:
 - i. Viability of the land based on its size, configuration, and location for successfully conserving the resources it seeks to protect; and
 - ii. Relationship of conservation of the land to resolving wildland fire issues, particularly in the urban-wildland interface;
 - f. Local, regional, or other planning considerations:
 - i. Relationship between the proposed conservation designation and adopted local and regional plans and policies; and
 - ii. Relationship of the land to other federal, state, local, or private land trust preserves, holdings, or plans;
 - g. Recreation:
 - i. Existence of or proposed trail-based or other low impact recreation opportunities; and
 - ii. Existence of direct access to or from adjacent public or private lands used for recreational purposes;
 - h. Accessibility:
 - i. Public accessibility and nature of that accessibility to the land; and
 - ii. Impact of accessibility, based on the purpose of conservation of the land;
 - i. Scientific education:

TITLE 12. NATURAL RESOURCES

CHAPTER 5. STATE LAND DEPARTMENT

- i. Historic use of the land for scientific research purposes; and
 - ii. Opportunities for scientific education;
 - j. Types of multiple use:
 - i. Multiple use potential of the land; and
 - ii. Impact of specific multiple uses on the land;
 - k. Resource production preservation:
 - i. Existence of grazing lands under petition that a conservation designation may help to protect;
 - ii. Existence of prime agriculture areas under petition that a conservation designation may help to protect; and
 - iii. Protection of the resource production component (such as grazing, agriculture, mining, and timber) of the local or regional economy;
 - l. Relationship to other state trust lands:
 - i. Proximity to other state trust lands;
 - ii. Development capability of adjacent state trust lands; and
 - iii. Anticipated timing of development activity on adjacent state trust lands;
 - m. Preexisting protections: Existence of any federal, state, or local law requiring protection by existing lessee of proposed conservation values;
 - n. Tourism: Impact on local or regional tourism;
 - o. Benefit to the Trust: Whether and for what reason reclassification is in the best interest of the Trust;
- B. Multiple Petitions:** If multiple petitions are received and the Commissioner determines that reclassification is in the best interest of the Trust, the Commissioner may reclassify the land with the conservation purpose stated in one or more than one of the petitions, or the Commissioner may reclassify the land without stating a conservation purpose.
- C. Management Plan:** Upon reclassification, the Commissioner may require a party to submit a management plan to allow existing and conservation uses to be coordinated in a manner that will protect both existing uses and conservation and open space values.

Historical Note

Adopted effective March 5, 1998 (Supp. 98-1).

R12-5-2503. Bond

- A.** Under A.R.S. § 37-312(D), a petitioner shall submit a bond in an initial amount of \$1,000 with a petition to nominate trust

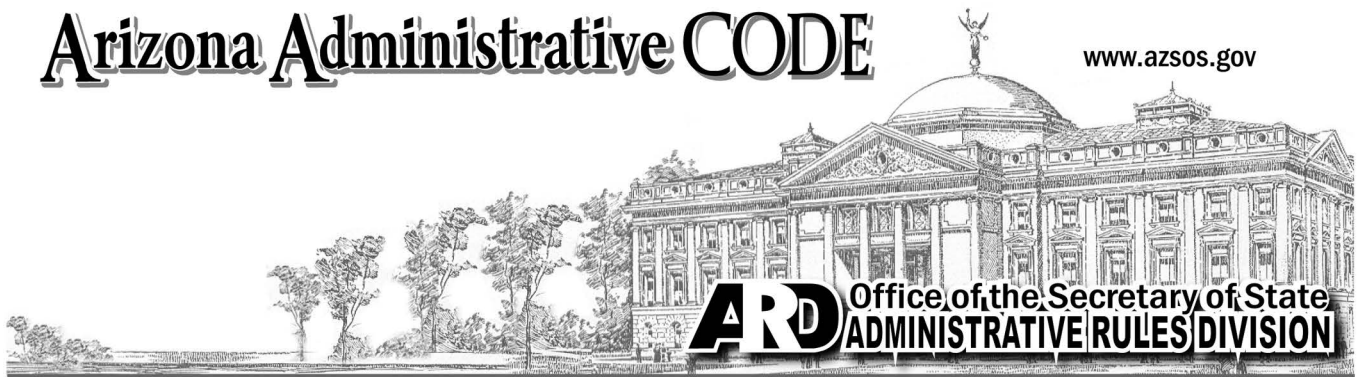
land suitable for conservation purposes. The bond shall be a surety bond or a cashier's check. The State Land Commissioner may require an additional bond amount under A.R.S. § 37-312 if the processing costs of the petition are estimated to exceed the initial bond amount based on the following factors:

1. Planning Costs: Planning involves review, consideration, and evaluation of:
 - a. Evidence and testimony presented at public hearing;
 - b. Physical and economic impact on other land owned or controlled by the current lessee or on the local community;
 - c. Existing holding leases, existing planning permits, and development plans in progress;
 - d. Input from local planning and zoning agencies and regional planning authorities;
 - e. Mineral potential, including sand and gravel; and
 - f. Consistency with the Enabling Act, the State Constitution, and Arizona Revised Statutes;
 2. Notice: Development and mailing of a notice of intent to classify lands suitable for conservation purposes and a notice of public hearing to:
 - a. Existing lessees;
 - b. Local planning and zoning agencies and regional planning authorities;
 - c. Owners of property within 300 feet of the land;
 - d. Persons who have requested notice of classification of lands suitable for conservation under A.R.S. § 37-311, et seq., with the Department; and
 - e. Affected state agencies;
 3. Advertisement: Notice of public hearing for six publications in a newspaper of general circulation in the county where the land is located;
 4. Public Hearing: Receipt and processing of oral and written testimony regarding the proposed reclassification including, but not limited to, review, consideration, and evaluation of testimony, as well as the costs of meeting facility and equipment rental.
- B.** Upon reclassification of all or a portion of the land as suitable for conservation purposes, the successful petitioner shall forfeit the initial and any additional bond amounts to the state under A.R.S. § 37-312(D).

Historical Note

Adopted effective March 5, 1998 (Supp. 98-1).

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13 A.A.C. 1

Supp. 24-2

TITLE 13. PUBLIC SAFETY

CHAPTER 1. DEPARTMENT OF PUBLIC SAFETY - CRIMINAL IDENTIFICATION SECTION

The table of contents on page one contains links to the referenced page numbers in this Chapter.

Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

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Questions about these rules? Contact:

Name: Melanie Veilleux
 Title: Administrative Manager
 Division: Technical Services Division
 Criminal Justice Services Bureau
 Address: 2222 W. Encanto Blvd.
 Phoenix, AZ 85009
 Telephone: (602) 223-2097
 Email: mveilleux@azdps.gov
 Website: www.azdps.gov

The release of this Chapter in Supp. 24-2 replaces Supp. 22-4, 1-10 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 13. PUBLIC SAFETY

CHAPTER 1. DEPARTMENT OF PUBLIC SAFETY - CRIMINAL IDENTIFICATION SECTION

Authority: A.R.S. § 41-1713(A)(4)

Supp. 24-2

Editor's Note: This Chapter was recodified under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4).

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TITLE 13. PUBLIC SAFETY

CHAPTER 1. DEPARTMENT OF PUBLIC SAFETY - CRIMINAL IDENTIFICATION SECTION

ARTICLE 1. CRIMINAL HISTORY RECORDS**R13-1-101. Definitions**

In addition to the definitions in A.R.S. §§ 41-1750 and 41-2201 and the incorporated by reference materials, the following definitions apply to this Chapter:

1. “ABIS” means the Arizona Biometrics Information System maintained by the Department that stores state-level arrest fingerprints and related biometric and criminal history information.
2. “ABIS Image Scanner” means the electronic scanning system that produces a digital image of a paper ink and roll arrest fingerprint record and transmits the image electronically.
3. “ABIS Livescan” means the electronic system that captures and transmits arrest information and fingerprints.
4. “ACJIS” means the Arizona Criminal Justice Information System, a statewide network housing various databases on persons and property in this state. The ACJIS network is maintained by the Department and is available to authorized local, state, and federal criminal justice agencies.
5. “ADRS” means the Arizona Disposition Reporting System, which is maintained by the Department and supports electronic submission of disposition information to the central state repository.
6. “Arizona Computerized Criminal History” means a criminal history record kept by the Department in a database of offenders arrested in this state.
7. “Arresting agency case number” means a unique combination of 15 numbers and letters used to identify a criminal justice agency’s case number such as the Department case number, Department report number, or case report number. The first three characters are the ABIS-assigned alpha characters that identify the arresting agency.
8. “CHRI” means Criminal History Record Information.
9. “Classifiable Fingerprints” means fingerprint impressions that meet the criteria of the FBI as contained in Form FD-258 dated 11-1-2020, U.S. Government Printing Office: 1110-0046, 10:20:56, incorporated by reference, available from the Department and the FBI (Attn: Logistical Support Unit (LSU), CJIS Division, 1000 Custer Hollow Road, Clarksburg, WV 26306). This incorporation contains no future editions or amendments.
10. “Date of arrest” means the date a person is taken into custody using the format as indicated in Exhibit A.
11. “Date of birth” means the subject’s date of birth using the format as indicated in Exhibit A.
12. “Department” means the Arizona Department of Public Safety.
13. “Disposition date” is the date of final disposition of a charge.
14. “FBI” means the Federal Bureau of Investigation.
15. “Juvenile fingerprinted” means identification signifying an individual is a juvenile under the age of 18 on an arrest fingerprint card if the juvenile is being remanded as an adult.
16. “Law Enforcement Agency” means a federal, tribal, municipal, county, or state agency with powers of arrest.
17. “LSI” means local subject identifier, a unique combination of 15 numbers and letters used by local law enforcement agencies to identify an individual. It is the local equivalent of a State Identification (SID) number. The first three characters are the ABIS-assigned alpha characters that identify the agency.

18. “NCIC” means the National Crime Information Center maintained by the FBI, a national repository of files on persons and property relating to a crime.
19. “Offense” means an offense listed in Arizona Revised Statutes or a municipal or county ordinance that is used to arrest an offender.
20. “Offense type” means a designation that indicates whether an offense is a felony or a misdemeanor.
21. “ORI” means a unique identifier assigned by the FBI to an agency.
22. “PCN” means Process Control Number.
23. “Personal identifiers” means a subject’s sex, race, height, weight, hair color, and eye color.
24. “Place of birth” means the state or country in which a subject of record was born.
25. “State Identification Number (SID)” means an identification number that is assigned by the Department to an individual whose set of arrest fingerprints has been submitted to ABIS.

Historical Note

Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5477, effective October 31, 2003 (Supp. 03-4). Formerly

Section R13-1-01; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). New

Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 15 A.A.R. 273, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 28 A.A.R. 3425 (October 28, 2022, Issue 43), effective December 4, 2022 (Supp. 22-4). Amended by final rulemaking at 30 A.A.R. 2077 (June 21, 2024), effective August 4, 2024 (Supp. 24-2).

R13-1-102. Submission and Retention of Criminal Justice Information

- A. The chief officer of a criminal justice agency in this state shall ensure that CHRI is submitted to the Department’s Central State Repository as follows.
 1. A law enforcement agency shall submit arrest fingerprints to the Department through the ABIS or through the mail to the Department, Biometrics Identification Unit, P.O. Box 6638, Mail Drop 3130, Phoenix, AZ 85005-6638.
 2. A law enforcement agency shall comply with the requirements of the ABIS Operating Manual, Version 1.0, dated October 25, 2023 which is incorporated by reference and contains no future additions or amendments. The manual can be obtained from the Department’s Biometrics Identification Unit at 2222 W. Encanto Blvd, Phoenix, AZ 85009 or (602) 223-2041 or dpsident@azdps.gov.
 3. Law enforcement agencies, prosecutor offices, and courts shall submit dispositions related to an arrest fingerprint to the Department’s Central State Repository within 40 calendar days from the disposition date.
 4. A court shall submit court orders that affect criminal history records to the Department’s Central State Repository within 10 calendar days. The Department shall update the criminal history record based on the information received in the court order.
- B. The Department’s Central State Repository shall retain a criminal history record until the subject of record reaches age 110 or one year after the Department receives notice of the subject of record’s death.

TITLE 13. PUBLIC SAFETY

CHAPTER 1. DEPARTMENT OF PUBLIC SAFETY - CRIMINAL IDENTIFICATION SECTION

Historical Note

Former rule 1. Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5477, effective October 31, 2003 (Supp. 03-4). Formerly Section R13-1-02; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 15 A.A.R. 273, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2077 (June 21, 2024), effective August 4, 2024 (Supp. 24-2).

R13-1-103. Procedures for Law Enforcement Agencies and Prosecutors' Office to Forward Dispositions of Criminal Proceedings to the Central State Repository

- A. A law enforcement agency and prosecutor office shall submit a completed Disposition Report form for crimes specified in A.R.S. § 41-1750(C) to the Department's Central State Repository as outlined in A.R.S. § 41-1750.
- B. The law enforcement agency that prepares the Disposition Report form shall complete the information in blocks #1 through #16 on the Disposition Report form as shown in Exhibit A for the arrest charges filed by the agency.
 1. The law enforcement agency that prepares the Disposition Report form shall forward the form to the appropriate prosecutor's office. If the arresting agency decides not to pursue criminal charges, the arresting agency shall complete blocks #1 through #16 and blocks #18, #25, and #26, and submit the completed form to the Department's Central State Repository.
 2. The Department's Central State Repository shall update the criminal history record with the disposition report information.
- C. The prosecutor's office shall verify the arrest charges listed on the Disposition Report form by the law enforcement agency. The prosecutor may amend the listed arrest charges by completing blocks #10, #13, #14, #15 and #17 on line "b" of the existing charge, if applicable and line "a" of the next available charge if applicable. The prosecutor's office shall reflect a decision to terminate prosecution on one or more of the arrest charges on the Disposition Report form by completing blocks #18, #24, #25 and #26 for all of the applicable charges.
 1. For criminal charges filed with a court by the prosecutor, the prosecutor shall verify or complete information in blocks #10 through #16 and block #17, if applicable, on the Disposition Report form and forward the form to the appropriate court as required by Arizona Rule of Criminal Procedure Rule 37.2.
 2. If the prosecutor decides not to file with the court on one or more of the arrest charges listed on the Disposition Report form, the prosecutor shall complete blocks #18, #25, and #26. The prosecutor shall forward the completed Disposition Report form to the Central State Repository and the prosecutor shall forward a copy of the form to the appropriate court, if one or more charges are being filed with the court. The Central State Repository shall update the criminal history record to indicate the disposition for arrest charges not filed by the prosecutor.
 3. If the prosecutor enters into a Deferred Prosecution Agreement with the arrestee on one or more of the arrest charges listed on the Disposition Report form, the prosecutor shall complete blocks #18, #19, #20, #21, #22, #23, #24, #25 and #26. The prosecutor shall forward the completed Disposition Report form to the Central State

Repository and the prosecutor shall forward the completed Disposition Report form to the appropriate court if one or more charges are being filed with the court. The Central State Repository shall update the criminal history record to indicate the disposition for arrest charges not filed by the prosecutor. Once the prosecution has closed the case with a final disposition on one or more of the arrest charges listed on the Disposition Report form, the prosecutor shall complete blocks #18, #25 and #26 with the updated disposition.

- D. Submission of disposition information may be made by one of the following means:
 1. By ADRS if the law enforcement agency or prosecutor office enforces quality control measures and follows the electronic disposition format provided by the Department;
 2. By mail to the Department, Central State Repository Section, P.O. Box 6638, Mail Drop 3110, Phoenix, AZ 85005-6638; or
 3. By email to AZ_CentralStateRepository@azdps.gov.

Historical Note

Former rule 2. Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5477, effective October 31, 2003 (Supp. 03-4). Formerly Section R13-1-03; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 30 A.A.R. 2077 (June 21, 2024), effective August 4, 2024 (Supp. 24-2).

R13-1-104. Procedures for Juveniles Remanded as Adults and Procedures for the Department of Corrections to Forward Information Regarding Inmates to the Central State Repository

- A. The Department maintains criminal history records in the Central State Repository for juveniles as the subject of record only if the juvenile is remanded to an adult court. If a criminal justice agency is processing a juvenile who is remanded to an adult court, the agency shall use the procedures in this Article to submit criminal history records to the Department's Central State Repository.
- B. The Arizona Department of Corrections shall forward each week to the Department a computer tape that includes for each inmate within the prison system the inmate's full name, date of birth, sex, race, inmate number assigned by the agency, arrest information for which the inmate is serving time in prison, and custody status. The Department shall update computerized files of the Offender-based Tracking System and the Arizona Computerized Criminal History, when applicable.

Historical Note

Former rule 3. Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5477, effective October 31, 2003 (Supp. 03-4). Formerly Section R13-1-04; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2).

R13-1-105. Procedures for a Criminal Court to Forward Dispositions of Criminal Charges to the Central State Repository

- A. A criminal court shall submit the disposition of all charges to the Central State Repository under Rule 37 of the Arizona Rules of Criminal Procedure.

TITLE 13. PUBLIC SAFETY

CHAPTER 1. DEPARTMENT OF PUBLIC SAFETY - CRIMINAL IDENTIFICATION SECTION

- B. The court shall verify the arrest charges listed on the Disposition Report form and complete the applicable blocks for each charge addressed by the court.
- C. If there is more than one arrest charge listed on the Disposition Report form and any of the charges are being adjudicated by another court, the court shall photocopy the Disposition Report form and forward it to the other court.
- D. The court shall complete and forward the disposition form to the Department's Central State Repository. The Department shall update the criminal history record with the disposition report information.
- E. A criminal court shall use a Disposition Report supplemental form provided by the Department to report additional arrest charges and dispositions of the charges. The Disposition Report form is used to record the first three charges of an arrest event and the disposition of these charges. The Disposition Report supplemental form is used to record additional charges and the dispositions of those additional charges.
- F. Agencies may submit disposition information electronically to the Department's Central State Repository instead of a paper form if the agency enforces quality control measures and follows the electronic disposition formats provided by the Department.

Historical Note

Former rule 4. Formerly Section R13-1-05; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2).

R13-1-106. Arrest Fingerprint Record Submission

- A. The chief officer of a criminal justice agency shall ensure that a completed arrest fingerprint record with classifiable fingerprints as prescribed by subsection (D) in a format prescribed by the Department is sent to the Department's Central State Repository within 10 calendar days from the date of fingerprinting using one of the following methods:
 - 1. ABIS Livescan,
 - 2. ABIS Image Scanner, or
 - 3. Ink-and-roll paper arrest fingerprint card to the Department, Biometrics Identification Unit, P.O. Box 6638, Mail Drop 3130, Phoenix, AZ 85005-6638.
- B. The chief officer of a criminal justice agency shall ensure that only one arrest fingerprint record is sent to the Department's Central State Repository for each arrest.
- C. A criminal justice agency using the ink-and-roll method of fingerprinting shall obtain blank arrest fingerprint cards from the Federal Bureau of Investigation as referenced in R13-1-101(9).
- D. A completed arrest fingerprint record contains the following information:
 - 1. About the individual arrested:
 - a. Name;
 - b. Date of birth;
 - c. Personal identifiers;
 - d. Juvenile fingerprinted, if applicable; and
 - e. Place of birth;
 - 2. Date of arrest;
 - 3. ORI, and arresting agency's name and address;
 - 4. Date of offense;
 - 5. Local identification/reference:
 - a. LSI and arresting agency case number are required,
 - b. Local file number and agency tracking number are optional;

- 6. Citation information/charge description. Citation to the state, county, or municipal code allegedly violated and description of the charge, for example, A.R.S. § 13-1802, theft.
- 7. Offense type:
 - a. Designate a felony with a "F,"
 - b. Designate a misdemeanor with a "M";
- 8. Court ORI;
- 9. PCN;
- 10. Name or identification number of official taking fingerprints; and
- 11. Classifiable arrest fingerprints.

Historical Note

Former rule 5. Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5477, effective October 31, 2003 (Supp. 03-4). Formerly Section R13-1-06; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 15 A.A.R. 273, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2077 (June 21, 2024), effective August 4, 2024 (Supp. 24-2).

R13-1-107. Procedures for Review and Accuracy and Completeness of Criminal History Records

- A. The subject of record or the subject's attorney may request criminal history record information maintained by the Department for the sole purpose of reviewing the accuracy and completeness of the subject of record's criminal history record.
- B. To obtain a copy of a criminal history record, the subject of record shall submit a completed paper Record Review Instruction Packet provided by the Department's Central State Repository Section at (602) 223-2222 to have the information mailed or emailed. Alternatively, the subject of record may obtain the information and submit electronically via the Department's Public Services Portal website at www.azdps.gov.
- C. A completed Record Review Instruction Packet includes the following for the subject of record:
 - 1. Full set of classifiable fingerprints taken by an official at any law enforcement agency, entity contracted by the Department, or entities contracted by a law enforcement agency in another state. If filing via the Public Services Portal website, the fingerprints shall be mailed to the Department according to the instructions in the packet.
 - 2. Name,
 - 3. Date of birth,
 - 4. Personal identifiers,
 - 5. Place of birth,
 - 6. Social Security number,
 - 7. Address of residence,
 - 8. Date fingerprinted, and
 - 9. Signature of the applicant. Or the subject's attorney if submitting pursuant to subsection (E).
- D. The completed Record Review Instruction Packet shall be returned to the Department according to the mailing instructions in the packet or via the Public Services Portal website.
- E. The subject of record's attorney may obtain the subject of record's criminal history record by providing a notarized letter of authorization from the subject of record with the completed paper Record Review Instruction Packet. The attorney may

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only submit via the paper, mail-in process due to the submission requirement of the original notarized letter. The Public Services Portal website option is not available to the attorney.

- F. Within 15 business days of receipt of the completed Record Review Instruction Packet, the Department shall provide a response to the subject of record or the subject's attorney. The Department shall include in the response arrest and disposition information maintained by the Department on the subject of record and a Review and Challenge of Arizona Criminal History Record Information form that requests:

1. Subject of record's full name;
2. Signature of subject of record or signature of the attorney representing the subject of record when completing paper forms. If submitting electronically via the Public Service Portal website, when the subject of record accesses their account using multifactor authentication, the subject of record shall type their legal name for the signature in the designated location and check the forgery acknowledgment box;
3. Date of submission of the challenge;
4. Summary of the exceptions and reasons for the exceptions, specifying each arrest, and including:
 - a. Name of arresting agency,
 - b. Date of arrest,
 - c. Arrest number, and
 - d. Charge or charges;
5. Subject of record's mailing address and email address if available; and
6. Signature of the subject of record, verifying the summary of exceptions and reasons when completing paper forms. If submitting electronically via the Public Service Portal website, when the subject of record accesses their account using multifactor authentication, the subject of record shall type their legal name for the signature in the designated location and check the forgery acknowledgment box.

Historical Note

Former rule 6. Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5477, effective October 31, 2003 (Supp. 03-4). Formerly Section R13-1-07; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 30 A.A.R. 2077 (June 21, 2024), effective August 4, 2024 (Supp. 24-2).

R13-1-108. Procedures for Challenging the Accuracy and Completeness of Criminal History Records

- A. To challenge a criminal history record, the subject of record or the subject of record's attorney shall complete and return the Review and Challenge of Arizona Criminal History Record Information form referenced in R13-1-107(F) within 35 days of the date of the response referenced in R13-1-107(F).
- B. The Department shall complete an audit of the challenged entries within 15 days of receipt of the form by:
 1. Contacting the contributing agencies,
 2. Verifying the information, and
 3. Researching dispositions on any challenged entry.
- C. If the Department determines that a correction to or deletion from the criminal history record is necessary, the Department shall modify the record and notify the Federal Bureau of Investigation.

- D. Upon conclusion of the audit referenced in subsection (B), the Department shall send written notification of the audit result and a copy of any record modification to the subject of record or the subject of record's attorney.
- E. The Department shall include in the notice of audit result referenced in subsection (D) a statement that the subject of record may request a hearing to determine the accuracy of the criminal history record. To request a hearing, the subject of record or the subject of record's attorney shall submit to the Department a written request within 35 days of the date of the notice of audit result referenced in subsection (D).

Historical Note

Former rule 7. Formerly Section R13-1-08; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 15 A.A.R. 273, effective March 7, 2009 (Supp. 09-1).

R13-1-109. Hearing Procedures

- A. Under A.R.S. § 41-2204(6), a hearing shall be conducted after receipt of a request for a hearing to determine the accuracy of information in a criminal history record maintained by the Central State Repository.
- B. The Office of Administrative Hearing shall conduct a hearing to determine the accuracy of information in a criminal history record maintained by the Central State Repository in accordance with the procedures in A.R.S. Title 41, Chapter 6, Article 10 and the rules issued by the Office of Administrative Hearings.
- C. Under A.R.S. § 41-1092.08, within 30 days after the Office of Administrative Hearings sends the administrative law judge's recommended decision to the Director, the Director shall review the recommended decision and may accept, modify, or reject it.

Historical Note

Former rule 8. Formerly Section R13-1-09; renumbered under A.R.S. § 41-1011(C) to comply with the numbering system prescribed by the Office of the Secretary of State (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Former R13-1-109 renumbered to R13-1-111, new Section made by final rulemaking at 15 A.A.R. 273, effective March 7, 2009 (Supp. 09-1).

R13-1-110. Review or Rehearing of the Director's Decision

- A. In accordance with A.R.S. § 41-1092.09, a party may file with the Department a motion for rehearing or review of a decision issued by the Director under R13-1-109.
- B. A party may amend a motion for rehearing or review at any time before the Department rules on the motion.
- C. The Department may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
 1. Irregularity in the proceedings or any order or abuse of discretion that deprived the moving party of a fair hearing;
 2. Misconduct of the Director, Department staff, or an administrative law judge;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;

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5. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings; and
 6. The findings of fact are not justified by the evidence or the decision is contrary to law.
- D.** The Department may affirm or modify a decision or grant a rehearing or review on all or some of the issues for any of the reasons listed in subsection (C). The Department shall specify with particularity the grounds for an order modifying a decision or granting a rehearing or review. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- E.** Not later than 30 days after the date of a decision and after giving the parties notice and an opportunity to be heard, the Department may, on its own initiative, order a rehearing or review of the decision for any reason listed in subsection (C). The Department may grant a motion for rehearing or review, timely served, for a reason not stated in a motion.
- F.** When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service of the motion, serve response affidavits. The Department may extend this period for a maximum of 20 days for good cause or by written stipulation of the parties. The Department may permit reply affidavits.
- G.** If, in a particular decision, the Director makes a specific finding that the immediate effectiveness of the decision is necessary for preservation of the public health, safety, or welfare and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision

shall be issued as a final decision without an opportunity for a rehearing or review.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 273, effective March 7, 2009 (Supp. 09-1).

R13-1-111. Information Deemed Useful for the Study and Prevention of Crime or the Administration of Criminal Justice

- A.** An individual or agency that wishes to obtain criminal history records from the Central State Repository for the purpose of research, evaluative or statistical activities, the prevention of crime, or to provide services for the administration of criminal justice shall:
1. Provide a written or electronic request to the Department that specifies the purpose of the study, or how the records will be used to prevent crime or administer criminal justice; and
 2. If the request is approved, sign a non-disclosure agreement that meets the requirements of A.R.S. § 41-1750(G)(9) and is prepared and provided by the Department.
- B.** The Department shall review the signed non-disclosure agreement and authorize the exchange of information in accordance with the agreement.

Historical Note

New Section R13-1-111 renumbered from R13-1-109 and amended by final rulemaking at 15 A.A.R. 273, effective March 7, 2009 (Supp. 09-1).

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Exhibit A. Disposition Report Form Block Completion Instructions for Law Enforcement and Prosecutors

Block #1: SID NUMBER/AZ: If subject was previously arrested, the State Identification number may be obtained from the Arizona Computerized Criminal History (ACCH) files via terminal inquiry.

Block #2: NAME (Last, First, Middle): Subject's complete name as shown on the arrest fingerprint record that was completed for this arrest.

Block #3: DATE OF BIRTH (DOB): As shown on the arrest fingerprint record (MMDDCCYY) MM = month, DD = day, CCYY = full year. Example: 03/20/1954.

Block #4: DATE OF ARREST: As shown on the arrest fingerprint record (MMDDCCYY) MM = month, DD = day, CCYY = full year. Example: 04/20/2001.

Block #5: PCN: PCN assigned for specific arrest incident via ABIS.

Block #6: ARRESTING AGENCY ORI: The NCIC-assigned originating agency identifier (ORI).

Block #7: ARRESTING AGENCY CASE NUMBER: The arresting agency's case number.

Block #8: BOOKING AGENCY ORI: The NCIC-assigned originating agency identifier (ORI).

Block #9: BOOKING NUMBER: The number assigned by the detention facility.

Block #10: CHARGES: Each offense charged at the time of arrest MUST be listed on line "a". Line "b" is used only for amendments to the initial arrest charge(s).

Block #11: ARIZONA REVISED STATUTE (A.R.S.) or Ordinance: Enter the correct A.R.S. number or the County/Municipal Ordinance number for each charge (as indicated on the arrest fingerprint record.)

Block #12: DATE OF OFFENSE/VIOLATION: Enter the date the offense/violation was committed (MMDDCCYY).

Block #13: OFFENSE TYPE: Circle or add "M" for misdemeanor. Circle or add "F" for felony. Circle or add "U" for undesignated.

Block #14: PREPARATORY OFFENSE CODE: Enter the appropriate code from the list on the front of this form. Indicate "A" for Attempted, "C" for Conspiracy to Commit, "F" for facilitate, or "S" for solicit.

Block #15: DOMESTIC VIOLENCE & VICTIM INFORMATION CODE: Enter the appropriate code from the list on the front of the form. Indicate "D" for a crime involving domestic violence, "M" when the victim is a minor, "A" when the victim is a vulnerable adult, "L" when the victim is a law enforcement officer, "C" for a dangerous crime against a child/children.

Block #16: DESIGNATED COURT NAME/IDENTIFIER: Enter the designated court name or NCIC-assigned originating identifier (ORI) for each charge.

Block #17: AMENDED TO: Enter the letter "X" in block #17, line "a"; then write amended charge(s) and sentence information on the corresponding "b" line, beginning in block #10, completing all applicable blocks through block #27.

Block #18: DISPOSITION CODE: Enter the appropriate disposition code from the following: "NF" for no complaint filed (to be used by the arresting agency only), "NR" for not referred to prosecution (to be used by the prosecutor only), "DP" for deferred prosecution (to be used by the prosecutor only), or "UI" for cases that are filed with the court and are awaiting a final disposition (to be used by the prosecutor only).

Block #25: DISPOSITION DATE: Enter the official disposition date (MMDDCCYY).

Block #26: AGENCY ORI MAKING DISPOSITION DECISION: The NCIC-assigned originating agency identifier (ORI) of the agency making the disposition decision.

Block #27: FURTHER EXPLANATIONS OR MODIFICATIONS: Further explanation regarding a particular charge/disposition (list the charge number) may be entered in this section.

Block #28: RIGHT INDEX FINGERPRINT: (lower right corner of the form) At the time of arrest/fingerprinting, the subject's right index fingerprint may be placed in this box. (This fingerprint is optional and not required to process the Disposition Report form.)

Historical Note

Article 1, Exhibit A recodified from Article 5, Exhibit A, effective February 7, 2019 (Supp. 19-1). Amended by final rulemaking at 30 A.A.R. 2077 (June 21, 2024), effective August 4, 2024 (Supp. 24-2).

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Exhibit B. Disposition Report Form Block Completion Instructions for Criminal Courts

Block #1: SID NUMBER/AZ: If subject was previously arrested, the State Identification number may be obtained from the Arizona Computerized Criminal History (ACCH) files via terminal inquiry.

Block #2: NAME (Last, First, Middle): Subject's complete name as shown on the arrest fingerprint record that was completed for this arrest.

Block #3: DATE OF BIRTH (DOB): As shown on the arrest fingerprint record (MMDDCCYY) MM = month, DD = day, CCYY = full year. Example: 03/20/1954.

Block #4: DATE OF ARREST: As shown on the arrest fingerprint record (MMDDCCYY) MM = month, DD = day, CCYY = full year. Example: 04/20/2001.

Block #5: PCN: PCN assigned for specific arrest incident via ABIS.

Block #6: ARRESTING AGENCY ORI: The NCIC-assigned originating agency identifier (ORI).

Block #7: ARRESTING AGENCY CASE NUMBER: The arresting agency's case number.

Block #8: BOOKING AGENCY ORI: The NCIC-assigned originating agency identifier (ORI).

Block #9: BOOKING NUMBER: The number assigned by the detention facility.

Block #10: CHARGES: Each offense charged at the time of arrest MUST be listed on line "a". Line "b" and "c" (if available) are used only for amendments to the initial arrest charge(s).

Block #11: ARIZONA REVISED STATUTE (A.R.S.) or Ordinance: Enter the correct A.R.S. number or the County/Municipal Ordinance number for each charge (as indicated on the arrest fingerprint record).

Block #12: DATE OF OFFENSE/VIOLATION: Enter the date the offense/violation was committed (MMDDCCYY).

Block #13: OFFENSE TYPE: Circle or add "M" for misdemeanor. Circle or add "F" for felony. Circle or add "U" for undesignated. If the court has ordered the case to be an Undesignated Misdemeanor add "U". Once the case has a final outcome, the court shall update block #13 to be either "M" or "F".

Block #14: PREPARATORY OFFENSE CODE: Enter the appropriate code from the list on the front of this form. Indicate "A" for attempted, "C" for Conspiracy to Commit, "F" for facilitate, or "S" for solicit.

Block #15: DOMESTIC VIOLENCE & VICTIM INFORMATION CODE: Enter the appropriate code from the list on the front of the form. Indicate "D" for a crime involving domestic violence, "M" when the victim is a minor, "A" when the victim is a vulnerable adult, "L" when the victim is a law enforcement officer, "C" for a dangerous crime against a child/children.

Block #16: DESIGNATED COURT NAME/IDENTIFIER: Enter the designated court name or NCIC-assigned originating identifier (ORI) for each charge.

Block #17: AMENDED TO: Enter the letter "X" in block #17, line "a"; then write amended charge(s) and sentence information on the corresponding "b" line or "c" line (if available), beginning in block #10, completing all applicable blocks through block #27.

Block #18: DISPOSITION CODE: Enter the appropriate disposition or appellate code from the list on the front of the form.

AC — Acquitted/ Not guilty

CD — Court Dismissed

DP — Deferred Prosecution (Only to be used by the prosecutor.)

DS — Deferred Sentencing

EX — Expunged (Shall be accompanied by court order.)

GG — Guilty

GI — Guilty but Insane

NF — No complaint filed (Only to be used by the prosecutor.)

NP — Nolo contendere plea

NR — Not referred for prosecution (Only to be used by the arresting agency.)

PD — Pardoned

PM — Pending due to mental incompetency

PO — Plea to other charges

RI — Not responsible by reason of insanity

APPELLATE CODES:

AF — Affirmed

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AR — Affirmed, Remanded for Re-sentencing

RR — Reversed and Remanded

RV — Reversed and Conviction Overturned

SM — Sentence Modified

Block #19: PRISON/JAIL: If the defendant was sentenced to confinement, circle “P” for prison or “J” for Jail.

Block #20: LENGTH OF CONFINEMENT: Indicate the length of confinement (in days, months, years, etc.) to which the defendant is sentenced. Example: 1 yr. 2 mo.

Block #21: SENTENCE CODE: Enter the appropriate sentence code from the list on the front of the form.

CC — Concurrent

CS — Consecutive

PS — Public or Community Service

SS — Court Suspended Sentence

Block #22: PROBATION LENGTH: Indicate the length of probation in days, months, years, etc. to which the subject is sentenced. Example: 3 yrs.

Block #23: FINE: Circle “Y” for Yes, to indicate that a fine was imposed. Circle “N” for No, to indicate that a fine was not imposed.

Block #24: COURT CASE COMPLAINT NUMBER: The case number assigned by the Justice/Municipal/Superior Court.

Block #25: DISPOSITION DATE: Enter the official disposition date (MMDDCCYY).

Block #26: AGENCY ORI MAKING DISPOSITION DECISION: The NCIC-assigned ORI of the agency making the disposition decision.

Block #27: FURTHER EXPLANATIONS OR MODIFICATIONS: Further explanation regarding a particular charge/disposition (list the charge number) may be entered in this block.

Block #28: RIGHT INDEX FINGERPRINT: (lower right corner of the form) At the time of arrest/fingerprinting, the subject’s right index fingerprint may be placed in this box. (This fingerprint is optional and not required to process the Disposition Report form.)

Historical Note

Article 1, Exhibit B recodified from Article 5, Exhibit B, effective February 7, 2019 (Supp. 19-1). Amended by final rulemaking at 30 A.A.R. 2077 (June 21, 2024), effective August 4, 2024 (Supp. 24-2).

ARTICLE 2. ACJIS NETWORK

R13-1-201. ACJIS Security Measures

A. All criminal justice agencies that collect, store, disseminate, or access criminal justice information or criminal history record information from the ACJIS or NCIC shall comply with the policies, rules and regulations as outlined in the following publications that are incorporated by reference, available from the Department’s Access Integrity Unit at 2222 W. Encanto Blvd., Phoenix, AZ 85009, the Federal Bureau of Investigation at 1000 Custer Hollow Road, Clarksburg, WV 26306 and the U.S. Government Publishing Office www.govinfo.gov and include no future editions or amendments:

1. ACJIS Operating Manual, dated September 2021;
2. FBI Criminal Justice Information System Security Policy, dated December 7, 2022;
3. FBI NCIC Operating Manual, dated January 20, 2023;
4. FBI Interstate Identification Index/National Fingerprint File Manual, dated March 2017; and,
5. 28 Code of Federal Regulations Part 20, dated July 1, 2020.

B. A criminal justice agency accessing the ACJIS network shall meet the following security guidelines:

1. Access and dissemination of information from the ACJIS network is limited to criminal justice agencies for the administration of criminal justice or for criminal justice employment.

2. An agency that enters records into the ACJIS network is responsible for the accuracy, timeliness, and completeness of the record entries.
3. An agency shall have an ACJIS misuse policy that outlines the sanctions imposed on agency personnel who misuse ACJIS.
4. An agency shall ensure that agency equipment connected to the ACJIS network is fully compatible with existing ACJIS computer equipment and upgraded as necessary to remain compatible with ACJIS configurations and architecture.
5. An agency shall ensure that agency personnel maintain appropriate operator certification levels as specified in the ACJIS Operating Manual.

C. A criminal justice agency that interfaces its record management system with the ACJIS network shall meet the following interface standards and security requirements as set by the Department:

1. Provide to the Department a complete and accurate schematic depicting the agency network and hardware configuration;
2. Ensure there are security controls to prevent unauthorized access to ACJIS information;
3. Follow user identification and password configurations specified by the Department;
4. Establish a process to review system logs and store the logs for one year; and

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5. Support policy compliance and ensure the Department Information Security Officer is promptly informed of security incidents.
- D. The Department shall provide criminal justice agencies with information received from the FBI that the Department determines is necessary to comply with this Section.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 28 A.A.R. 3425 (October 28, 2022, Issue 43), effective December 4, 2022 (Supp. 22-4). Amended by final rulemaking at 30 A.A.R. 2077 (June 21, 2024), effective August 4, 2024 (Supp. 24-2).

R13-1-202. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Repealed by final rulemaking at 28 A.A.R. 3425 (October 28, 2022, Issue 43), effective December 4, 2022 (Supp. 22-4).

R13-1-203. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Repealed by final rulemaking at 28 A.A.R. 3425 (October 28, 2022, Issue 43), effective December 4, 2022 (Supp. 22-4).

R13-1-204. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Repealed by final rulemaking at 28 A.A.R. 3425 (October 28, 2022, Issue 43), effective December 4, 2022 (Supp. 22-4).

ARTICLE 3. ARIZONA CRIME STATISTICS**R13-1-301. Submittal of Uniform Crime Statistics**

- A. A law enforcement agency shall submit uniform crime information to include crimes that manifest evidence of prejudice based on race, color, religion, national origin, sexual orientation, gender or disability and as outlined in the following publications that are incorporated by reference, available from the Department's Access Integrity Unit at 2222 W. Encanto Blvd., Phoenix, AZ 85009 and the FBI at 1000 Custer Hollow Road, Clarksburg, WV 26306, and include no future editions or amendments:
1. Arizona National Incident-Based Reporting System Technical Specifications, dated March 2020.
 2. FBI 2021.1 National Incident-Based Reporting System User Manual, dated April 2021.
 3. FBI 2019.2.1 National Incident-Based Reporting System Technical Specifications, dated June 2020.
- B. The Department shall provide law enforcement agencies with information contained in the FBI's Uniform Crime Reporting State Program Bulletins and any other directives the Department determines is necessary to comply with this Section.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 28 A.A.R. 3425 (October 28, 2022, Issue 43), effective December 4, 2022 (Supp. 22-4).

R13-1-302. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Repealed by final rulemaking at 28 A.A.R. 3425 (October 28, 2022, Issue 43), effective December 4, 2022 (Supp. 22-4).

ARTICLE 4. APPLICANT FINGERPRINT PROCESSING**R13-1-401. Non-criminal Justice Fingerprint Processing Charges**

- A. For an applicant for non-criminal justice employment, fingerprint processing charges are:
1. For a state criminal records check, \$5; and
 2. If a federal criminal record check by the FBI is requested by the applicant, the Department shall collect an additional charge to cover the cost billed to the Department by the FBI for the federal criminal records check.
- B. For a state criminal records check, an individual or government agency shall submit payment by:
1. Credit card;
 2. Cashier's check;
 3. Money order;
 4. For government agencies a transfer of funds through the State's accounting system; or
 5. Check drawn on a government agency account.
- C. All charges are non-refundable.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 3558, effective January 18, 2020 (Supp. 19-4).

R13-1-402. Refusal of Service

- A. If any form of payment is not accepted by the Department's banking facility, the Department shall send the state agency, company, or individual that submitted the payment a notice of nonpayment.
- B. The notice of nonpayment informs the state agency, company, or individual that the Department will not accept non-criminal justice fingerprint submissions from the agency, company, or individual until past due payment is made.
- C. At the Department's discretion, the Department may require the delinquent party to submit all future payments in the form of a cashier's check, credit card or money order.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 3558, effective January 18, 2020 (Supp. 19-4).

ARTICLE 5. REPEALED**R13-1-501. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Section R13-1-501 repealed by final expedited rulemaking at 25 A.A.R. 1444, effective immediately May 21, 2019 (Supp. 19-2).

R13-1-502. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Section amended by final rulemaking at 23 A.A.R. 3546, effective February 10, 2018 (Supp. 17-4). Section R13-1-502

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repealed by final expedited rulemaking at 25 A.A.R. 1444, effective immediately May 21, 2019 (Supp. 19-2).

R13-1-503. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Section R13-1-503 repealed by final expedited rulemaking at 25 A.A.R. 1444, effective immediately May 21, 2019 (Supp. 19-2).

R13-1-504. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Section amended by final rulemaking at 23 A.A.R. 3546, effective February 10, 2018 (Supp. 17-4). Section R13-1-504

repealed by final expedited rulemaking at 25 A.A.R. 1444, effective immediately May 21, 2019 (Supp. 19-2).

Exhibit A. Recodified

Historical Note

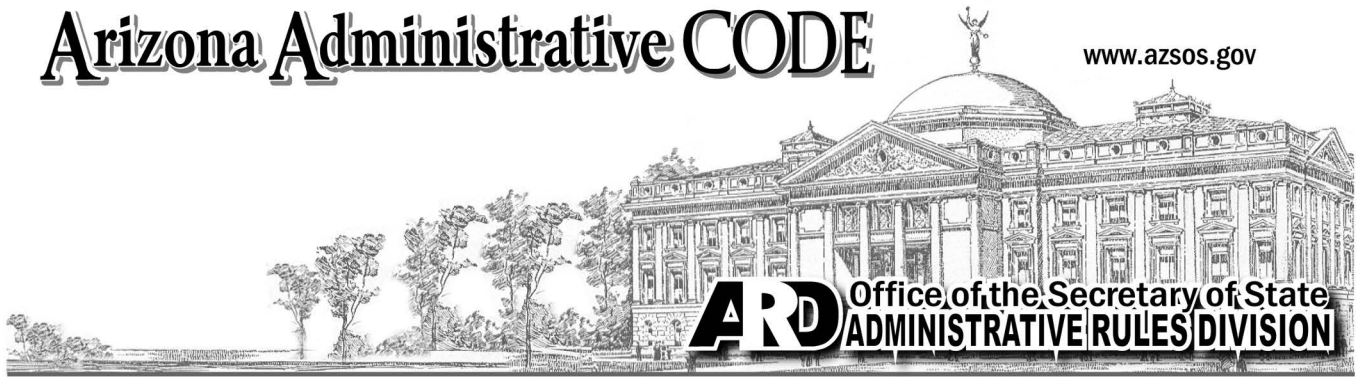
Article 5, Exhibit A made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Article 5, Exhibit A recodified to Article 1, Exhibit B, effective February 7, 2019 (Supp. 19-1).

Exhibit B. Recodified

Historical Note

Article 5, Exhibit B made by final rulemaking at 11 A.A.R. 1550, effective June 4, 2005 (Supp. 05-2). Article 5, Exhibit B recodified to Article 1, Exhibit B, effective February 7, 2019 (Supp. 19-1).

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CHAPTER 8. DEPARTMENT OF PUBLIC SAFETY - LOCAL RETIREMENT BOARD

The table of contents on page one contains links to the referenced page numbers in this Chapter.

Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

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Questions about these rules? Contact:

Department: Arizona Department of Public Safety
2102 W. Encanto Blvd
Phoenix, AZ 85009
Telephone: (602) 223-2000
Website: <https://www.azdps.gov/retirement-board-meetings>

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Scott Cancelosi, Director
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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 13. PUBLIC SAFETY

CHAPTER 8. DEPARTMENT OF PUBLIC SAFETY - LOCAL RETIREMENT BOARD

Authority: A.R.S. § 38-841 et seq.

Supp. 24-2

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TITLE 13. PUBLIC SAFETY

CHAPTER 8. DEPARTMENT OF PUBLIC SAFETY - LOCAL RETIREMENT BOARD

ARTICLE 1. PROCEDURES**R13-8-101. Definitions and Interpretation**

- A. "System" means the Public Safety Personnel Retirement System, created by the provisions of A.R.S. Title 38, Chapter 5, Article 4, (A.R.S. § 38-841 et seq.).
- B. "Local board" means the Department of Public Safety Local Retirement Board for the Public Safety Personnel Retirement System established pursuant to A.R.S. § 38-847.
- C. "Secretary" means the secretary of the local board.
- D. "DROP" means deferred retirement option plan.
- E. Interpretation and application of the rules in this Chapter shall be consistent with the definitions set forth in A.R.S. § 38-842.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2).

R13-8-102. Distribution of Information, Retirement Forms, and Applications

- A. Information explaining the system received from the fund manager, shall be maintained by the secretary who shall distribute the information:
 1. To potential members within one month of hire,
 2. Upon request, and
 3. Upon application for retirement.
- B. The retirement forms and applications are provided by the fund manager and shall be maintained by the secretary who shall distribute them upon request.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3).

R13-8-103. New Memberships

- A. Within one month of hire, the secretary shall distribute membership forms to the newly employed commissioned officers.
- B. After receipt of completed membership forms, the secretary shall request each applicant's medical report from the medical advisor of the Department of Public Safety and review the medical reports. The secretary shall report to the local board when the medical report indicates a pre-existing physical or mental condition or prior injury.
- C. The local board at its regularly scheduled meetings shall review the applications for new membership for eligibility in the system and the medical reports of any applicants with a pre-existing physical or mental condition or prior injury.
- D. If an applicant has a physical or mental condition or injury that existed or occurred prior to the date of membership in the system, but is otherwise eligible for membership, the local board shall approve membership, excluding accidental, catastrophic, or ordinary disability benefits relating to the pre-existing physical or mental condition or injury.
- E. If the local board denies membership or approves membership with an exclusion based on a pre-existing condition or prior injury, the secretary shall so notify the applicant in writing.
- F. The local board may review on its own initiative and redetermine its prior decisions on membership and exclusions. The local board shall notify any member of any meeting at which the local board will review a prior decision affecting a member's membership.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2).

R13-8-104. Expired**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 1994 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R13-8-105. Disability Retirement

- A. When a member applies for ordinary, accidental, catastrophic, or temporary disability pension, the member shall be provided with the appropriate forms, information on the documentation required, and assistance in applying for a disability pension.
- B. When all required forms and documentation have been fully completed and submitted to the secretary, the secretary shall schedule the appointed Medical Board, notify the claimant of the date, time, and location of the Medical Board examination, and forward the application and all appropriate papers to the Medical Board.
- C. If the claimant is applying for an ordinary disability pension, the local board shall request the Medical Board to address specifically:
 1. Whether the claimant:
 - a. Has a physical condition which totally and permanently prevents the claimant from performing a reasonable range of duties within the member's department, or
 - b. Has a mental condition which totally and permanently prevents the claimant from engaging in any substantial gainful activity, and
 2. Whether the claimant's disability is the result of a physical or mental condition or injury that existed or occurred prior to the claimant's date of membership in the system.
- D. If the claimant is applying for an accidental disability pension, the local board shall request the Medical Board to address specifically:
 1. Whether the claimant has a physical or mental condition which totally and permanently prevents the claimant from performing a reasonable range of duties within the member's job classification,
 2. Whether the disabling condition was incurred in the performance of the member's job duties, and
 3. Whether the claimant's disability is the result of a physical or mental condition or injury that existed or occurred prior to the claimant's date of membership in the system.
- E. If the claimant is applying for a temporary disability pension, the local board shall request the Medical Board to address specifically:
 1. Whether the claimant has a physical or mental condition which totally and temporarily prevents the claimant from performing a reasonable range of duties within the member's department, and
 2. Whether the disabling condition was incurred in the performance of the member's job duties.
- F. If the claimant is applying for a catastrophic disability pension, the local board shall request the Medical Board to address specifically:
 1. Whether the claimant has a physical condition which totally and permanently prevents the claimant from engaging in any gainful employment,
 2. Whether the disabling physical condition or injury was incurred in the performance of the claimant's employment duties, and
 3. Whether the claimant's disability is the result of a physical condition or injury that existed or occurred prior to the claimant's date of membership in the system.

TITLE 13. PUBLIC SAFETY

CHAPTER 8. DEPARTMENT OF PUBLIC SAFETY - LOCAL RETIREMENT BOARD

- G. Upon receipt of the Medical Board's evaluation, the secretary shall forward a copy of the evaluation to the claimant, and the application for disability retirement shall be placed on the agenda for the next regularly scheduled meeting of the local board, provided the evaluation is received ten calendar days prior to the meeting.
- H. A member shall be permitted to address the local board when the local board is considering the member's application.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2).

R13-8-106. Medical Examination of and Recovery by Member with Accidental or Ordinary Disability

- A. When the local board determines that a member qualifies for an ordinary or accidental disability retirement pension and the member will not reach normal retirement date within one year of the initial determination, the local board shall determine whether and when to request medical re-examination pursuant to A.R.S. § 38-844(E).
- B. If the local board requests a medical re-examination, the secretary shall so calendar the requested medical examination; process and direct the relevant medical documents; notify the member of the date, time, and location of the medical examination; and forward appropriate documentation to the doctors or clinic performing the medical examination.
- C. The local board shall request the Medical Board performing the medical re-examination to address specifically whether the member has sufficiently recovered to be able to engage in a reasonable range of duties within the member's department.
- D. Upon receipt of the report of the medical re-examination, the secretary shall forward a copy to the member and place the item on the agenda for the next regularly scheduled meeting of the local board, provided the report is received ten calendar days prior to the meeting.
- E. The member shall be permitted to address the local board at any board meeting at which a determination on recovery may be made.
- F. If the local board determines that the member has recovered sufficiently to be able to engage in a reasonable range of duties within the member's department, the local board shall notify the member and the member's department. If the member's department makes an offer of employment to the member, and the member refuses an offer of employment from the member's department or from any employer in the system, the local board shall terminate benefits.
- G. If the local board determines that the member has not recovered, the local board shall determine whether and when to request another medical re-examination pursuant to A.R.S. § 38-844(E).
- H. Notwithstanding the provisions of subsections (A) and (G), the local board may request a medical re-examination pursuant to A.R.S. § 38-844(E) at any time prior to the normal retirement date of a member with a disability pension.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2).

R13-8-107. Expired**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 1994

(May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R13-8-108. Notification to Claimant of Determination as to Right of Claimant to a Benefit

- A. When the local board approves applications for retirement, disability pensions, and survivor's benefits, the claimant shall receive notification of the local board's original determination either by attending the meeting at which the action was taken, by certified mail, or by receiving benefits from the system pursuant to the local board's original action.
- B. When the local board denies applications for retirement, disability pensions, and survivor's benefits, the claimant shall receive notification of the local board's original determination either by attending the meeting at which the action was taken or by certified mail. The notification shall include notification to claimant of the statutory right to apply for a rehearing on the original determination within 60 days after receipt of notification.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3).

R13-8-109. Expired**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 1994 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R13-8-110. Expired**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 1994 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R13-8-111. Expired**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 30 A.A.R. 1994 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R13-8-112. Rehearing on Original Determination

- A. The local board shall conduct rehearings pursuant to A.R.S. § 38-847(H) as though the rehearings were an adjudicative proceeding under A.R.S. Title 41, Chapter 6, Article 6 (A.R.S. § 41-1061 et seq.).
- B. If the fund manager applies for a rehearing, the claimant whose benefit determination may be affected shall be a party to the proceeding.
- C. By ten calendar days prior to the rehearing, the claimant or fund manager shall submit to the local board a list of witnesses whom the claimant or fund manager intends to call to testify at the hearing and of all exhibits which the claimant or fund manager intends to use at the hearing as well as a copy of all listed exhibits.
- D. By ten calendar days prior to the rehearing, the claimant or fund manager may submit to the local board a written statement setting forth the facts of the case and a brief addressing relevant issues.

TITLE 13. PUBLIC SAFETY

CHAPTER 8. DEPARTMENT OF PUBLIC SAFETY - LOCAL RETIREMENT BOARD

- E. If the claimant, fund manager, or local board desires subpoenas pursuant to A.R.S. § 41-1062(A)(4), the subpoenas shall be submitted at least ten calendar days prior to the rehearing to the secretary for issuance by the presiding hearing officer. Service of the subpoenas is the responsibility of the party requesting issuance of the subpoenas.
- F. Applications for permission to take depositions pursuant to A.R.S. § 41-1062(A)(4) shall be submitted to the secretary for determination by the presiding hearing officer.
- G. Unless the local board decides otherwise, the chairperson of the local board shall function as the presiding hearing officer.
- H. The burden of proof for establishing a disability shall be with the claimant.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Amended by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2).

R13-8-113. Review of Decision by Local Board on Rehearing of Original Determination

- A. Except as provided in subsection (H), the decision by the local board on rehearing of the original determination may be vacated and a new rehearing granted on motion of the aggrieved party for any of the following causes materially affecting that party's rights:
 1. Irregularity in the administrative proceedings of the local board or the hearing officer or prevailing party, or any order or abuse of discretion, whereby the moving party was deprived of a fair hearing.
 2. Misconduct of the local board, the hearing officer, or prevailing party.
 3. Accident or surprise which could not have been prevented by ordinary prudence.
 4. Material evidence, newly discovered, which with reasonable diligence could not have been discovered and produced at the rehearing.
 5. Error in the admission or rejection of evidence, or other errors of law occurring at the rehearing or during the progress of the administrative proceeding.
 6. That the decision is the result of passion or prejudice.
 7. That the decision is not justified by the evidence or is contrary to law.
- B. A new rehearing may be granted to all or any of the parties and on all or part of the issues for any of the reasons for which new hearings are authorized by law or rule of the local board. On the granting of a motion for review, the local board may take additional testimony, amend findings of fact and conclusions of law, or make new findings and conclusions and direct the entry of a new decision.
- C. The motion for review shall be in writing, shall specify generally the grounds upon which the motion is based, and may be amended at any time before it is ruled upon by the local board.
- D. A motion for review shall be filed not later than 15 calendar days after receipt of notification of the decision by the local board on the rehearing of original determination. For purposes of this subsection, the claimant shall receive notification either by attending the meeting at which the decision is made or by certified mail.
- E. Any party to the proceeding may file a response to the motion or amended motion within ten calendar days after service of the motion or amended motion. The local board may require

filing of briefs upon issues raised in the motion and may provide for oral argument.

- F. When a motion for rehearing is based upon affidavits, they shall be served with the motion. All parties to the proceeding have ten calendar days after such service within which to serve opposing affidavits, which period may be extended for an additional period not exceeding 20 calendar days either by the local board for good cause shown or by the parties by written stipulation. The local board may permit reply affidavits.
- G. Not later than 40 calendar days after the decision, the local board of its own initiative may order a new rehearing for any reason for which it might have granted a new rehearing on motion of a party. Additionally, after giving the parties notice and an opportunity to be heard on the matter, the local board may grant a motion for review, timely served, for a reason not stated in the motion. In either case the local board shall specify the grounds therefore.
- H. If the local board makes specific findings that the immediate effectiveness of a decision in a particular matter is necessary for the protection of the system and its members and that a review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without opportunity for a review. If a decision is issued as a final decision without an opportunity for review, any application for judicial review of the decision shall be made within the time limits permitted by law for applications for judicial review of the local board's final decisions.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3).

R13-8-114. Transcripts

If any party designates any portion of the oral proceedings before the local board or hearing officer as part of the record on review in the superior court, the cost of the transcript shall be paid by the party so designating unless the local board waives the cost of transcription upon good cause shown. A request for waiver of the cost of the transcription shall be in writing and served upon the local board at the time of the service of the complaint.

Historical Note

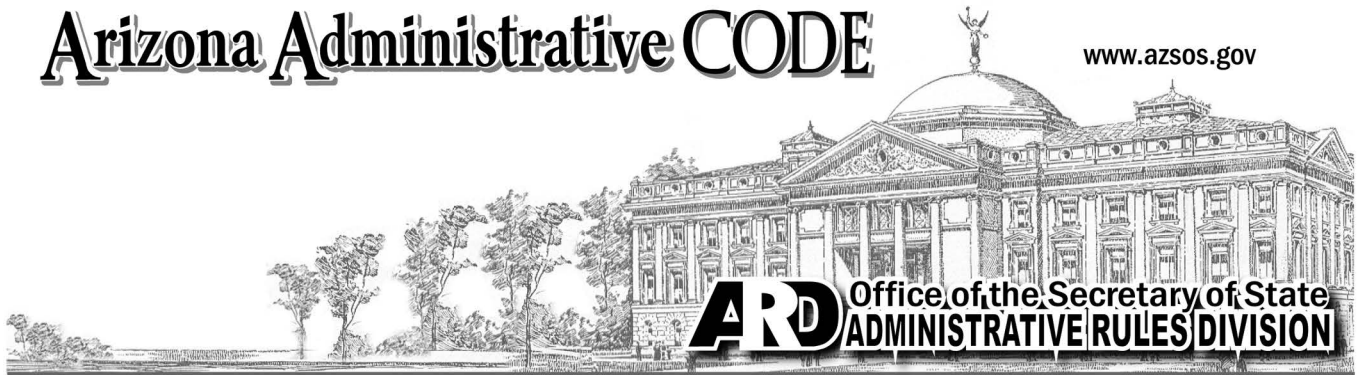
Adopted effective July 22, 1994 (Supp. 94-3).

R13-8-115. Confidentiality of Medical Records and Data

- A. Medical records and data of members held by the local board are confidential and are exempt from public copying and inspection requirements of A.R.S. § 39-121 et seq.
- B. The local board shall discuss all medical records and specific medical data in executive session, including the taking of testimony that is specifically required to be maintained as confidential by state or federal law, unless the member signs a consent form to discuss the member's medical records and data in an open meeting.
- C. The member, member's legal counsel, and only individuals whose presence is reasonably necessary in order for the local board to carry out its executive session responsibilities may attend an executive session pursuant to A.R.S. § 38-431.03(A)(2) to discuss the member's medical records and specific medical data.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 1801, effective June 30, 2007 (Supp. 07-2).



14 A.A.C. 5

Supp. 24-2

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 5. CORPORATION COMMISSION - TRANSPORTATION

The table of contents on page one contains links to the referenced page numbers in this Chapter.

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Questions about these rules? Contact:

Name: Nicole Layton, Staff Attorney
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Legal Division
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Phoenix, AZ 85007
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Fax: (602) 542-4870
Email: NLayton@azcc.gov
Website: www.azcc.gov

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Administrative Rules Division

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TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION**CHAPTER 5. CORPORATION COMMISSION - TRANSPORTATION**

Authorizing Statute: A.R.S. §§ 40-202, 40-204, 40-441, and 40-442

Implementing Statute: Arizona Constitution, Article XV §§ 3, 4, and 13

Supp. 24-2

Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-2).

Editor's Note: The Corporation Commission has determined that rules in this Chapter are exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)). This exemption means that the rule was not certified by the Attorney General. Because this Chapter was filed under a rulemaking exemption, as determined by the Corporation Commission, other than a statutory exemption, the Chapter is printed on green paper.

New Article 2 consisting of Sections R14-5-201 through R14-5-205 adopted effective October 23, 1987.

Former Article 1 consisting of Sections R14-5-01 through R14-5-103, Article 2 consisting of Sections R14-5-201 through R14-5-203, Article 3 consisting of Sections R14-5-301 through R14-5-324 repealed effective September 30, 1982.

Former Article 4 consisting of Sections R14-5-401 through R14-5-403, R14-5-405 through R14-5-407 renumbered as Article 1, Sections R14-5-101 through R14-5-106 effective September 30, 1982.

Former Section R14-5-408 repealed effective September 30, 1982.

New Section R14-5-107 adopted effective September 30, 1982.

Former Section R14-5-409 renumbered as R14-5-108 effective September 30, 1982.

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ARTICLE 1. RAILROADS

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-5-101. Definitions

As used in this Article:

1. "Car stop" means a device installed or constructed at the end of a spur track to prevent railroad cars from going off the rails.
2. "Commission" means the Corporation Commission.
3. "Configuration of a public railroad-highway grade crossing" means the physical characteristics of the crossing, including, but not limited to, size and type of warning devices, path of the roadway over the railroad track or tracks, warning signs, pavement markings, and roadway crossing surface.
4. "Constructive placement" means cars cannot be delivered to the designated private siding because of the inability of the consignee to receive them. The cars are placed in a sliding, another private track, or interchange track near the consignee's facility until such time as they can be delivered to the consignee.
5. "Event recorder" means a device located in the locomotive that records information reflecting the operation of the train, including on speed, elapsed time, direction of travel, load (amps), automatic brakes, dynamic brakes, and throttle settings.
6. "Hazardous materials" means any hazardous substance as defined by A.R.S. § 49-201(16)(a), (b), (c), (e), and (f).
7. "Highway authority" means the county, municipal, or other local board or body exercising jurisdiction over highways under the laws of this state.
8. "House track" means a track adjacent to or entering a freight house, used for the primary purpose of receiving or delivering freight.
9. "Industrial track" means a track or portion of track over which a railroad operates but which the railroad does not own or maintain either the rails, ties, or roadbed; or a track or portion of track which is devoted to the purpose of the user, either by lease or written agreement, in which case the lease or written agreement shall be considered as equivalent to ownership.
10. "Ladder track" means a track connecting successively the body of tracks of a train yard.
11. "Locomotive" means a self-propelled vehicle running on rails and generating or converting energy into motion for the primary purpose of hauling rail cars.
12. "Overhead clearance" means the vertical distance from the level of the top of the highest rail to a structure or obstruction above.
13. "Person" means any individual, firm, joint venture, partnership, corporation, association, municipality, governmental unit, department, or agency and shall include any trustee, receiver, assignee, or personal representative thereof.
14. "Private grade crossing" means any crossing where a legal agreement exists between a private property owner and a railroad company for the exclusive use of the landowner and the landowner's invitee.
15. "Public grade crossing" means any crossing, used by the general public, for which a legal agreement between a private property owner and a railroad company does not exist.
16. "Rail gage" means the distance between the heads of the rails, measured at right angles to the rails in a plane 5/8 of an inch below the top of the railhead. Standard gage is 4 feet, 8 1/2 inches.
17. "Railroad" means every railway, other than a street railway, operated for public transportation of persons or property.
18. "Reconstruction" means the use of more than 50% of the material necessary to replace an entire structure or facility, or more than 50% of the current value of an entire installation.
19. "Side clearance" means the shortest distance from the centerline of track to a structure or obstruction at the side of the track.
20. "Spur track" means a stub track of indefinite length diverging from a main track or other track.
21. "Team track" means a track subject to general use by the public for the loading or unloading of freight cars.
22. "Unauthorized grade crossing" means any grade crossing that is not a public grade crossing or a private grade crossing or has not been issued an AAR/DOT crossing inventory.

Historical Note

Former General Order R-1; Former Section R14-5-401 renumbered as Section R14-5-101 effective September 30, 1982 (Supp. 82-5). Former Section R14-5-101 renumbered to R14-5-104, new Section R14-5-101 adopted effective May 28, 1992 (Supp. 92-2). Amended effective May 31, 1996 under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 96-2).

R14-5-102. Adoption of Federal Regulations

- A. In the furtherance of its constitutional and statutory duty to promulgate and enforce safety regulations for public service corporations, the Commission adopts and approves as its own, subject to changes noted in subsection (E) below, 49 CFR 210, 213, 215, 216, 217, 218, 219, 220, 221, 223, 225, 228, 229, 230, 231, 232, 233, and 236, as amended and revised through October 1, 1989, which are incorporated by reference, are on file in the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, all being regulations of the Federal Railroad Administration, United States Department of Transportation, Railroad Safety regulations.
- B. The Commission also adopts and approves as its own, 49 CFR 171 through 174, as amended and revised through November 1, 1989, incorporated herein by reference and on file with the Office of Secretary of State: 49 CFR 178 and 179, as amended and revised through November 1, 1989, incorporated herein by reference, on file with the Office of Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, all being part of the Research and Special Programs Administration, United States Department of Transportation, Hazardous Materials regulations as they apply to the shipment of hazardous materials by rail.
- C. The regulations adopted in subsections (A) and (B) of this Section shall apply to all standard gage rail operations within Ari-

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zona. All terms defined in the adopted regulations shall apply unless redefined in R14-5-101.

- D. A copy of the Federal Safety Standards is attached to the Article and is hereby made a part thereof as if set forth in full. (This copy is not printed in this volume but is available in the offices of the Arizona Corporation Commission and the Secretary of State.)
- E. The above-mentioned Parts of 49 CFR are changed, amended, or revised as follows:
 1. Substitute "Arizona Corporation Commission" (ACC) where "United States Department of Transportation" (DOT), "Federal Railroad Administration" (FRA), "Federal Railroad Administrator", "Administrator" or "Research and Special Programs Administration" appear.
 2. Substitute "Railroad Safety Section, Arizona Corporation Commission, at its office in Phoenix, Arizona" where addresses for the United States Department of Transportation, Federal Railroad Administration, Federal Railroad Administrator, Office of Chief Counsel, or Research and Special Programs Administration appear.
 3. Copies of all reports and forms required to be filed with the Federal Railroad Administration by Parts referred to in subsection (A) and the Research and Special Programs Administration by Parts referred to in subsection (B) of this Section shall be filed with the Railroad Safety Section, Arizona Corporation Commission, at its office in Phoenix, Arizona, within the same time limits required by the Federal Railroad Administration, and the Research and Special Programs Administration. Information pertaining only to that portion of the railroad's operations within the State of Arizona need be submitted.
- F. If the Commission finds that a waiver of compliance or an exemption from any Section of the aforementioned Parts is in the public interest and is consistent with railroad safety, the Commission may grant the waiver or exemption subject to any conditions it deems necessary.

Historical Note

Former General Order R-2; Former Section R14-5-402 renumbered as Section R14-5-102 effective September 30, 1982 (Supp. 82-5). Former Section R14-5-102 repealed, new R14-5-102 renumbered from R14-5-107 and amended effective May 28, 1992 (Supp. 92-2).

R14-5-103. Unauthorized Passengers

Railroads operating within this State shall prohibit and prevent unauthorized persons from traveling in or upon the cars and equipment of their trains.

Historical Note

Former General Order R-3; Former Section R14-5-403 renumbered as Section R14-5-103 effective September 30, 1982 (Supp. 82-5).

Editor's Note: *The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).*

R14-5-104. Railroad-highway Crossings

- A. The following rules shall apply in the construction, reconstruction, improvement, and maintenance of all public railroad-highway grade crossings within the state of Arizona. This Section is intended to be consistent with the provisions of the

Manual on Uniform Traffic Control Devices, as adopted by the Department of Transportation.

1. No construction project taking place at or near a public railroad-highway grade crossing shall diminish the safety normally provided to a motorist approaching the crossing by the existing warning devices.
 2. No temporary change in the configuration of a public railroad-highway grade crossing, for the purpose of facilitating a construction project at or near the crossing, may be made by any person without first notifying the owner of the railroad track and the owner of the trains or other track equipment operating over such track in writing. The letter notifying the track owner and train/track equipment owner shall describe the date, place, and type of changes to be made. Such letter shall be written and signed by the responsible person for the project and shall constitute an affirmation that all temporary traffic control measures to be implemented due to the project shall be made in accordance with this rule and the Manual on Uniform Traffic Control Devices (MUTCD) Parts VI and 8A-5. Notice shall be sent by registered mail, return receipt requested, to the business address of the owner of the railroad track and the owner of trains or the track equipment operating over such track, or to the statutory agent at its known place of business, not less than 10 days prior to the commencement of the construction project.
- B. Warning signals.
 1. Railroad crossbucks.
 - a. A railroad crossbuck shall be installed on the right-hand side of the public roadway on each approach to every crossing to warn motorists approaching from each direction, except at crossings where automatic control devices are in use in conformance with Appendix 8.
 - b. If there are two or more tracks, the number of tracks shall be indicated on an auxiliary sign of inverted "T" shape mounted below the crossbuck, (See in conformance with Appendix 8).
 - c. Crossbucks shall be located at not less than 15 feet from the centerline of the nearest track, and shall be in a position to be visible to motorists.
 - d. Crossbucks shall be a reflectorized white "X" (48" X 9" panels drilled for a 90-degree mounting) with the words "RAILROAD CROSSING" in black letters.
 - e. The distance that shall be assumed to separate tracks before additional crossbucks are considered necessary is 100 feet.
 2. Automatically controlled crossing signals.
 - a. At railroad-highway grade crossings where studies indicate the need for warning beyond that provided by crossbucks, the Commission may order that automatically controlled crossing signals be installed.
 - b. Emergency stand-by power shall be provided for the operation of all automatically controlled crossing signals.
 - c. Automatically controlled crossing signals shall be arranged to provide not less than 20 seconds warning for motorists.
 - d. Signals shall operate until the rear of the last train using the crossing has cleared the crossing.
 - e. Traffic signals located within 200 feet of railroad crossing signals shall be preempted by the railroad crossing signals.

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- f. Where means are provided for cutting-out the automatically controlled warning devices during intervals when trains are making regular operating stops or performing switching operations on approach circuits, controls shall be arranged as follows:
 - i. Controls shall be so designed as to provide operation of warning devices before a train reaches the crossing,
 - ii. Automatic control of warning devices actuated by approaching trains (other than the train that has stopped or is performing switching operations) shall take precedence over any cut-out feature.
- g. Where manual supervisory control of warning devices is provided in addition to automatically controlled signals, the following shall govern:
 - i. Automatic control, when actuated by approaching trains other than the train for which manual control has been made effective, shall take precedence over manual control;
 - ii. Means shall be provided to restore the controls to automatic operation;
 - iii. Means shall be provided to prevent manual operation by unauthorized persons.
3. Flashing light signals.
 - a. Lamp units (center of lens), shall be located at not less than 8 feet, 4 inches, nor more than 10 feet, 4 inches above the crown of the roadway.
 - b. Signal lights shall shine in both directions along the roadway, and shall be mounted horizontally, 2 feet, 6 inches to centers.
 - c. Lamp units shall be arranged in pairs, back to back, except on one-way streets or other roadways where highway traffic approaches from one direction only.
 - d. Lamp units shall be equipped with mountings to provide ready adjustments in all directions with positive locking for such adjustments.
 - e. Lamp units shall be provided with hoods of not less than 12 inches in length and with backgrounds 20 inches in diameter. Hoods and backgrounds shall be in black, except that when backlights are omitted, the back of the lamp unit and background shall be aluminum-colored so that the signal will not be mistaken for a dark signal.
 - f. Lamp units installed after the effective date of this Section shall have lenses or roundels, red in color, not less than 12 inches in diameter for both front and rear indications. Lamp units in use prior to the adoption of this Section shall be made to meet this requirement when the automatic warning devices are upgraded, improved, or reconstructed.
 - g. The beam spread shall be not less than 3 degrees each side of the axial beam under normal conditions. Throughout the beam spread, the intensity of the beam shall not be less than 50% of the intensity at the axis.
 - h. Lights shall flash alternately at a minimum rate of 45 flashes per minute and a maximum rate of 65 flashes per minute.
 - i. The effective range of flashing lights equipped with 10 volt, 10 watt lamps, or equivalent, burning at rated voltages, shall be not less than 1,000 feet under bright sunlight conditions with the sun at or near its zenith.
4. Highway traffic control signals shall not be used on main-line railroad crossings in lieu of flashing light signals. However, at industrial track crossings and other places where train movements are 10 miles per hour or less, highway traffic control signals may be used in lieu of conventional flashing light signals.
5. Bell warning signals. At least one automatic gong-type bell shall be used with each flashing light signal except on median strip installations.
6. Automatic gate arm signals.
 - a. Signals consisting of a combination of flashing lights, bells, and automatic gate shall, when indicating the approach or presence of trains, present towards the highway the appearance of horizontally flashing red lights and of a horizontal arm or arms extending over the traveled roadway a sufficient distance to cover the lane or lanes used by highway traffic approaching the crossing.
 - b. Automatic gate arms, when not indicating the approach or presence of trains, shall not obstruct or interfere with highway traffic, except as provided in subsection (B)(6)(d).
 - c. Automatic gate arms shall be mounted on posts or housing containing the arm-operating mechanism.
 - d. The design of the gate-opening mechanism shall be such as to ensure proper operation during unfavorable weather conditions. In case of power failure, the gate arm shall assume the horizontal position across the roadway.
 - e. The mechanism shall be so designed that if the arms, while being raised or lowered, strike or foul an object they will readily stop, and on removal of the obstruction shall assume the position corresponding to the control mechanism.
 - f. Each gate arm extending over the roadway shall have three red lights, with lenses not less than 7 inches in diameter, shining in both directions along the roadway, so positioned as to ensure as far as possible, that no vehicle or vehicles standing in the limits of the traffic lane or lanes approaching the crossing can obscure all three lights from the view of the drivers of the following vehicles. The light nearest the tip of each arm shall burn steadily, and the other two lights on each arm shall flash alternately in unison with the flashing lights on the roadside signal mast.
 - g. The gate arm shall, on new installations, be striped with 16 inch alternate diagonal reflectorized or fluorescent stripes of red and white.
 - h. Circuits for operation of signals shall be so arranged that the flashing lights, gate arm lights, and bell will start to operate at not less than 20 seconds before the arrival of the fastest train at the crossing. All lights shall operate at all times when the gate arm is in a position to obstruct highway traffic. The bell shall sound a warning from the time the signal lights start to operate at least until the gate arm has descended to within 10 degrees of the horizontal position.
 - i. Gate arms shall start their downward motion at not less than three seconds after the signal lights start to operate. Gate arms shall reach the full horizontal position before the arrival of the fastest train operated over the crossing and shall remain in that position.

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- tion until the rear of the train has cleared the crossing.
- j. The bottom of the gate arms when in the horizontal position shall be not less than 3 feet nor more than 4 feet above the crown of the roadway.
 - k. Gate arms shall operate uniformly, smoothly, and complete all movement without slap or rebound, and be securely held when in the raised position.
7. Maintenance.
 - a. Metal parts shall be aluminum or painted aluminum, except as provided in subsection (B)(3)(e).
 - b. All materials and workmanship shall meet or exceed current industry standards in every respect, and every warning signal and sign in all details shall be constructed, installed, and maintained in a satisfactory manner.
 - c. The railroad shall provide for the maintenance of all grade crossing warning signs and signals. To this end, the railroad shall:
 - i. Provide for alternate operations of automatically controlled warning signals during periods of failure, either manually or otherwise, as soon as possible after the failure has occurred;
 - ii. Have skilled maintenance personnel available without undue delay for all emergency calls, including lamp failures;
 - iii. Provide proper maintenance for all components;
 - iv. Maintain the appearance of the installation in a satisfactory manner, with particular emphasis on painting and cleaning of optical systems;
 - v. Inspect warning signals at a frequency of not less than once every 45 days. A written record of inspection shall be retained at the railroad's office within Arizona.
 - vi. Provide standby equipment at a central location to minimize the interruption of signal operations due to equipment failure or damage.
 8. Whistle posts.
 - a. Whistle posts bearing the letter "X" or "W" shall be located in advance of each public crossing at grade to warn locomotive engineers of the presence of the highway grade crossing, and allow them sufficient time to sound the warning whistle.
 - b. A person in charge of a railroad locomotive shall, before crossing any traveled public way, cause the bell to ring or a whistle, siren, or other sounding device to sound at a distance of at least 1/4 mile from a crossing and until it is reached.
- C. Additional requirements.
1. When necessary to shove a railroad car or cars over a public grade crossing not having automatically controlled crossing signals, employees shall flag the crossing.
 2. When, during normal train operations at night, it becomes necessary to block a public grade crossing with standing railroad cars, and the crossing does not have automatically controlled crossing signals, flares, or fusees, shall immediately be placed in the center of the roadway on both sides of the track at not less than 10 feet from the railroad car or cars to warn motorists that the crossing is occupied.
 3. Detached railroad cars containing explosive or hazardous materials shall not be left standing on any grade crossing at any time.
 4. Before moving onto any public railroad-highway grade crossing, operators of any on-track equipment, including high-rail vehicles, shall ensure that the automatic warning devices are activated or the crossing protected by a flagman. Public grade crossings without automatic warning devices shall be flagged by a flagman.
 5. It shall be unlawful for railroad employees to "drop" or "kick" any railroad car or cars containing hazardous materials across a grade crossing in any circumstances or any other railroad car or cars across a grade crossing unless the crossing is flagged by a flagman or traffic is restricted by automatic gate arms.
 6. Grade crossing maintenance and repair shall be conducted as follows:
 - a. Whenever a highway intersects a railroad track at common grade, the appropriate highway authority shall maintain and keep in repair the roadway approaches to within 2 feet of the outside of either rail, and the railroad shall maintain the planking or other materials between the rails and for 2 feet on the outside thereof.
 - b. At crossing involving more than one track, maintenance by the railroad shall include that portion of the crossing:
 - i. Between the tracks not exceeding 20 feet from the center of the tracks, and
 - ii. Two feet on the outside of each of the two outside (field site) rails.
 - c. Unless the Commission otherwise authorizes, public grade crossings hereafter constructed shall be not less than 24 feet in effective roadway width measured at right angles with the centerline of the roadway.
 - d. Turnouts, switches, and frogs or bolted rail joints shall be so placed or relocated as to avoid placement in the paved area of a crossing.
 - e. Materials for permanent repairs on any component of a railroad-highway grade crossing surface shall be of the same type and quality or of equal quality to those which are being repaired or replaced.
 - f. Temporary repairs shall be made until the arrival of materials necessary for permanent repairs. Temporary repair shall be made within five working days of the date that the railroad is notified of the defect by the Commission. Permanent repairs shall be completed within 90 days from the date of notification.
 - g. The railroad shall coordinate with the highway authority any road closures and reopenings caused by the maintenance and repair of grade crossing.
 - h. The railroad shall stencil the AAR/DOT inventory number on all railroad-highway crossings.
 7. Blockage of public grade crossing shall be limited as follows:
 - a. Except as provided in subsections (C)(7)(c) and (d), no railroad shall cause a public grade crossing to be blocked by railroad equipment in excess of 10 continuous minutes.
 - b. Each period of crossing blockage shall be followed by an interval of time sufficient to allow the passage of waiting traffic.
 - c. The limitations set forth in subsection (C)(7)(a) do not apply to:

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- i. Any train continuously moving in the same direction during the entire time it occupies the crossing; and
 - ii. Blockage caused by wrecks, derailments, acts of nature, mechanical failure, or other emergency conditions.
- d. The Commission, after hearing, may grant variances from the limitations set forth in subsection (C)(7)(a), upon proper application by the railroad or appropriate highway authority.
- 8. A crew member of a train blocking a public crossing shall immediately take all reasonable steps, consistent with the safe operation of such train, to clear the crossing upon receiving information from a peace officer, as defined in A.R.S. Title 13, member of any fire department or operator of an emergency vehicle, as defined in A.R.S. § 28-101.1, that emergency circumstances require the clearing of the crossing.
- 9. The railroad shall coordinate road closures and reopenings during emergency blockages with the appropriate highway authority.
- 10. When authorization for preliminary engineering and estimate or any federal-aid funding crossing improvement projects is submitted to the railroad, it shall be completed by the railroad and returned to the Department of Transportation within 60 days.
- 11. The railroad shall notify the Commission, in writing, within 10 days of both the commencement and completion of the project. The railroad shall tender a statement to the Commission reflecting the Commission's portion of such charges pursuant to A.R.S. § 40-337.02, within 60 days of completion of the project.
- 12. Federal-aid crossing improvement projects shall be completed within 15 months from the date of the Commission Order.
- 13. The Commission may approve an exception to any of the requirements of this Section. Such exceptions may be made upon the Commission's own initiative or upon written request from an interested party. Written requests shall contain a statement of the circumstances involved, the nature of the exception desired, and the reasons justifying such an exception. An exception shall be limited to the particular situation described in the written requests.
- c. Accidents resulting in damage to railroad property in excess of the amount for which the Federal Railroad Administration requires an accident report to be filed;
- d. Accidents or incidents in which any hazardous materials are involved;
- e. All public railroad-highway grade crossing accidents;
- f. All accidents/incidents involving rail passenger operations.
- 2. The immediate telephone notification shall include but not be limited to the following:
 - a. Name of person making the telephonic report;
 - b. Name of railroad or railroads involved;
 - c. Location of accident/incident;
 - d. Number of fatalities;
 - e. Number of injuries;
 - f. Number of derailed cars;
 - g. Generic name or names of the hazardous materials involved, including the name, address, and the telephone number of the shipper.
- B. Federal reports of accidents/incidents -- Railroads shall submit to the Commission copies of all accident/incident reports and supplements filed with the Federal Railroad Administration and the Hazardous Materials Regulation Board for accidents/incidents occurring in Arizona. Said reports shall be submitted to the Commission within the time specified for submitting to the Federal Railroad Administration. Said reports shall include:
 - 1. FRA F 6180.54 -- Rail Equipment Accident/Incident Report;
 - 2. FRA F 6180.55 -- Railroad Injury and Illness Summary;
 - 3. FRA F 6180.55a -- Railroad Injury and Illness (Continuation Sheet);
 - 4. FRA F 6180.56 -- Annual Railroad Report of Man-Hours by State;
 - 5. FRA F 6180.57 -- Rail-Highway Grade Crossing Accident/Incident Report;
 - 6. FRA F 6180.45 -- Annual Summary Report of Railroad Injury and Illness;
 - 7. DOT F 5800.1 -- Hazardous Materials Incident Report.
- C. Investigations by the Commission.
 - 1. Commission investigators shall investigate accidents, may inspect railroad records, accounts, books, memoranda, correspondence, and other documents, and may examine all lands, buildings, and equipment of railroads. Commission investigators may obtain all relevant information concerning accidents under investigation, make inquiries of persons having knowledge of the facts, conduct interviews, and attend, as observers, hearings or formal investigations by railroads into the causes of accidents. When necessary to carry out an investigation, the Commission may authorize the issuance of subpoenas to require the production of records and the giving of testimony.
 - 2. Whenever necessary, the Commission will schedule a public hearing on an accident.
 - 3. Incomplete or inaccurate reports will be investigated by the Commission. Incomplete or inaccurate reporting practices may be grounds for a public hearing into the matter.
 - 4. Late reports shall be accompanied by a letter of explanation. Late reports may be grounds for a public hearing into the matter.

Historical Note

Former General Order R-5; Former Section R14-5-405 renumbered as Section R14-5-104 effective September 30, 1982 (Supp. 82-5). Amended subsection (H) effective April 16, 1986 (Supp. 86-2). Former Section R14-5-104 repealed, new Section R14-5-104 renumbered from R14-5-101 and amended effective May 28, 1992 (Supp. 92-2). Amended effective May 31, 1996 under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 96-2).

R14-5-105. Railroad Accident/Incident Reports; Investigation**A. Reports by telephone.**

- 1. Railroads shall give the Commission immediate telephone notification of the following classes of accidents/incidents:
 - a. Accidents resulting in death;
 - b. Accidents resulting in injury requiring immediate hospitalization;

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- D.** All railroads operating wholly or partially within the state of Arizona shall give the Commission immediate telephone notification of accidents/incidents as prescribed herein. All accidents/incidents not reported in accordance with the provisions of this Section shall be investigated by the Commission.

Historical Note

Former General Order R-6; Former Section R14-5-406 renumbered as Section R14-5-105 effective September 30, 1982 (Supp. 82-5). Amended subsections (A), (B), (D), and (F) effective April 16, 1986 (Supp. 86-2). Amended effective May 28, 1992 (Supp. 92-2).

R14-5-106. Minimum Standards for Caboosees

- A.** Each railroad operating wholly or partially within the state of Arizona shall hereafter install and maintain minimum standards on cabooses in accordance with this Section.
- B.** No caboose shall be used in service unless it complies with subsections (C) through (R) of this Section.
- C.** Construction: Caboosees shall be of either the cupola or bay window type. Caboosees of metal construction shall have wooden or insulated metal floors. A cupola shall not extend inward toward the centerline of the car more than 3 inches from either side of the caboose.
- D.** Trucks: Trucks shall provide riding qualities at least equal to those of freight type trucks modified with elliptic or additional coil springs or other means of equal or greater efficiency and shall be equipped with steel wheels.
- E.** Draft gears: Draft gears shall have a minimum travel of 2 1/2 inches and a minimum capacity of 18,000 foot pounds. Draft gears shall be of rubber or a combination of friction and rubber types, or shall have other means of providing equal shock control.
- F.** Lighting: An adjustable, shielded electric light, or lights, shall be provided for the direct illumination of the caboose desk. A ceiling or wall light, or lights, operable from separate switches shall be provided to otherwise illuminate the caboose interior. The area of the drinking water and lavatory facilities shall be illuminated. The caboose marker, or markers, shall be electrically lighted.
- G.** Heating: A heating facility shall be maintained and shall be capable of providing a temperature of at least 70 degrees Fahrenheit in a standard caboose.
- H.** Seats and cushions: Seats and cushions shall be provided with a shock absorbent material initially at least 3 inches in thickness, and backrests shall be of sufficient height to protect the neck and head from injuries. Seats in cupolas shall be of the pullman type and those in bays shall be of the passenger reversible type. The top of said seats shall not be lower than 11 inches nor higher than 9 inches beneath the cupola or bay window sills and no more than 18 inches above the floor or footrest. The backrests shall incline backward to not less than 3 inches nor more than 5 inches from the perpendicular. Subject to the approval of the Commission, seats of different design or materials may be used when such design or materials provide equal or better protection or comfort than those enumerated in this Section.
- I.** Bunks: Each caboose shall have at least one bunk of not less than 2 feet in width and not less than 6 feet in length which shall be provided with a cushion of the same dimensions made of shock absorbent material initially of at least 3 inches in thickness.
- J.** Wind deflector: Each cupola side window shall be equipped with a wind deflector.
- K.** Weatherstripping: Weatherstripping or weatherproof sash shall be installed and maintained at all windows and doors to protect against weather and the seepage of dirt or dust.
- L.** Window shades: With the exception of windows in bays and cupolas, windows shall be equipped with shades.
- M.** Stanchions: Stanchions, grab handles, or bars shall be installed at entrances and exits and at other locations within convenient reach of employees moving about the caboose while a train is in motion.
- N.** Drinking water: Caboose drinking water facilities shall be installed and maintained so as to provide fresh and pure drinking water. Such water facilities shall include individual bottled water containers placed in an ice chest. When ice is used for water cooling purposes, the containers shall be so arranged that the drinking water will not come in contact with the ice. Containers used for storing or dispensing potable water shall be kept clean at all times and shall be subjected to effective bactericidal treatment as often as may be necessary to prevent the contamination of the water so stored and dispensed.
- O.** Lavatory facilities: Caboose lavatory facilities for washing shall be provided at a location where the use thereof will not result in contamination of the drinking water dispensing system. All cabooses shall have operative toilets which are illuminated, are kept clean and free of noxious odors at all times, and are subjected to effective bactericidal treatment as often as may be necessary.
- P.** Fire extinguisher: Caboosees used in road service shall be equipped with an effective means of extinguishing minor fires. Such extinguishing agents shall be placed in a readily accessible location and shall be effectively maintained.
- Q.** First-aid kit: Each caboose shall carry, in a visible and readily accessible place, a plainly marked first-aid kit which shall be so constructed that it and its entire contents are readily removable. The kit shall consist of materials, approved by the railroad's consulting physician, in a weatherproof container with individually sealed packages for each type item. The contents shall be inspected weekly to ensure that expended items are replaced.
- R.** Maintenance and supplies: Caboosees shall be supplied with fresh water, paper towels, toilet tissue, sanitary drinking cups, fuel, ice as needed, hand soap or other cleaning agents in appropriate dispensers and such other equipment as may be required for service.
- S.** Conditions arising after departure from terminal: In the event of a failure of required equipment or standards of maintenance occurs in a caboose after it has commenced a move in service, the railroad operating that caboose shall not be deemed in violation of this Section if said failure of equipment or standards of maintenance is corrected at the first point at which maintenance supplies are available, or, in the case of repairs, the first point at which materials and repair facilities are available and repairs can reasonably be made.
- T.** Exemption: If, in any particular case, an exemption from any of the requirements of this Section is deemed necessary by a carrier concerned, the Commission will consider the application of such carrier for such exemption when accompanied by a full statement of the conditions existing and the reason why such exemption is needed. Any exemption so granted will be limited to the particular case covered by the application.

Historical Note

Former General Order R-7; Former Section R14-5-407 renumbered as Section R14-5-106 effective September 30, 1982 (Supp. 82-5). Correction in heading effective

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April 16, 1986 (Supp. 86-2). Amended effective May 28, 1992 (Supp. 92-2).

R14-5-107. Minimum Standards for Locomotives

- A. Each railroad operating wholly or partially within the state of Arizona shall hereafter install and maintain minimum standards on locomotives in accordance with this Section.
- B. All of the following requirements shall be met:
 1. Locomotives used in or through the state of Arizona shall be equipped with an effective means of extinguishing minor fires. Such extinguishing agents shall be placed in a readily accessible location and shall be effectively maintained.
 2. Each locomotive shall carry, in a visible and readily accessible place, a plainly marked first-aid kit which shall be so constructed that it and its entire contents are readily removable. The kit shall consist of materials, approved by the railroad's consulting physician, in a weatherproof container with individually sealed packages for each type item. The contents shall be inspected weekly to ensure that expended items are replaced.
 3. Each train operated in or through the state of Arizona at a speed in excess of 30 miles per hour shall have at least one locomotive equipped with an operating event recorder. Such event recorders shall be inspected at least once every 90 days and maintained in a fully operative condition.
 4. All locomotives shall have operative toilets which are illuminated, are kept clean and free of noxious odors at all times, and are subjected to effective bactericidal treatment as often as may be necessary.
 5. Drinking water facilities shall be installed and maintained so as to provide fresh and pure drinking water. Such water facilities shall include individual bottled water containers placed in an ice chest. When ice is used for water cooling purposes, the containers shall be so arranged that the drinking water shall not come in contact with the ice. Containers used for storing or dispensing drinking water shall be kept clean at all times and shall be subjected to effective bactericidal treatment as often as may be necessary to prevent the contamination of the water so stored and dispensed.
 6. Locomotives shall be supplied with fresh water, paper towels, toilet tissue, sanitary drinking cups, ice as needed, and such other equipment as may be required for service.
- C. A locomotive operating in a controlling position shall have an operating two-way radio that is on a frequency for the railroad being operated on and is capable of contacting the train dispatcher or other responsible railroad personnel.
- D. If, in any particular case, an exemption from any of the requirements of this Section is deemed necessary by a carrier, the Commission shall consider the application for such exemption as needed. Any exemption so granted shall be limited to the particular case covered by the application.

Historical Note

Adopted effective September 30, 1982 (Supp. 82-5). Amended subsections (A) and (B) effective April 16, 1986 (Supp. 86-2). Former Section R14-5-107 renumbered to R14-5-102, new Section R14-5-107 adopted effective May 28, 1992 (Supp. 92-2).

R14-5-108. Inspection of property

For the purpose of insuring compliance with safety rules and regulations, the Commission, or any authorized inspector or agent thereof, may, at any time, stop, board, ride, investigate, or inspect

any train, locomotive, car, caboose, or any other rolling stock or equipment used by a railroad in the operation of their business.

Historical Note

Former General Order R-9; Former Section R14-5-409 renumbered as Section R14-5-108 effective September 30, 1982 (Supp. 82-5).

R14-5-109. Industrial Track Standards

- A. This Section shall be applicable to all industrial track construction, reconstruction, and repair commencing after the effective date of this Section.
 1. The industry and the railroad contractor shall be responsible for notifying the Commission in writing prior to the construction, reconstruction, or alteration of industrial track, structures, or facilities adjacent thereto.
 2. The proposed design plans of any construction, reconstruction, or alteration of industrial track shall be submitted to the Commission, Railroad Safety Section, Phoenix, Arizona, prior to any construction, reconstruction, or alteration of industrial track.
- B. The following construction standards shall apply for all industrial track:
 1. Profile:
 - a. Maximum grade of any proposed track, as shown on any plan, shall be 2% and shall not be exceeded. At all locations, excessive grades and frequent changes of grade shall be avoided. Where grade line changes, appropriate vertical curves shall be installed.
 - b. In cut sections, grade line shall be uniform throughout the cut to facilitate proper drainage. Grades in cuts shall not be less than 3/10% and not more than 1%.
 2. Subgrade:
 - a. Where soil condition, drainage conditions or amount of traffic justify, the upper portion of the subgrade shall be designed to provide adequate support. Methods of increasing support shall be to provide select material to an adequate supporting depth over the existing subgrade or subgrade stabilization.
 - b. The depth of any proposed material shall be specified by the design plans.
 - c. The upper portion of any subgrade to be stabilized shall be stabilized by thoroughly mixing suitable chemical additives such as cement, fly ash, or lime with the soil before compaction.
 - d. Each layer shall be fully compacted by approved mechanical compacting equipment before the next layer is placed. A fully compacted layer shall have a dry density of at least 95% of the maximum dry density.
 - e. Type of soil and soil conditions shall be indicated on any proposed plans along with typical sections showing rail, tie ballast, subballast, and any other appurtenances.
 3. Drainage:
 - a. Each drainage or other water-carrying facility under or immediately adjacent to the roadbed shall be maintained and kept free of obstruction to accommodate expected water flow for the area concerned.
 - b. Every effort shall be made to keep the tracks, roadbed, and walkways properly drained at all times.
 4. Ballast:
 - a. Ballast material shall conform to the recommended specifications contained in the American Railroad

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Engineering Association "Manual for Railway Engineering" (AREA Manual), as amended and revised through July 31, 1990, incorporated herein by reference, on file with the office of the Secretary of State, and copies available from the American Railroad Engineering Association, 50 F Street NW, Washington, D.C. 20001. The gradation of a ballast material shall be a prime consideration in track performance of ballast materials. Ballast material used in industrial tracks shall be not less than 3/4 of an inch to 1 1/2 inches, pursuant to AREA No. 4 gradation in the AREA Manual.

- b. Ballast material may be crushed rock, slag, or equally stable material that will provide uniform support to the ties, will drain properly, and is not chemically reactive. The material used for ballast shall not short track signals. Quarried stone or slag produced in a crushing-screening plant shall be preferred when it satisfies all of the following specifications:
 - i. A shrinkage factor of 12% to 15% in volume differential from loose to compacted state.
 - ii. Processed ballast shall be composed of hard, strong, and durable particles free from excessive amounts of deleterious substances.
 - iii. Deleterious substances shall not be present in processed ballast in excess of the following amounts:
 - (1) Soft and friable pieces--5%;
 - (2) Material finer than No. 200 sieve--1%;
 - (3) Clay lumps--1/2%.
 - iv. Percentage of wear of processed ballast, tested in the Los Angeles machine, shall not be greater than 40%.
 - v. Soundness of processed ballast for use in regions where freezing temperatures are expected shall be such that when tested in the sodium sulfate soundness test, the weighted average loss shall be not in excess of 7% after five cycles.
 - vi. Compacted weight of ballast shall be not less than 70 pounds per cubic foot for blast furnace-slag and 90 pounds per cubic foot for all other slags and crushed rock products.
 - vii. Flat or elongated particles, particles with length three times greater than average thickness, shall not exceed 5% by weight in the ballast.
- c. Prior to installation, the supplier shall provide the railroad or industrial track owner with certified test results of ballast quality and grading.
- d. Care shall be used to ensure even distribution of ballast in the track. A minimum ballast depth of 8 inches below the ties shall be acceptable as a subballast base. Ballast shall be inserted under ties in convenient lifts but under not less than two lifts. Proper cross level, line and grade shall be attained on the final lift in accordance with currently accepted practice.
- e. Top of track ballast shall be dressed parallel with top of rails to a depth of 1 inch below top of tie extending 6 inches beyond end of tie. Ballast shall be thoroughly tamped for each tie end to 15 inches inside of rail. Centers shall be filled but not tamped. All work of track laying and surfacing shall be of the highest quality in accordance with currently accepted practice.
- f. Each owner of the track to which the ballast standards apply shall maintain proper track cross level, surface, and alignment prescribed as follows:
 - i. The runoff in any 31 feet of rail at the end of a rise may be not more than 3 1/2 inches.
 - ii. The deviation from uniform profile on either rail at the mid-ordinate of a 62-foot chord may be not more than 3 inches.
 - iii. Deviation from designated elevation on spirals may be not more than 1 3/4 inches.
 - iv. Variation in cross level on spirals in any 31 feet may be not more than 2 inches.
 - v. Deviation from zero cross level at any point on tangent or from designated elevation on curves between spirals may be not more than 3 inches.
 - vi. The difference in cross level between any two points less than 62 feet apart on tangents and curves between spirals may be not more than 3 inches.
 - vii. Alignment may not deviate from mid-ordinate of a 62-foot chord more than 3 inches.
5. The material, preservative treatment, quality control, inspection, and miscellaneous requirements for timber crossties and switch ties shall conform with the recommendations of Chapter 3, "Ties and Wood Preservation" of the AREA Manual and all of the following:
 - a. Crossties shall be either hardwood or softwood in accordance with the requirements of this Section.
 - b. Wooden crossties shall be new and manufactured from the following kinds of wood: Douglas fir, red oak, white oak, cypress, southern and western pine, elm, hickory, gum, or hemlock.
 - c. All wooden ties shall be made from sound, straight live timber and shall be free from any defects that may impair their strength and durability, such as bark, decay, splits, shakes, large or numerous holes or knots, pitch seams, pitch rings, grain with slant greater than 1 in 15, or other imperfections.
 - d. All crossties shall be a minimum of 8 feet in length. Ties shall measure 6 inches thick by 8 inches wide on top, AREA No. 6 grade. If a 6-inch wide base rail is used, 7-inch by 9-inch ties shall be required. All crossties shall be branded with the seller's symbol to indicate line end.
 - e. Crossties shall be spaced a maximum of 24 inches center to center. Each 39 feet of track shall be supported by a minimum of 19 crossties. The center of the ties shall coincide with the centerline of the track and the ties shall be laid at right angles to the rail with the wide-face up.
 - f. Hardwood ties shall be used on all curves of 2 degrees and over. Softwood ties shall be permitted on other curves and tangents.
 - g. Ties shall be inspected at suitable and convenient places satisfactory to the railroad or industry owner. Inspection shall include a reasonably close examination of the top, bottom, sides, and ends of each tie. All ties shall be judged independently using the following standards:
 - i. Decay shall be the disintegration of the wood substance due to the actions of wood destroying

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- fungi. "Blue Stain" is decay and shall be permissible in all wood.
- ii. A large hole shall be more than 1/2 inch in diameter and 3 inches deep within, or more than 1/4 the width of the surface on which it appears and 3 inches deep outside, the sections of the tie between 20 inches and 40 inches from its middle. Numerous holes shall be any number equaling a large hole in damaging effect. Such holes may be caused in manufacture or otherwise.
 - iii. Within the rail bearing areas, a large knot shall be one having an average diameter more than 1/3 the width of the surface on which it appears; but such a knot shall be allowed if it is located outside the rail-bearing areas. Numerous knots shall be any number equaling a large knot in damaging effect.
 - iv. A shake shall be a separation along the grain, most of which occurs between the rings of annual growth.
 - v. A split shall be a separation of the wood extending from one surface to an opposite or adjacent surface. In unseasoned crossties, a split no more than 1/8 of an inch wide or 4 inches long shall be acceptable. In a seasoned crosstie, a split no more than 1/4 of an inch wide or longer than the width of the face across which it occurs shall be acceptable. In seasoned crossties, a split exceeding the limit shall be acceptable provided split limitations and anti-splitting devices are approved by the buyer and properly applied.
 - vi. Except in woods with interlocking grain, a slant in grain in excess of 1 inch in 15 inches shall be rejected.
 - vii. In manufacture:
 - (1) A tie shall be considered straight:
 - (a) When a straight line along the top from the middle of one end to the middle of the other end is entirely within the tie; and
 - (b) When a straight line along a side from the middle of one end to the middle of the other end is anywhere more than 2 inches from the top and the bottom of the tie.
 - (2) The top and bottom of a tie shall be considered parallel if any difference in the thicknesses at the sides or ends does not exceed 1/8 of an inch.
 - viii. The lengths, thicknesses, and widths specified shall be minimum for the standard sizes. Ties over 1 inch longer, thicker, or wider than the standard size ordered shall be rejected.
 - ix. A bark seam or pocket shall be a patch of bark partially or wholly enclosed in the wood. Bark seams shall be allowed provided they are not more than 2 inches below the surface or 10 inches long.
 - x. Ties with continuous checks appearing on one face only, whose depth in a fully seasoned tie is greater than 1/4 the thickness and longer than 1/2 the length shall be rejected.
 - h. The maximum distance between non-defective timber crossties shall be 70 inches, center of tie to center of tie.
 - i. A timber crosstie shall be considered defective when it is all of the following:
 - i. Broken through;
 - ii. Split or otherwise impaired to the extent that it will not hold spikes or will allow ballast to work through;
 - iii. So deteriorated that the tie-plate can move laterally more than 1/2 of an inch relative to the crossties;
 - iv. Cut by the tie-plate through more than 40% of its thickness; and
 - v. Not spiked as required by this Section.
 - j. Industry track shall have at least one non-defective crosstie whose centerline is within 18 inches of the rail joint location.
 - k. Used crossties, although not recommended, may be used subject to prior approval from the Commission.
 - l. Treated tie plugs of proper size shall be used to fill holes tightly and driven into old spike holes of used ties. Approved granular tie plug material may be used in lieu of treated tie plugs.
6. Switch ties:
 - a. Switch ties shall be new and shall be hardwood in accordance with the requirements of this Section. Switch ties shall be located as shown on the turnout plans.
 - b. All switch ties shall be 7 inches thick by 9 inches wide in cross section. Switch tie length shall be as indicated on the turnout plans in 1 foot increments.
 - c. All switch ties shall be sawed top, bottom and sides, cut square at the ends, have top and bottom parallel, and have bark entirely removed.
 7. Tie plates:
 - a. Tie plates shall be placed under each rail at every tie. The tie plates shall be placed with the shoulder squarely against the rail.
 - b. No crooked tie plates shall be permitted. Each tie plate shall be of proper design to fit the rail section being used.
 8. Rail:
 - a. All rail used in industrial track construction shall weigh a minimum of 90 pounds per yard. The majority of rails used shall be a minimum of 30 feet in length, with no more than 20% of varying lengths down to 24 feet, except as required in switches.
 - b. Rail shall be laid with joints staggered so that joints on one side will not be more than 4 feet from center of the opposite rail. The best running side of the relay railhead shall form the gage side of the rail as laid.
 - c. Rails shall be new or equal to No. 2 relay rail or No. 3 relay rail as per the AREA Manual recommendations for rail grading classifications. Overflow on one or both sides shall be less than 1/4 of an inch. Base shall be solid and free of visual defects with only minor pitting. Relay rail shall be considered to be used material.
 - d. The bottom of rail, tie plate, and top surface of tie shall be clean and smooth to provide for full bearing for rails and tie plates.

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- e. The use of a torch for cutting track rail, except for field welds or for burning bolt holes shall be prohibited. A rail saw or rail chisel properly and expertly used for cutting and a hand or power rail drill for boring holes shall be employed. All chips and burrs shall be removed and all drilled holes shall be peened. The bolt hole shall conform to the standard plans.
 - f. Angle bars of approved design shall be properly fitted against the rail and properly bolted. Each joint shall be bolted with at least two bolts through each rail end. Joint bars cracked or broken through between the middle two bolts shall be replaced. Compromise and insulated joint bars of proper design shall be used where rail size and conditions dictate. Track bolts, of proper size, fitted with approved spring washers, shall be fully tightened to proper tension.
9. Spiking:
- a. Each rail will be spiked with two spikes per tie plate on tangent track, staggered with inside spikes to the east or north, outside spikes to the west or south.
 - b. Spikes shall be 5/8 of an inch wide by 6 inches long.
 - c. Track spikes shall be started and driven vertically with face shank in contact with the rail so that the face of the spike shall have full hold on rail base. Damage to tie timber fiber shall be minimized.
 - d. Spikes shall not be struck after head is down to snug contact with the railbase. Care shall be taken not to overdrive spikes and rail shall not be gouged or struck with spike maul or other tool.
 - e. In the construction of road crossings and turnouts, line spikes and hold down or anchor spikes shall also be used throughout the crossing and turnout closure rails. Hold down or anchor spikes shall be used on curves of 5 degrees or more.
10. Gage:
- a. Gage is measured between the heads of the rails at right angles to the rails in a plane 5/8 of an inch below the top of the railhead.
 - b. In new industrial construction the rails shall be gaged to 4 feet 8 1/2 inches.
 - c. Rail gage shall be maintained at not less than 4 feet 8 inches, nor more than 4 feet 9 3/4 inches for both curved and tangent track.
11. Rail anchors:
- a. 16 anchors per 39 feet of track shall be used, and 4 nonconsecutive ties shall be box-anchored per rail.
 - b. Anchors shall be used throughout the turnout area. The same tie shall be box-anchored across.
 - c. Anchors shall not be placed on joint ties or ties adjacent to joint ties.
 - d. Additional anchors shall be applied where longitudinal rail movement needs to be effectively controlled.
12. Gage rods:
- a. Gage rods may be used on curves where it is difficult to maintain gage.
 - b. On curves between 7 degrees and 10 degrees, 4 gage rods per 39-foot panel shall be installed and on curves between 10 degrees and 12 degrees, 5 gage rods per 39-foot panels shall be installed.
13. Switches:
- a. Each stock rail shall be securely seated in switch plates, but care shall be taken to avoid canting the rail by overtightening the rail braces.
 - b. Each switch point shall fit its stock rail properly, with the switch stand in either of its closed positions to allow wheels to pass the switch point. Lateral and vertical movement of a stock rail in the switch plates or of a switch plate on a tie shall not adversely affect the fit of the switch point to the stock rail.
 - c. Each switch shall be maintained so that the outer edge of the wheel tread cannot contact the gage side of the stock rail.
 - d. The heel of each switch rail shall be secure and the bolts in each heel shall be kept tight.
 - e. Each switch stand and connecting rod shall be securely fastened and operable without excessive lost motion.
 - f. Unusually chipped or worn switch points shall be repaired or replaced. Metal flow shall be removed to ensure proper closure.
 - g. The railroad shall be responsible for the installation and maintenance of switches connecting industrial track to railroad track facilities.
 - h. Owners of industrial switches shall be responsible for the installation and maintenance of their switches.
 - i. "Run-through" or damaged switches shall be repaired immediately.
14. Derails:
- a. Derails shall be installed where grade or other conditions indicate the need.
 - b. Derails shall be installed so that derailed cars will not foul or damage adjacent track or railroad structures.
 - c. Derail signs shall be clearly visible.
 - d. When in a locked position, the derail shall be free of lost motion which will allow it to be operated without removing the lock.
15. Car stops or bumping posts:
- a. Car stops or bumping posts shall be installed at the end of all industry spur tracks.
 - b. Car stops or bumping posts may be of any design that will adequately stop a car without damaging the car, such as, "wheelstops", "drawbar stop", or "earth-tie stop".
- Historical Note**
Adopted effective May 28, 1992 (Supp. 92-2).
- R14-5-110. Walkway and Clearance Standards**
- A. The following shall be the standards for all walkways.
- 1. Walkways shall be provided adjacent to tracks in all areas where railroad or industrial employees are required to perform trackside duties.
 - 2. Walkways shall be:
 - a. A uniform regular surface with a gradual slope not to exceed 1 inch rise in 8 inches;
 - b. Kept clean and free of weeds, debris and other materials or equipment that might tend to interfere with the footing of railroad or industrial employees performing trackside duties; and
 - c. Constructed and maintained to ensure proper drainage and prevent pooling of water, oil, or other liquids.

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3. In areas where heavy foot traffic exists, such as train yards and manually operated switches, the uniform surface material used shall be no larger than 3/8 inch fines.
 4. Applicable walkway measurement and clearance standards contained in Appendices 1 through 6 shall be met.
 5. The center of tracks shall be kept clean and free from all foreign materials that tend to build up between rails causing poor footing and a deterioration of track components.
 6. Walkway standards shall not apply to any of the following:
 - a. Tracks in streets or tunnels, existing bridges, grade separation structures, railroad-highway crossings, existing trestles, cattle guards, and tracks adjacent to walks, abutments, platforms, pillars, and structures where minimum widths are otherwise provided;
 - b. Tracks within cities, towns, populated or congested areas where there is insufficient width of right-of-way, except that standards shall apply to the full width of right-of-way available; and
 - c. Tracks during periods of damage or obstruction due to heavy rain or snow, derailments, rock and earth slides and other abnormal periods. Walkways shall be brought back into compliance with this Section within 30 days after the damage or obstruction occurred.
- B.** The following shall be the clearance standards:
1. Minimum overhead and side clearances as prescribed in this Section may be decreased to the extent defined by the half circumference of a circle having a radius of 8 feet, 6 inches and tangent to a horizontal line 22 feet above the top of rail at a point directly above the centerline of track, except that for tunnels and through bridges, such radius may be 8 feet. The requirements contained in Appendix 7 also shall be met.
 2. Minimum overhead clearance above the top of rail shall be 22 feet except as follows:
 - a. Clearance may be reduced to 18 feet if the track terminates inside a building and all cars, locomotives, or other equipment are brought to a stop before entering the building.
 - b. Clearance shall conform to the requirements specified in the National Electrical Safety Code (ANSI C2-1990) pertaining to the installation and maintenance of electrical supply and communication lines, published by the Institute of Electrical and Electronic Engineers, Incorporated (approved on June 26, 1989), incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from 345 East 47th Street, New York, N.Y., 10017.
 - c. Overhead clearances authorized in this subsection are applicable to tracks on which rail cars having a height of 15 feet 6 inches or less are transported. If rail cars of a height greater than 15 feet 6 inches are transported or proposed to be transported, minimum overhead clearance shall be increased by the amount of not less than such additional height, provided that such cars are exempt from this subsection when the top running boards have been removed, ladders and hand brakes lowered, car painted, stenciled, and otherwise modified in compliance with provisions of 49 CFR 231, as amended and revised through October 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
 - d. Rotary dumpers used in the unloading of open top cars shall be exempt from the provisions of this Section.
 3. Minimum side clearance from centerline to tangent standard gage track to obstruction shall be 8 feet 6 inches except as follows:
 - a. For platforms:
 - i. Platforms 8 inches or less above the top of rail shall be 4 feet 8 inches from centerline of track.
 - ii. Platforms 4 feet or less above the top of rail shall be 7 feet 3 inches from centerline of track.
 - iii. Stepped platforms combining two or more of the platform clearances described in subdivisions (i) and (ii) of this subsection shall not be permitted.
 - iv. Existing platforms may be extended at existing clearance, provided that such clearance, unless otherwise permitted by this Section, shall not be less than 6 feet 6 inches from the centerline of track.
 - b. Mail cranes shall be exempt from the provisions of this Section.
 - c. All poles shall be a minimum of 8 feet 6 inches from the centerline of track, except that 10 feet shall be recommended where possible.
 - d. Minimum clearance for through bridges supporting track and tunnels shall be 8 feet from the centerline of track.
 - e. Minimum clearance for handrails on bridges with walkways shall be 7 feet 6 inches from the centerline of track, except that the railroad may require clearances in excess of this minimum when the railroad deems it necessary.
 - f. Water barrels and refuge platforms shall be 4 feet above the top of rail and 8 feet distant laterally from the centerline of track.
 - g. For block signals and switch stands:
 - i. Block signals and switch stands shall be 3 feet or less above the top of rail and located between tracks. Where not practicable to provide clearances otherwise prescribed in this Section, they shall be a minimum of 6 feet from the centerline of track.
 - ii. All other block signals and switch stands shall be a minimum of 8 feet 6 inches from the centerline of track.
 - h. Water columns and oil columns shall be a minimum of 8 feet from the centerline of track.
 - i. Cattle guard fencing shall be a minimum of 6 feet 9 inches from centerline of track; except that existing cattle guards less than 6 feet 9 inches from the centerline of track may be maintained at existing clearance if such clearance does not extend beyond a line extending diagonally upward from a point level with the top of rail and 5 feet 10 inches distant laterally from the centerline of track to a point 4 feet above top of rail and 8 feet distant laterally from the centerline of track.
 - j. Log rollways may be constructed and maintained with impaired clearances when adjacent to tracks operated exclusively for logging purposes.

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- k. Clearances into shops and buildings where freight cars are spotted for repairs shall be a minimum of 7 feet 8 inches from the centerline of track.
 - l. For fences and gates:
 - i. The minimum distance between a fence and the centerline of track shall be not less than 8 feet 6 inches, except that where conditions permit, 10 feet shall be required.
 - ii. Fences topped with barbed wire shall have vertical arms or the arms shall be turned outward away from track, if necessary to maintain minimum clearances as prescribed herein.
 - iii. Gates shall be secure and shall be maintained in a condition that will allow for easy opening by one person. Gates, in the open position, shall be at least 8 feet 6 inches from the centerline of track.
 - iv. Mechanical means shall be provided to prevent gates from swinging closed while switching operations are being performed.
 - m. All minimum side clearances prescribed herein are for tangent track. All structures adjacent to curved track shall have a minimum side clearance 1 foot greater than the equivalent minimum side clearance for tangent track. Where space is limited, the minimum side clearance for structures adjacent to track of not over 12 degrees curvature shall be the same as for tangent track, but if over 12 degrees curvature, 1/4 of an inch shall be added to the equivalent minimum side clearance for tangent track for each degree of the curve. Where track contains superelevation, minimum side clearances shall be increased as necessary to give the equivalent clearances based on tangent track.
 - n. Minimum side clearances authorized in this subsection are applicable to tracks on which freight cars having a maximum overall width not greater than 10 feet 10 inches are transported. On tracks over which freight cars of greater width are transported, such minimum side clearance shall be increased by not less than 1/2 of such additional width.
4. The minimum distance between the centerlines of parallel standard gage railroad tracks, which are used or proposed to be used for transporting freight cars, shall be 14 feet, except as follows:
- a. The centerline of any standard gage track, except a main track, parallel and adjacent to a main track, shall be at least 15 feet from the centerline of main track.
 - b. The centerline of any standard gage ladder track, constructed parallel to any other track, shall have a clearance of not less than 20 feet from the centerline of other track.
 - c. Minimum clearance between the centerline of parallel house or industry tracks shall be 13 feet, except that railroads may require clearances in excess of this minimum when conditions so warrant.
 - d. Minimum-clearance between centerlines of two parallel team tracks shall be 13 feet, except that railroads may require clearances in excess of this minimum.
 - e. Minimum clearances prescribed herein are applicable only to tracks on which freight cars having a minimum overall width of 10 feet 10 inches are transported. On track over which freight cars of greater width are transported, minimum distance shall be increased by an amount equal to 1/2 such additional width.
- f. Existing tracks may be maintained, reconstructed, or extended at centers in existence as of the effective date of the Section.
5. For track occupying or adjacent to public roadways:
- a. Requirements for track occupying a public roadway shall be considered individually by the Commission.
 - b. Track adjacent to a public roadway shall have a minimum clearance of 10 feet from the centerline of track to the face of curb or edge of roadway. Railroad maintenance roads shall be exempt from the provisions of this subsection.
6. For roadway structures over or under railroad track:
- a. Overhead roadway structures shall be a minimum of 23 feet above top of rail, except that overhead clearances greater than 23 feet may be approved when justified on the basis of railroad electrification.
 - b. Roadway structures beneath railroad track shall have a minimum clearance of 15 feet above the surface of the roadway or, if additional clearance is required, as determined by the Commission after public hearing.
7. The general clearance requirements shall be:
- a. No merchandise, materials, equipment, or other articles shall be placed either on the ground or on a platform adjacent to any track at a distance less than 8 feet 6 inches from the centerline of track. A suitable line or other marker shall be maintained on all platforms at a distance of 8 feet 6 inches from the centerline of track to indicate minimum clearance for the articles.
 - b. Nothing herein shall be considered as preventing the movement of special work equipment or cars, except that such operations shall be conducted in a safe manner.
8. For impaired clearance signs:
- a. Impaired clearance signs shall be of sufficient size to accommodate any wording prescribed by the Commission. The letters of said wording shall be at least 2 1/2 inches in height with a 1/2 of an inch black stroke on a fluorescent white background. In the event the Commission does not specify said wording, railroads may use their own wording for such warning signs.
 - b. Impaired clearance signs shall be located at no less than 8 feet 6 inches from the centerline of track, shall be in a position to be clearly visible to approaching train crews.
- C. All railroads operating wholly or partially within the state of Arizona shall comply with the requirements of this Section in all construction, reconstruction, or modification of track or railroad facilities performed subsequent to the effective date of this Section.
- D. Existing track, walkways, or railroad facilities may be maintained at existing clearances, except that such track, walkways, or railroad facilities shall not jeopardize the safety of railroad employees, industrial employees, or the general public.
- E. Except as provided for in subsection (B)(4)(f) of this Section, all applications for exemption from any of the requirements of this Section shall be approved by the Commission prior to construction, reconstruction, or modification of track or railroad facilities adjacent thereto. An application for exemption shall:

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1. Be submitted to the Railroad Safety Section, Arizona Corporation Commission;
2. Contain the full name and address of the applicant and the nature of the applicant's business;
3. Set forth the reason and the extent for which relief is sought;
4. Include sufficient information to support and justify the exemption; and,
5. If necessary, include engineering drawings to further clarify the application.

Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-111. Crew Requirements

- A. Railroads operating within Arizona shall maintain a minimum of two operating employees in the control compartment of the lead locomotive unit of a train.
- B. Compliance with subsection (A) of this Section shall not be required during switching operations, while moving cars for inspection purposes, or while performing setouts in conjunction with road service.

Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-112. Reserved**R14-5-113. Hazardous Materials**

- A. All railroad operations which engage in the loading of railroad freight cars for the purpose of transporting hazardous materials by rail in and through Arizona shall be governed by all of the following:
 1. The material to be transported shall be authorized for transportation in freight cars. The freight car selected shall be compatible with the lading and be authorized for the commodity by the United States Department of Transportation. All fittings, tank, and safety appurtenances shall be in proper condition for the safe transportation of the product.
 2. Loading operations shall be performed only by persons properly instructed in loading hazardous materials and made responsible for careful compliance with 49 CFR 174.67, as amended and revised through November 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
 3. Hand brakes shall be set and wheels blocked on all cars to be loaded.
 4. Caution signs shall be so placed on the track or cars to give necessary warning to persons approaching the cars from the open end of a siding and shall be left in place until after the cars are unloaded or loaded and disconnected from the loading or unloading connection. The signs shall be of metal or other comparable material, at least 12 inches high by 15 inches wide in size, and bear the words, "STOP--Freight Car Connected", or "STOP--Men at Work", the word "STOP" being in letters at least 4 inches high and other words in letters at least 2 inches high. The letters shall be white on a blue background.
 5. Loading connections shall be securely attached to inlet pipes and other fittings before any discharge valves are opened.
 6. Freight cars shall not be allowed to stand with connections attached after loading is completed. Throughout the

entire period of loading, and while the car is connected to the loading device, the car shall be attended by the loader.

7. If necessary to discontinue loading a freight car for any reason, all loading connections shall be disconnected. All valves first shall be tightly closed, and the closures of all other openings securely applied.
8. As soon as a freight car is completely loaded, all valves shall be made tight, the loading connections shall be removed, and all other closures made tight, except that heater coil inlet and outlet pipes shall be left open for drainage. The manhole cover shall be re-applied by the use of a bar or wrench, the outlet valve reducer and outlet valve cap replaced by the use of a wrench having a handle at least 36 inches long, and the outlet valve cap plug, end plug, and all other closures of openings and of their protective housings shall be closed by the use of a suitable tool.
9. Railroad defect cards shall not be removed.
10. If oil or gasoline has been spilled on the ground around connections, it shall be covered with fresh dry sand or dirt.
11. All tools and implements used in connection with loading shall be kept free of oil, dirt, and grit.
- B. Placarding shall be as follows:
 1. When lading requiring placarding in compliance with provisions of 49 CFR 172.500(c), as amended and revised through November 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, is loaded in a freight car, it shall be the responsibility of the person loading the freight car to affix the prescribed number and type of placards to the freight car.
 2. The freight car shall be equipped with at least 4 metal placard holders which are suitable for service.
 3. Placards affixed to hazardous materials freight cars shall be in a condition so that the format, legibility, color, and visibility are not substantially reduced due to damage, deterioration, or obscurement by dirt or other matter.
- C. The accumulation of static electricity during the loading or unloading of freight cars with flammable liquids or flammable compressed gases shall be prevented by providing a means of grounding the freight car body to a suitable location using a grounding device capable of conducting static electricity away from the freight car and the loading or unloading appliances and appurtenances.
- D. For rail bonds and insulated joints:
 1. Rail shall be adequately bonded at each joint upon which railroad equipment may stand while flammable liquids or flammable gases are being transferred.
 2. Insulated rail joints shall be installed to electrically separate the loading or unloading track section from all other track rails.
 - a. Insulated rail joints shall be applied only to rail having sawed ends.
 - b. Insulated rail joints shall not be applied to rails covered with scale, dirt, or other foreign matter; to rails with battered ends; or when the opening between rail ends is greater than 3/8 of an inch.
 3. An emergency transfer of flammable liquids or flammable gases that must be performed in conjunction with a hazardous material incident shall be exempt from Rail Bonding and Insulated Joint requirements, provided other

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means, such as ground rods, are utilized to ground the containers and transfer appliances.

- E. A derail shall be used to prevent the intrusion into an area where freight cars are being loaded or unloaded with a hazardous material. This device shall be kept in "derailing" position and locked with an effective locking device while freight cars are connected for loading or unloading. The key for the lock used to immobilize the derailing device shall be maintained in the care of the person who is in charge of the freight cars being loaded or unloaded.
- F. Placarded freight cars which contain hazardous materials shall not be left to stand in populated areas for the purpose of constructive placement where the freight car is not under the direct supervision, observation, or control of the railroad carrier.
- G. Rail carriers shall be prohibited from allowing freight or freight cars carrying hazardous materials to be constructively placed or otherwise withheld from their destination at other than an Environmental Protection Agency-approved transfer facility. For the purposes of this subsection, "transfer facility" shall mean any transportation-related facility including loading docks, parking areas, and other similar areas where shipments of hazardous materials are held during the normal course of transportation.
- H. All railroad operations that engage in the unloading of railroad freight cars for the purpose of transporting hazardous materials by rail in and through Arizona shall be governed by 49 CFR 174.67, as amended and revised through October 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, all being regulations of the Federal Railroad Administration, United States Department of Transportation, Railroad Safety regulations.

Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-114. End-of-train Device

Any railroad carrier subject to the provisions of 49 CFR 221, amended and revised through October 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, operating trains outside of yard limits without an occupied caboose

at the rear of the train shall have an operable end-of-train device capable of activating the train's emergency air brake system electronically from the control panel of the locomotive controlling the train.

Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-115. Train Composition

All carriers operating within the state of Arizona shall strictly adhere to their respective instructions relative to "train makeup" or "special car handling instructions" as promulgated in the current timetable or other operating department special instructions.

Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-116. Civil Penalty

- A. Any person, firm or corporation violating any provision of this Article or Order adopted pursuant to this Article pertaining to railroad safety and the transportation of hazardous materials by rail shall be subject to a civil penalty not to exceed \$2,000 for each violation with each day constituting a separate violation. In no event shall the maximum civil penalty exceed \$200,000 for any related series of violations. The penalties described in this subsection shall not apply to R14-5-102.
- B. Any civil penalty pertaining to railroad and rail hazardous materials transportation safety may be compromised by the Commission. In determining the amount of the penalty, or the amount agreed upon in compromise, the appropriateness of the penalty to the size of the business of the person, firm or corporation charged, the gravity of the violation and the good faith of the person, firm, or corporation charged in attempting to achieve compliance, after notification of a violation, shall be considered by the Commission. The amount of the penalty, when finally determined, or the amount agreed upon in compromise, may be deducted from any sums owed by the state of Arizona to the person, firm, or corporation charged or may be recovered in a civil action in the Superior Court of the state of Arizona.
- C. The Commission may avail itself of any other authority or remedies available under the Constitution of Arizona and the Arizona Revised Statutes to effect the purpose of this Article.

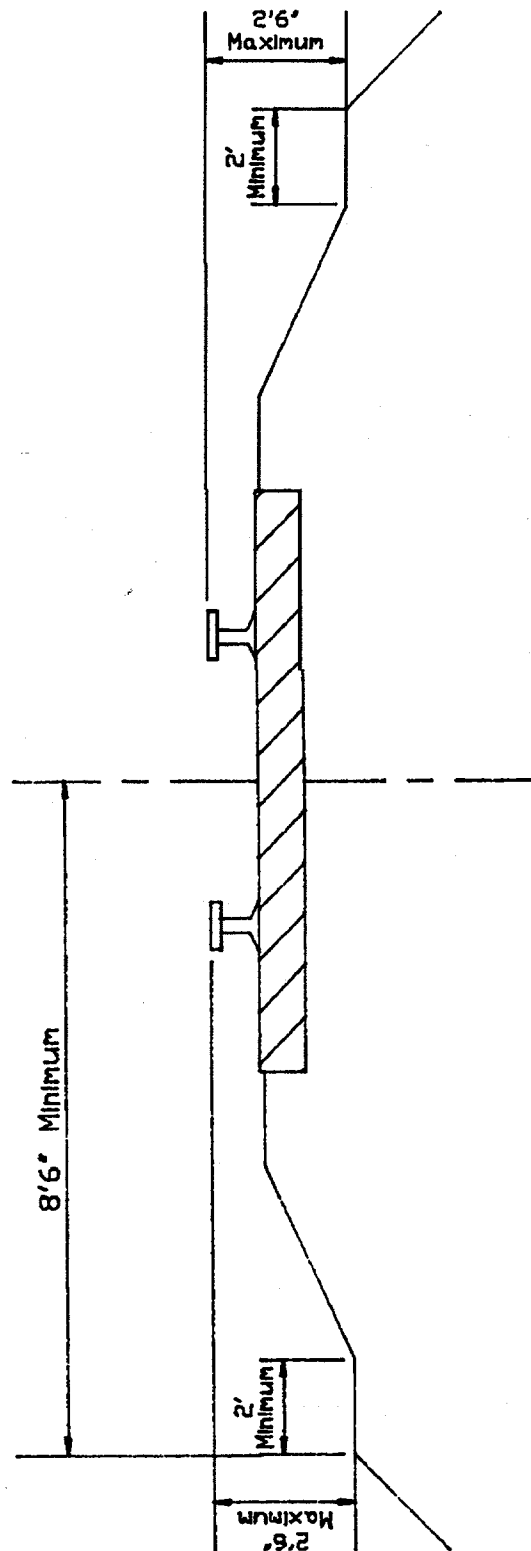
Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

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Appendix 1. Walkways Along Main Tracks Along Short Line & Branch Line - One Track



Walkways Along Main Tracks
Along Short Line & Branch Line

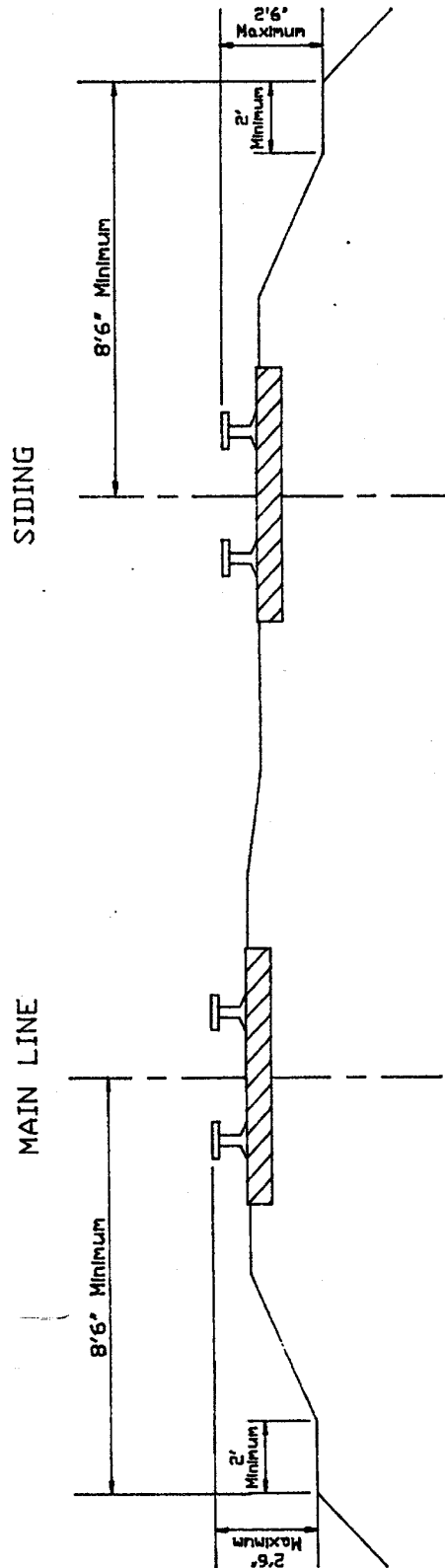
Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

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Appendix 2. Walkways Along Main Tracks Along Short Line & Branch Line - Two Tracks



Walkways Along Main Tracks
Along Short Line & Branch Line

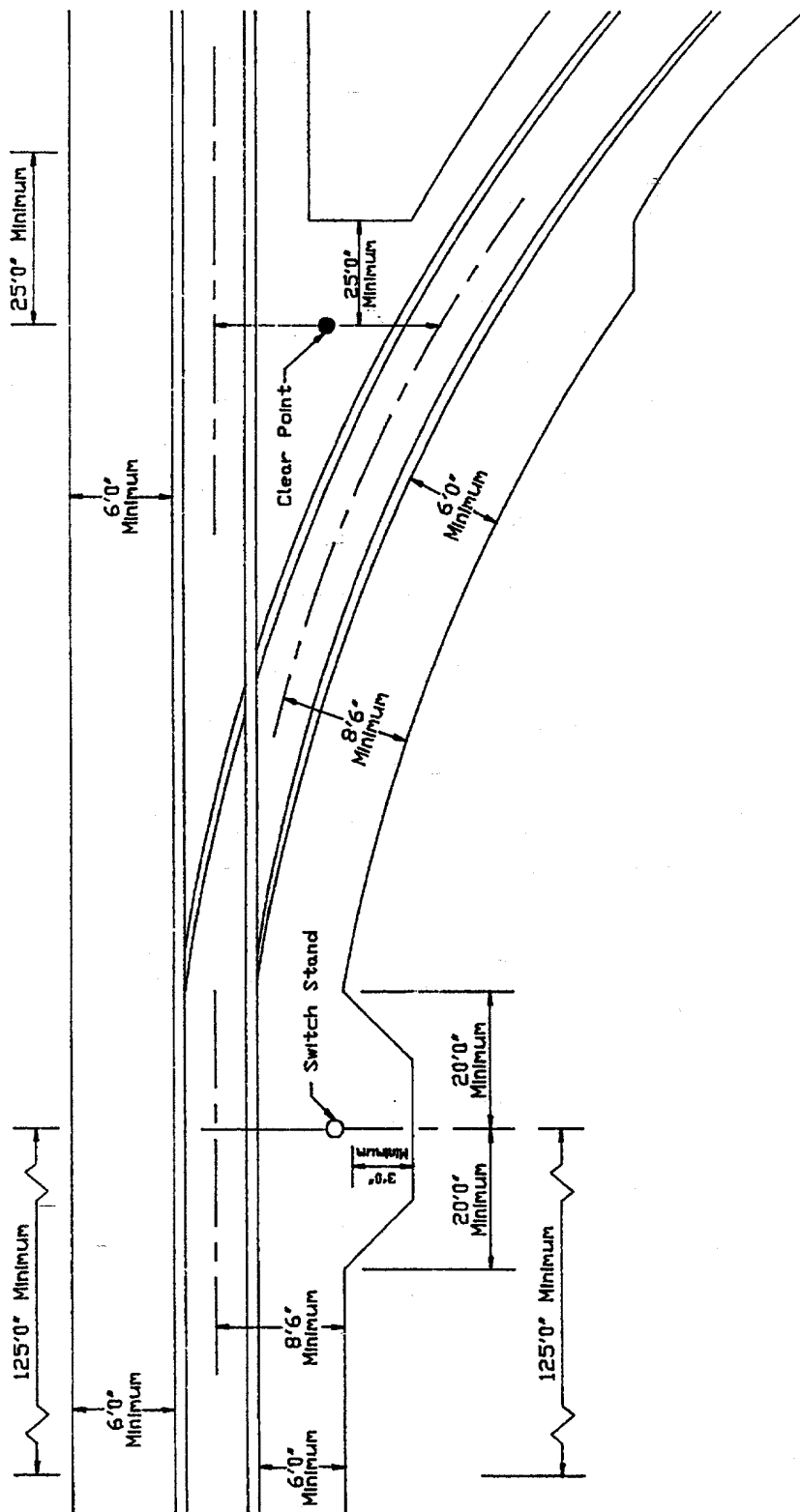
Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

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Appendix 3. Walkways at Main Line Switches Entering Yards and Serving Industry Tracks Except as Provided in Standard No. 4 - Walkways to be Level with Ties



Walkways at Main Line Switches Entering Yards
and Serving Industry Tracks Except as Provided
in Standard No. 4 - Walkways to be Level with Ties

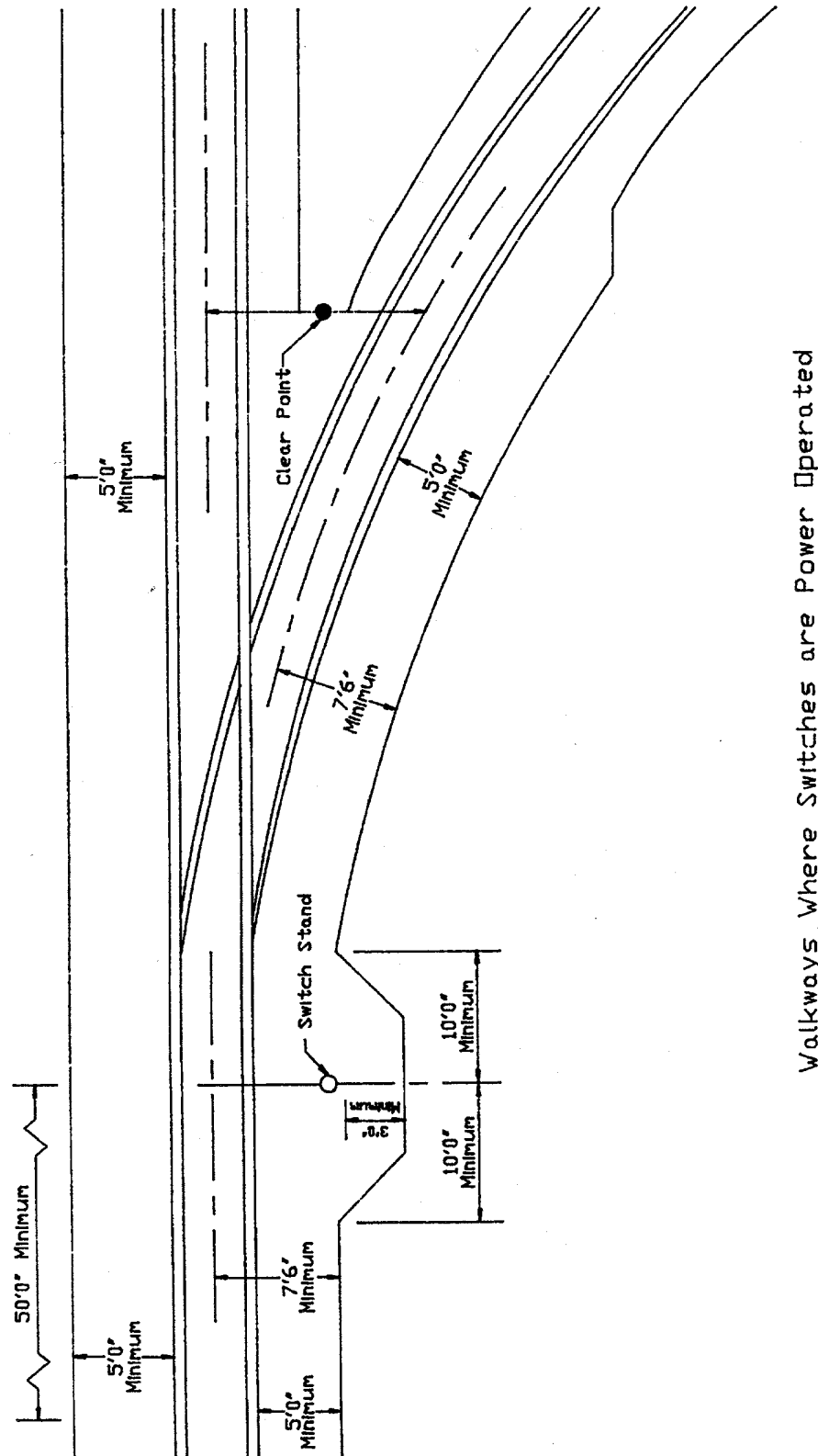
Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

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Appendix 4. Walkways Where Switches are Power Operated



Walkways Where Switches are Power Operated

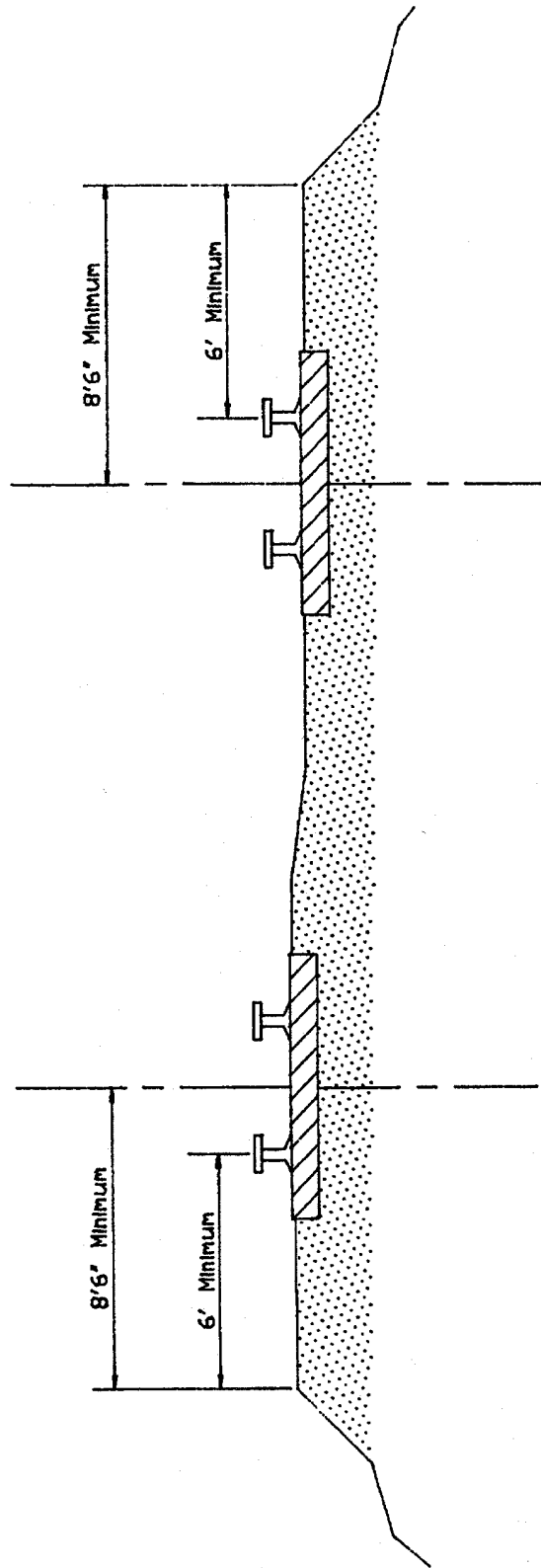
Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

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Appendix 5. Walkways in Yards and Points Where Industrial Switching is Performed But Not Less Than 50 Feet in Advance of Switch



Walkways in Yards and Points Where Industrial
Switching is Performed, But Not Less Than
50 Feet in Advance of Switch

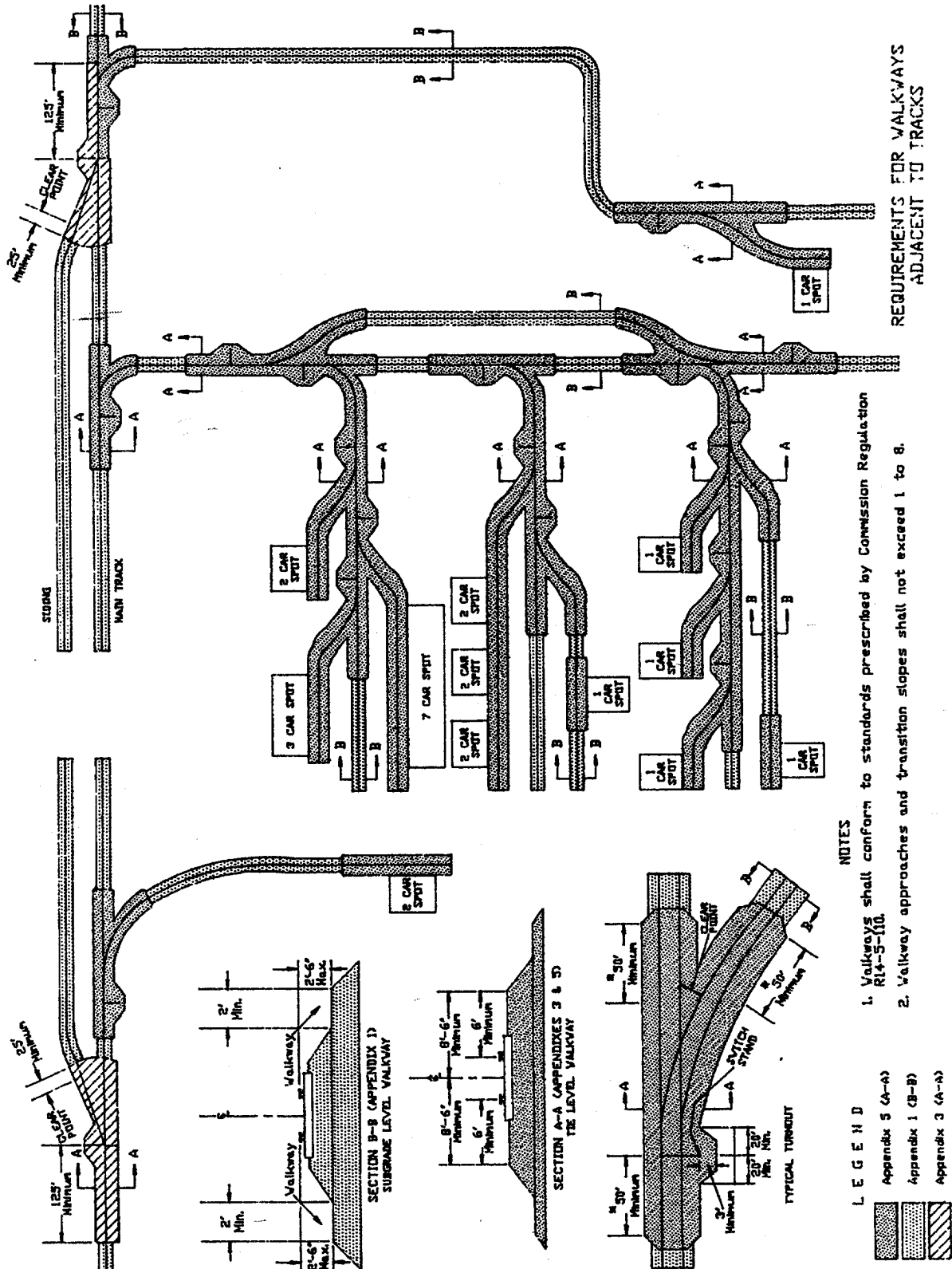
Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

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Appendix 6. Requirements for Walkways Adjacent to Tracks



Historical Note

Adopted effective May 28, 1992 (Supp. 92-2).

**TYPICAL
CLEARANCE OF STRUCTURES FROM RAILROAD TRACKS
AS PRESCRIBED BY
ARIZONA CORPORATION COMMISSION
ADMINISTRATIVE REGULATION R14-5-110**

The diagram shows a cross-section of a railroad track area adjacent to a building. Key features include:

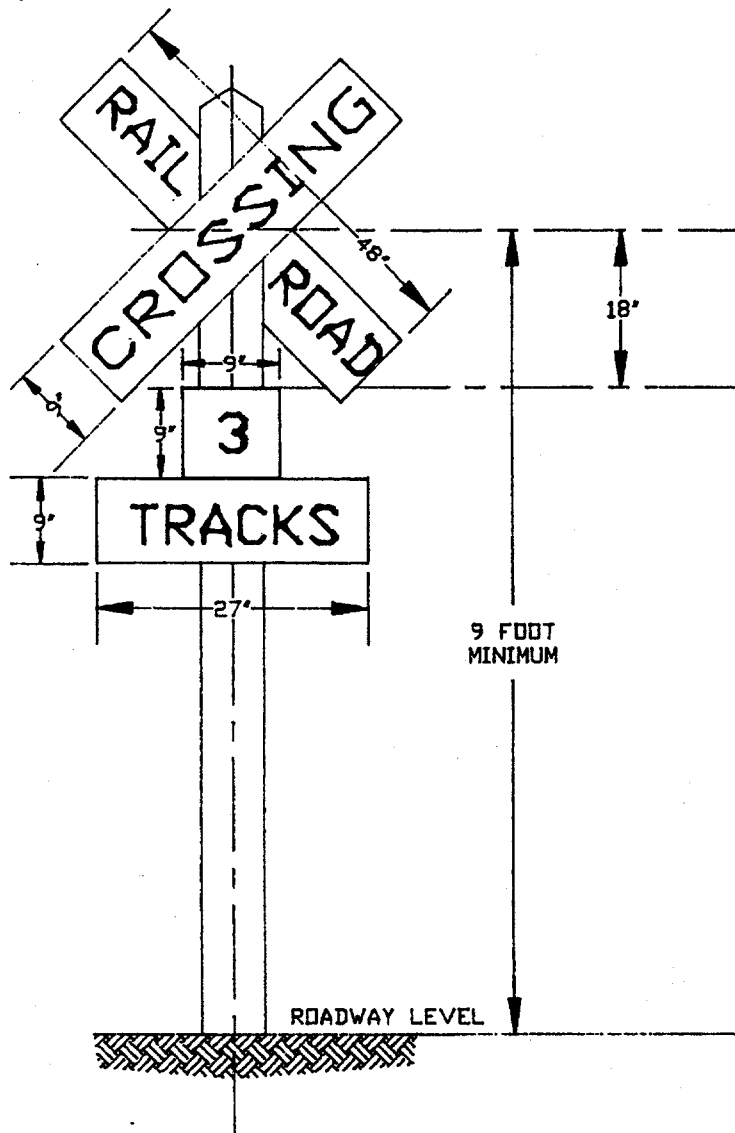
- EAVE TROUGH**: Located at the top left corner of the building.
- CORNICE**: A decorative overhang above the eave trough.
- BUILDING**: The main structure on the left side of the track.
- SWINGING OR PIVOTED WINDOW**: Indicated by a dashed arc showing its range of motion.
- BRACKET LIGHT**: Mounted on the building facade.
- TRACK OF TRACK**: The central vertical axis of the rail line.
- RADIUS 8'-6"**: A curved boundary defining the clearance zone around the track.
- ABOVE TOP OF RAIL**: Labels indicating heights from the top of the rail up to the radius boundary: 15' (8'-6"), 16' (8'-3"), 17' (7'-11"), 18' (7'-6"), 19' (6'-11"), 20' (6'-0"), and 21' (4'-10").
- CLEARANCE LINE**: A horizontal line extending from the building towards the track.
- THIS SPACE MUST BE KEPT CLEAR**: A label pointing to the area between the building and the track.
- POSTS AND SIGNS**: A signpost located on the right side of the track.
- PLATFORM**: A raised area on the right side of the track.
- NOTHING SHALL BE BUILT OR STORED ON THIS PORTION OF PLATFORM**: A warning label pointing to the platform area.
- SUITABLE LINE OR MARKER SHOULD BE MAINTAINED ON PLATFORMS AT DISTANCE OF 8'-6" FROM CENTER LINE OF TRACK**: A note at the bottom right.
- PATHTWAY FOR TRAINMEN KEEP CLEAR**: A label at the bottom center pointing to a path near the tracks.
- LADDERS OR CLEATS WITHIN THE 7'-6" CLEARANCE NOT PERMITTED**: A note at the bottom right.

Adopted effective May 28, 1992 (Supp. 92-2).

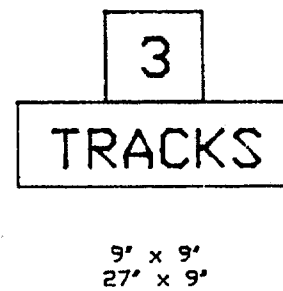
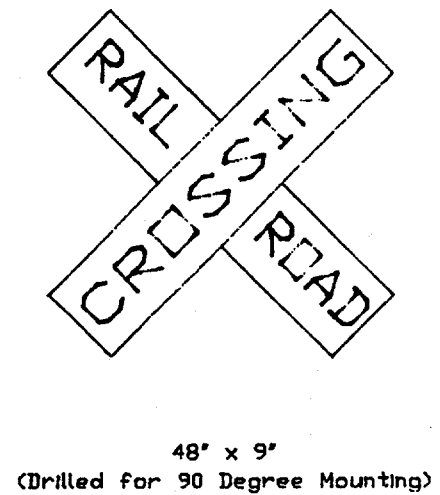
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Appendix 8. Highway Crossing Sign



HIGHWAY CROSSING SIGN



Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

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ARTICLE 2. PIPELINE SAFETY

R14-5-201. Definitions

As used in this Article:

1. "Arizona Office of Pipeline Safety" means the Commission personnel assigned to perform the Commission's day-to-day activities under A.R.S. Title 40, Chapter 2, Article 10, who are headquartered at 1300 W. Washington Street, Suite 220 Phoenix, AZ 85007 and whose contact information is available at <http://www.azcc.gov/Divisions/Safety>.
2. "AZOPS" means "Arizona Office of Pipeline Safety," as defined herein.
3. "Building" means any structure intended for supporting or sheltering any occupancy.
4. "Commission" means the Arizona Corporation Commission.
5. "Discontinuation of service" means an interruption in service expected to exceed four hours, occurring after an operator tests a service line or meter set assembly and determines that additional actions are necessary to restore service because of a leak or hazardous operating condition.
6. "DOT" means the U.S. Department of Transportation.
7. "Evacuation" means denying entry into or the organized clearing of a building or buildings, involving:
 - a. One hundred or more individuals from any number of buildings;
 - b. All of the individuals present from five or more buildings;
 - c. All of the individuals present from five or more businesses within a single building such as a strip mall; or
 - d. A nonresidential building known or discovered to be occupied by individuals who are confined, are of impaired mobility, or would be difficult to evacuate because of their age or physical or mental condition or capabilities, such as a hospital, prison, school, daycare facility, retirement facility, or assisted living facility.
8. "Gas" means natural gas, flammable gas, or toxic or corrosive gas and includes LPG and LNG that is vaporized.
9. "Hazardous liquid" means:
 - a. Petroleum,
 - b. A petroleum product, or
 - c. Anhydrous ammonia.
10. "Independent laboratory" means a laboratory that is not owned or operated by the operator and that has no affiliation with the operator through ownership, familial relationship, or contractual or other relationship that results in the laboratory being controlled by or under common control with the operator.
11. "Intrastate pipeline" means all pipeline facilities included in the definition of "pipeline system" that are used by a provider to transport gas, LNG, or a hazardous liquid within Arizona and that are not used to transport gas, LNG, or a hazardous liquid in interstate or foreign commerce. This includes, without limitation, any equipment, facility, building, or other property used or intended for use in transporting gas, LNG, or a hazardous liquid.
12. "Liquefied natural gas" means natural gas or synthetic gas having as its major constituent methane (CH₄) that has been changed to a liquid.
13. "LNG" means liquefied natural gas.
14. "LNG facility" means those portions of a pipeline system that are used for transporting or storing LNG or for LNG conversion.
15. "LPG" means liquefied petroleum gas.
16. "MAOP" means maximum allowable operating pressure, the maximum pressure at which a gas or LPG pipeline or segment of pipeline may be operated.
17. "Master meter system" means physical facilities for distributing gas within a definable area where the operator purchases metered gas from a provider to provide gas service to two or more buildings other than at a single-family residence.
18. "Operator" means a person that owns or operates a pipeline system or master meter system.
19. "Outage" means an unplanned and unscheduled discontinuation of service:
 - a. Concurrently to 250 or more residential customer accounts or to 10 or more commercial customer accounts; or
 - b. To a nonresidential building known or discovered to be occupied by individuals who are confined, are of impaired mobility, or would be difficult to evacuate or relocate because of age or physical or mental condition or capabilities, such as a hospital, prison, school, daycare facility, retirement facility, or assisted living facility.
20. "Person" means any individual, firm, joint venture, partnership, corporation, association, cooperative association, joint stock association, trustee, receiver, assignee, or personal representative, or the state or any political subdivision of the state.
21. "PHMSA" means the U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration.
22. "Pipeline system" means all parts of the physical facilities of a public service corporation or provider through which gas, LPG, LNG, or a hazardous liquid moves in transportation, including but not limited to pipes, compressor units, metering stations, regulator stations, delivery stations, holders, fabricated assemblies, and other equipment, buildings, and property so used.
23. "Provider" means any intrastate gas pipeline operator, public service corporation, or municipality that provides natural gas or LPG service to a master meter customer.
24. "PSIG" means pounds per square inch gauge.
25. "Public service corporation" has the same meaning as in Article 15, § 2 of the Arizona Constitution.
26. "Sandy type soil" means sand no larger than "coarse" as defined by the American Society for Testing and Materials, ASTM D-2487-83, Standard Practice for Classification of Soils for Engineering Purposes (1983), including no future editions or amendments, which is incorporated by reference; on file with the Office of Pipeline Safety; and published by and available from ASTM International, 100 Barr Harbor Drive, P.O. Box C700, West Conshohocken, PA, 19428-2959.
27. "Sour gas" means natural gas that contains the corrosive sulfur-bearing compound hydrogen sulfide (H₂S) in a concentration that exceeds a minimum threshold of 0.25 grain of hydrogen sulfide per 100 cubic feet (5.8 milligrams/m³) under standard operating conditions (4 parts per million).
28. "Sour oil" means crude oil containing the impurity sulfur in a concentration greater than 0.5 percent.

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29. "State" means the state of Arizona and all lands within its boundaries.
30. "Structure" means something that is built or constructed, or any piece of work artificially composed of parts joined together in some definite manner.
31. "Transport" or "transportation" of gas, LNG, or a hazardous liquid means the gathering, transmission, distribution, or storage of gas, LNG, or a hazardous liquid using a pipeline system within the state.
32. "Unknown failure" means an occurrence in which a portion of a pipeline system fails, and:
 - a. The cause cannot be attributed to any observable corrosion, third-party damage, natural or other outside force, construction or material defect, equipment malfunction, or incorrect operations; or
 - b. The operator and the Office of Pipeline Safety disagree as to the cause.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4).
 Amended Paragraph (5) effective February 3, 1989 (Supp. 89-1). Amended effective July 25, 1994, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 94-3). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 151, effective January 9, 2019 (Supp. 19-1). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2).

R14-5-202. Construction and Safety Standards for Gas, LNG, and Hazardous Liquid Pipeline Systems

- A. Applicability: This Section applies to the construction, reconstruction, repair, operation, and maintenance of each intrastate gas, LNG, or hazardous liquid pipeline system, pursuant to A.R.S. § 40-441.
- B. Subject to the definitional changes in R14-5-201 and the modifications noted in this Section, the Commission adopts, incorporates, and approves as its own 49 CFR 40; 191; 192, except (I)(A)(2) and (3) of Appendix D to Part 192; 193; 195, except 195.1(b)(2), (3), and (4); and 199 (October 1, 2022), including no future editions or amendments, which are incorporated by reference; on file with the Arizona Office of Pipeline Safety (AZOPS); and published by and available from the U.S. Government Bookstore at <https://bookstore.gpo.gov> and online at ecfr.gov. For purposes of 49 CFR 192, "Business District" means an area where the public congregates for economic, industrial, religious, educational, health, or recreational purposes and two or more buildings used for these purposes are located within 100 yards of each other.
- C. The above mentioned incorporated Parts of 49 CFR, except 49 CFR 191; 49 CFR 192.727(g)(1), 192.913(b)(1)(vii), 192.943(a), 192.949(a)-(b), and 192.951; 49 CFR 193 Subpart A; and 49 CFR 195 Subparts A and B, are revised as follows:
 1. Substitute "Commission" where "Administrator," "Pipeline and Hazardous Materials Administration," "Office of Pipeline Safety," or "OPS" appears; and
 2. Substitute "Arizona Office of Pipeline Safety, Arizona Corporation Commission, at its office in Phoenix, Arizona" where the address for the "Information Resources Manager, Office of Pipeline Safety, Pipeline and Hazard-

ous Materials Safety Administration, U.S. Department of Transportation" appears.

- D. An operator of an intrastate pipeline shall file with the AZOPS an Operation and Maintenance Plan, including an emergency plan, at least 30 days before placing a pipeline system into operation. Any changes in an existing Operation and Maintenance Plan shall be filed within 30 days after the effective date of the change.
- E. An operator of an intrastate pipeline transporting sour gas or sour oil shall comply with the following industry standards addressing facilities handling hydrogen sulfide (H₂S), which are incorporated by reference, including no future editions or amendments:
 1. NACE Standard MR0175-99, Standard Materials Requirements-Sulfide Stress Cracking Resistant Metallic Material for Oilfield Equipment (1999 Revision), on file with the AZOPS and published by and available from the NACE International, 1440 S. Creek Dr., Houston, TX 77084-4906 and website: <http://store.amp.org/>; and
 2. API RP55: Recommended Practice for Conducting Oil and Gas Producing and Gas Processing Plant Operations Involving Hydrogen Sulfide (2nd Edition 1995), on file with the AZOPS and published by and available from the American Petroleum Institute, 200 Massachusetts Ave. NW, Suite 1100, Washington, DC 20001 and website: <https://www.api.org/>.
- F. An operator of an intrastate pipeline transporting LNG, hazardous liquid, or gas shall not construct any part of a hazardous liquid, LNG, or gas pipeline system under a building. If a building encroaches over a pipeline system, the operator may require the property owner to remove the building from over the pipeline or to reimburse the operator the cost associated with relocating the pipeline system. The operator shall determine, within 90 days after discovering the encroachment, whether the encroachment can be resolved within 180 days. If the operator determines that the encroachment cannot be resolved within 180 days, the operator shall, within 90 days of discovery, submit to the AZOPS a written plan to resolve the encroachment within a period longer than 180 days. The AZOPS may then extend the 180-day requirement to allow the property owner and the operator to implement the written plan to resolve the encroachment. If the operator does not submit a written plan, and the encroachment is not resolved within 180 days of discovery, the operator shall discontinue service to the pipeline system. This modifies 49 CFR 192.361 and 195.210.
- G. An operator of an intrastate distribution pipeline transporting gas shall not construct any part of a pipeline system less than 8 inches away from any other underground structure. If the 8-inch clearance cannot be maintained, a sleeve, casing, or shielding shall be used. This modifies 49 CFR 192.361.
- H. An operator of an intrastate pipeline transporting gas that has regulators, meters, or regulation meter sets that have been out of service for 36 months shall disconnect the pipeline from all sources and supplies of gas or hazardous liquids, purge the gas or hazardous liquids from the pipeline being disconnected, and cap all ends within six months after the 36 months have passed. This modifies 49 CFR 192.727.
- I. An operator of an intrastate pipeline shall not install or operate a gas regulator that might release gas within 3 feet of a source of ignition, an opening into a building, an air intake into a building, or any electrical source that is not intrinsically safe. The 3-foot clearance from a source of ignition shall be measured from the vent or source of release (discharge port), not from the physical location of the meter set assembly. This sub-

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section does not apply to building permits issued and subdivisions platted before October 1, 2000. If an encroachment into the required 3-foot clearance is caused by an action of the property owner, an occupant, or a provider after the effective date of this rule, the operator may require the property owner to resolve the encroachment or to reimburse the operator the cost associated with relocating the pipeline system. The operator shall determine, within 90 days after discovering the encroachment, whether the encroachment can be resolved within 180 days. If the operator determines that the encroachment cannot be resolved within 180 days, the operator shall, within 90 days of discovery, submit to the AZOPS a written plan to resolve the encroachment within a period longer than 180 days. The AZOPS may then extend the 180-day requirement to allow the property owner and the operator to implement the written plan to resolve the encroachment. If the operator does not submit a written plan, and the encroachment is not resolved within 180 days of discovery, the operator shall discontinue service to the affected pipeline system. This modifies 49 CFR 192.357 and 192.361.

- J. An operator of an intrastate pipeline transporting LNG, gas, or a hazardous liquid shall use a cathodic protection system designed to protect the metallic pipeline in its entirety, in accordance with 49 CFR 192, Subpart I, as incorporated by reference in subsection (B). Sections (I)(A)(2) and (3) of Appendix D to Part 192 shall not be utilized. This modifies 49 CFR 192.463(a), 193.2629, and 195.571.
- K. An operator of an intrastate pipeline transporting hazardous liquid or gas shall not install Acrylonitrile-Butadiene-Styrene (ABS) or aluminum pipe in a pipeline system. This modifies 49 CFR 192.53 and 192.59.
- L. An operator of an intrastate pipeline transporting hazardous liquid or gas shall not install plastic pipe aboveground unless the plastic pipeline is protected by a metal casing, or equivalent, and the installation is approved by the AZOPS. An operator may use a temporary aboveground plastic pipeline bypass for up to 60 days, provided that the plastic pipeline is under the direct supervision of the operator and protected at all times. This modifies 49 CFR 192.321 and 195.254.
- M. An operator of an intrastate pipeline transporting hazardous liquid or gas that constructs a pipeline system or any portion thereof using plastic pipe shall install, at a minimum, a 14-gauge coated or corrosion resistant, electrically conductive wire as a means of locating the pipe while it is underground. Tracer wire shall not be wrapped around the plastic pipe. Tracer wire may be taped, or attached to the pipe in another manner, provided that the adhesive or attachment is not detrimental to the integrity of the pipe wall. This modifies 49 CFR 192.321 and 195.246.
- N. An operator of an intrastate pipeline transporting gas or hazardous liquid that constructs an underground pipeline system using plastic pipe shall bury the installed pipe with at least 6 inches of sandy type soil, free of any rock or debris, surrounding the pipe for bedding and shading, unless the pipe is otherwise protected as approved by the AZOPS. Steel pipe shall be installed with at least 6 inches of sandy type soil, free of any debris or materials injurious to the pipe coating, surrounding the pipe for bedding and shading, unless the pipe is otherwise protected as approved by the AZOPS. This modifies 49 CFR 192.321, 192.329, 192.361, and 195.246.
- O. An operator of an intrastate pipeline transporting gas that constructs an underground pipeline system using plastic pipe shall install the pipe with sufficient slack to allow for thermal expansion and contraction. In addition, all plastic pipe and fit-

tings for use in an area with service temperatures above 100° F shall be tested and marked CD, CE, CF, or CG as required by ASTM D2513 (2018-a), including no future editions or amendments, which is incorporated by reference, on file with the AZOPS, and published by and available from ASTM International, 100 Barr Harbor Dr., P.O. Box C700, W. Conshohocken, PA 19428-2959 and through <http://www.astm.org>. This modifies 49 CFR 192.63.

- P. An operator of an intrastate pipeline system transporting hazardous liquid or gas shall qualify welding procedures and shall ensure that welding of steel pipelines is performed in accordance with API Standard 1104, as incorporated by reference in 49 CFR 192.7, by welders qualified pursuant to API Standard 1104, except that welders qualified as delineated in 49 CFR 192, Appendix C may be used for low stress level pipe. This modifies 49 CFR 192.225, 192.227, 195.214, and 195.222.
- Q. An operator of an intrastate pipeline transporting gas shall survey and grade all detected leakage according to the standards provided below, which modify 49 CFR 192.706 and 192.723:
 1. In the case of all gas except LPG, leakage surveys and grading shall be performed pursuant to the standards set by American Gas Association, Guide for Gas Transmission and Distribution Piping Systems, Gas Piping Technology Committee Guide Material, Appendix G-192-11: 2022 Edition, including Addendum 1 (2022), including no future editions or amendments, which is incorporated by reference; on file with the AZOPS; published by and available from American Gas Association, 400 North Capitol Street, NW, Suite 450, Washington, D.C. 20001 and online at Techstreet.com; and modified by omitting 4.4(c) and by replacing "should" with "shall" each time it appears.
 2. In the case of LPG, leakage surveys and grading shall be performed pursuant to the standards set by American Gas Association, Guide for Gas Transmission and Distribution Piping Systems, Gas Piping Technology Committee Guide Material, Appendix G-192-11A: 2022 Edition, including Addendum 1 (2022), including no future editions or amendments, which is incorporated by reference; on file with the AZOPS; published by and available from American Gas Association, 400 North Capitol Street, NW, Suite 450, Washington, D.C. 20001 and online at Techstreet.com; and modified by replacing "should" with "shall" each time it appears.
 3. Leakage survey records shall identify in some manner each pipeline surveyed and shall be maintained to demonstrate that each required leakage survey has been conducted. This modifies 49 CFR 192.706 and 192.723.
- R. An operator of an intrastate transmission pipeline transporting gas shall conduct a leakage survey at least twice each calendar year, at an interval not exceeding 7 1/2 months, independent of class location, and shall repair each underground leak classified as grade two or three either upon discovery or within one year after discovery. This modifies 49 CFR 192.706 and 192.711.
- S. An operator of an intrastate transmission pipeline transporting gas and operating at or above 20 percent of Specified Minimum Yield Strength shall ensure that nondestructive testing is completed for each weld performed on newly installed, replaced, or repaired pipeline or an appurtenance. The nondestructive testing shall be completed before the newly welded area of the pipeline or appurtenance is used for service. This modifies 49 CFR 192.241.

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- T.** An operator of an LNG facility shall ensure that nondestructive testing is completed for each weld performed on newly installed, replaced, or repaired pipeline or an appurtenance. This modifies 49 CFR 193.2303.
- U.** In the event of an unknown failure of a gas, LNG, or hazardous liquid pipeline, resulting in the operator's being required to provide a telephonic or written report under R14-5-203(B) or (C) and in the operator's removing a portion of the failed pipeline, the following shall occur:
1. The operator shall retain the portion of failed pipeline that was removed;
 2. The operator shall telephonically notify the AZOPS of the removal within two hours after the removal is completed, providing the following information.
 - a. Identity of the failed pipeline,
 - b. Description and location of the failure,
 - c. Date and time of the removal,
 - d. Length or quantity of the removed portion,
 - e. Storage location of the removed portion, and
 - f. Any additional information about the failure or the removal of the portion of the failed pipeline that is requested by the AZOPS;
 3. Within 48 hours after receiving telephonic notification pursuant to subsection (U)(2), the AZOPS shall:
 - a. Determine, based on the information provided by the operator and the availability, adequacy, and reliability of any pipeline testing laboratory operated by the operator, whether it is necessary to have the removed portion of pipeline tested at an independent laboratory; and
 - b. Telephonically notify the operator either:
 - i. That the operator must have the removed portion of pipeline tested, in accordance with AZOPS directions, by an independent laboratory selected by the AZOPS as provided in subsection (U)(5), to determine the cause or causes of the failure; or
 - ii. That the operator is not required to have the removed portion of pipeline tested by an independent laboratory and instead must conduct testing in its own pipeline testing laboratory, after which the operator may discard the removed portion of pipeline;
 4. After providing telephonic notice as provided in subsection (U)(3)(b), the AZOPS shall confirm its notification in writing;
 5. If the AZOPS directs testing by an independent laboratory:
 - a. The AZOPS shall:
 - i. Determine, as provided in subsection (U)(6), the independent laboratory that will do the testing and the period of time within which the testing is to be completed;
 - ii. Determine, based on the available information concerning the failure, the number and types of tests to be performed on the removed pipeline; and
 - iii. Notify the operator of its determinations; and
 - b. The operator shall:
 - i. Contact the selected independent laboratory to arrange the scheduling of the required tests;
 - ii. Notify the AZOPS, at least 20 days before the date of the tests, of the date and time scheduled for the laboratory tests;
 - iii. At the request of the AZOPS, ensure that a representative of the Arizona Office of Pipeline Safety is permitted to observe any or all of the tests;
 - iv. Ensure that the original test results are provided to the AZOPS by the independent laboratory within 30 days after the tests are completed; and
 - v. Pay for the independent laboratory testing; and
6. In determining an independent laboratory to perform testing required under subsection (U), the AZOPS shall:
- a. Submit to at least three different independent laboratories written requests for bids to conduct the testing;
 - b. Consider each responding independent laboratory's qualifications to perform the testing, as demonstrated by:
 - i. Prior experience in performing the required test or tests according to ASTM International standards, and
 - ii. Any recognition that a laboratory may have received from a national or international laboratory accreditation body, such as through a certification or accreditation process;
 - c. Wait to select an independent laboratory until one of the following occurs:
 - i. The AZOPS has received written bids from at least three different independent laboratories, or
 - ii. Thirty days have passed since the date of the request for bids; and
 - d. Select the independent laboratory that offers the optimum balance between cost and demonstrated ability to perform the required test or tests. This modifies 49 CFR 192.617, 193.2515, and 195.402.
- V.** An operator shall ensure that all repair work performed on an existing intrastate pipeline transporting LNG, hazardous liquid, or gas complies with this Article.
- W.** The Commission may waive compliance with any of the requirements of this Section upon a finding that such a waiver is in the interest of public and pipeline safety.
- X.** To ensure compliance with the provisions of this Article, the Commission or an authorized representative thereof may enter the premises of an operator of an intrastate pipeline to inspect and investigate the property, books, papers, electronic files, business methods, and affairs that pertain to the pipeline system operation.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4).
 Amended subsections (B), (I) and (J) effective February 3, 1989 (Supp. 89-1). Amended effective December 18, 1991 (Supp. 91-4). Amended effective July 25, 1994, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 94-3).
 Amended effective August 30, 1996, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 96-3). Amended effective September 26, 1997, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-3). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 3496, effective September 15, 2003

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(Supp. 03-3). Amended by final rulemaking at 11 A.A.R. 1253, effective March 3, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 4533, effective January 25, 2008 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 126, effective December 28, 2011 (Supp. 11-4). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-202 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.A.R. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 151, effective January 9, 2019 (Supp. 19-1). Amended by final rulemaking at 26 A.A.R. 1024, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 1085 (May 24, 2024), with an immediate effective date of May 2, 2024 (Supp. 24-2).

R14-5-203. Pipeline Incident Reports

A. Applicability. This Section applies to all intrastate pipeline systems.

B. Required incident reports by telephone:

1. An operator of an intrastate pipeline transporting LNG or gas shall immediately notify by telephone the AZOPS, at 602-262-5601 during normal working hours or at 602-252-4449 at all other times, upon discovering the occurrence of any of the following related to the operator's intrastate pipeline system:
 - a. Release of gas or LNG from a pipeline or LNG facility, when any of the following results:
 - i. Death or personal injury requiring hospitalization;
 - ii. Injury to any individual resulting in loss of consciousness;
 - iii. An explosion or fire not intentionally set by the operator;
 - iv. Property damage estimated in excess of \$5,000, including the value of the gas lost; or
 - v. Unintentional release of gas from a transmission pipeline;
 - b. Emergency transmission pipeline shutdown;
 - c. News media inquiry;
 - d. Overpressure of a pipeline system where a pipeline operating at less than 12 PSIG exceeds MAOP by 50%, where a pipeline operating between 12 PSIG and 60 PSIG exceeds MAOP by 6 PSIG, or where a pipeline operating over 60 PSIG exceeds MAOP plus 10%;
 - e. Permanent or temporary discontinuance of service to a master meter system or when assisting with the isolation of any portion of a master meter system, when either is required due to a leak or failure of a leak test;
 - f. Emergency shutdown of any LNG facility;
 - g. An evacuation; or
 - h. An outage.
2. An operator of an intrastate pipeline transporting hazardous liquid shall immediately notify by telephone the AZOPS, at 602-262-5601 during normal working hours or at 602-252-4449 at all other times, upon discovering a failure in a pipeline system resulting in the occurrence of any of the following:

- a. Injury to an individual that results in one or more of the following:
 - i. Death or personal injury requiring medical treatment,
 - ii. Loss of consciousness, or
 - iii. Inability of the individual to leave the scene of the incident unassisted;
 - b. An explosion or fire not intentionally set by the operator;
 - c. Property damage estimated in excess of \$5,000;
 - d. Pollution of any land or stream, river, lake, reservoir, or other body of water that violates applicable environmental quality or water quality standards, causes a discoloration of the water surface or adjoining shoreline, or deposits sludge or emulsion beneath the water surface or upon the adjoining shoreline;
 - e. News media inquiry;
 - f. Release of 5 gallons (19 liters) or more of hazardous liquid or carbon dioxide, except that no report is required for a release of less than 5 barrels (0.8 cubic meters) resulting from a pipeline maintenance activity if the release is:
 - i. Not otherwise reportable under this Section;
 - ii. Not one described in 49 CFR 195.52(a)(4), as incorporated by reference in R14-5-202 and available from the AZOPS;
 - iii. Confined to the operator's property or the pipeline right-of-way; and
 - iv. Cleaned up promptly; or
 - g. Any release of hazardous liquid or carbon dioxide that was significant in the judgment of the operator even though it did not meet any of the criteria in subsections (B)(2)(a) through (f).
3. A telephonic incident report shall include the following information:
- a. Name of the pipeline system operator,
 - b. Name of the reporting party,
 - c. Job title of the reporting party,
 - d. Telephone number of the reporting party,
 - e. Location of the incident,
 - f. Time of the incident, and
 - g. Description of any fatalities and injuries.

C. Required written incident reports:

1. An operator of an intrastate pipeline transporting LNG or gas shall file a written incident report when an incident involving a pipeline occurs resulting in any of the following:
 - a. Release of gas or LNG from a pipeline or LNG facility, when any of the following results:
 - i. Death or personal injury requiring hospitalization;
 - ii. Loss of consciousness;
 - iii. An explosion or fire not intentionally set by the operator;
 - iv. Property damage estimated in excess of \$25,000, including the value of all released gas; or
 - v. Unintentional release of gas from a transmission pipeline;
 - b. An incident involving an evacuation, outage, or property damage and resulting in expenses including the value of any released gas and of restoring service or evacuation estimated in excess of \$25,000;
 - c. Emergency transmission pipeline shutdown;

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- d. Overpressure of a pipeline system where a pipeline operating at less than 12 PSIG exceeds MAOP by 50%, where a pipeline operating between 12 PSIG and 60 PSIG exceeds MAOP by 6 PSIG, or where a pipeline operating over 60 PSIG exceeds MAOP plus 10%; or
- e. Emergency shutdown of any LNG facility.
2. A written incident report concerning a gas pipeline system shall be completed using the following, as applicable, which are incorporated by reference; on file with the AZOPS; and published by and available from PHMSA at East Building, Second Floor, 1200 New Jersey Ave., SE, Washington, DC 20590, and at <http://www.phmsa.dot.gov/forms/operator-reports-submitted-phmsa-forms-and-instructions>:
 - a. Form PHMSA F 7100.1: Incident Report – Gas Distribution System (May 2021), including no future editions or amendments;
 - b. Form PHMSA F 7100.2: Incident Report – Natural and Other Gas Transmission and Gathering Pipeline Systems (March 2022), including no future editions or amendments; or
 - c. Form PHMSA F 7100.3: Incident Report – Liquefied Natural Gas (LNG) Facilities (April 2019), including no future editions or amendments.
3. An operator of an intrastate pipeline transporting hazardous liquid shall file a written incident report completed using Form PHMSA F 7000-1: Accident Report – Hazardous Liquid Pipeline Systems (March 2021), including no future editions or amendments, which is incorporated by reference, on file with the AZOPS, and published by and available from PHMSA as set forth in subsection (C)(2), any time the operator would have been required to make a notification as required under R14-5-203(B)(2).
4. A written incident report required by this Section shall be filed with the AZOPS within the time specified below:
 - a. For an LNG or gas - incident, within 20 days after detection; and
 - b. For a hazardous liquid incident, within 15 days after detection.
5. An operator shall either file a copy of each DOT required written incident report electronically with PHMSA at <https://portal.phmsa.dot.gov/pipeline> or submit a written request for an alternative reporting method to the Information Resource Manager, Office of Pipeline Safety, Pipeline and Hazardous Materials Safety Administration, PHP-20, 1200 New Jersey Avenue, SE, Washington, DC 20590, under 49 CFR 191.7 and 195.58, as incorporated by reference in R14-5-202.
6. After an incident involving shutdown or partial shutdown of a master meter system, an operator of a gas pipeline system shall request and obtain a clearance from the AZOPS before turning on or reinstating service to the master meter system or portion of the master meter system that was shut down.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4).
 Amended effective December 18, 1991 (Supp. 91-4).
 Amended effective September 26, 1997, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-3). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2).

Amended by final rulemaking at 9 A.A.R. 3496, effective September 15, 2003 (Supp. 03-3). Amended by final rulemaking at 11 A.A.R. 1253, effective March 3, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 4533, effective January 25, 2008 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 126, effective December 28, 2011 (Supp. 11-4). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-203 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.A.R. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 1085 (May 24, 2024), with an immediate effective date of May 2, 2024 (Supp. 24-2).

R14-5-204. Annual Reports

- A. An operator of an intrastate pipeline shall file with the Arizona Office of Pipeline Safety, not later than March 15, for the preceding calendar year, an annual report completed using one of the following, as applicable, which are incorporated by reference; on file with the AZOPS; and published by and available from PHMSA as provided in R14-5-203(C)(2):
 1. Form PHMSA F 7000-1.1: Annual Report for Calendar Year 20__ Hazardous Liquid Pipeline Systems (January 2020), including no future editions or amendments, which shall be completed in accordance with the PHMSA instructions for the form;
 2. Form PHMSA F 7100.1-1: Annual Report for Calendar Year 20__ Gas Distribution System (May 2021), including no future editions or amendments, which shall be completed in accordance with the PHMSA instructions for the form;
 3. Form PHMSA F 7100.2-1: Annual Report for Calendar Year 20__ Natural and Other Gas Transmission and Gathering Pipeline Systems (March 2022), including no future editions or amendments, which shall be completed in accordance with the PHMSA instructions for the form; or
 4. Form PHMSA F 7100.3-1: Annual Report for Calendar Year 20__ Liquefied Natural Gas (LNG) Facilities (March 2022), including no future editions or amendments, which shall be completed in accordance with the PHMSA instructions for the form.
- B. An operator of an intrastate pipeline shall submit a copy of each required annual report by March 15, for the previous calendar year, to PHMSA at <https://portal.phmsa.dot.gov/pipeline>.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4).
 Amended effective December 18, 1991 (Supp. 91-4).
 Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 3496, effective September 15, 2003 (Supp. 03-3). Amended by final rulemaking at 11 A.A.R. 1253, effective March 3, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 4533, effective January 25, 2008 (Supp. 07-4). Amended by final rulemaking 18 A.A.R.

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126, effective December 28, 2011 (Supp. 11-4). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-204 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.A.R. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 151, effective January 9, 2019 (Supp. 19-1). Amended by final rulemaking at 26 A.A.R. 1024, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 1085 (May 24, 2024), with an immediate effective date of May 2, 2024 (Supp. 24-2).

R14-5-205. Commission Investigations

- A. The AZOPS shall investigate the cause of each reportable incident, accident, or event resulting in a death or an injury requiring hospitalization and may investigate other incidents, accidents, or events.
- B. While investigating an incident, accident, or event, the Commission or an authorized agent of the Commission may:
 1. Inspect all plant and facilities of a pipeline system and all other property of a pipeline system operator;
 2. Inspect the books, papers, business methods, and affairs of a pipeline system operator;
 3. Make inquiries regarding and interview persons having knowledge of facts surrounding an incident or accident;
 4. Attend, as an observer, all hearings and formal investigations concerning a pipeline system operator;
 5. Schedule and conduct a public hearing into the incident or accident; and
 6. Issue subpoenas to compel the production of records and the taking of testimony.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4). Amended subsections (B) and (G) effective February 3, 1989 (Supp. 89-1). Amended effective December 18, 1991 (Supp. 91-4). Amended effective July 25, 1994, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 94-3). Amended effective August 30, 1996, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 96-3). Amended effective September 26, 1997, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-3). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 3496, effective September 15, 2003 (Supp. 03-3). Amended by final rulemaking at 11 A.A.R. 1253, effective March 3, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 4533, effective January 25, 2008 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 126, effective December 28, 2011 (Supp. 11-4). Section R14-5-205 renumbered to R14-5-207; new Section R14-5-205 made by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-205 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.A.R. 1637,

effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2).

R14-5-206. Employee Drug and Alcohol Testing Requirements

An operator of an intrastate pipeline facility transporting gas or a hazardous liquid or of an intrastate LNG facility shall ensure that drug and alcohol testing of its workers is performed in compliance with 49 CFR 199, as incorporated by reference in R14-5-202.

Historical Note

Section R14-5-206 made by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4).

R14-5-207. Master Meter System Operators

- A. Applicability: This Section applies to the construction, reconstruction, repair, emergency procedures, operation, and maintenance of all master meter systems.
- B. An operator of a master meter system shall comply with this Section as a condition of receiving service from a provider. Noncompliance with this Section by an operator of a master meter system constitutes grounds for termination of service by the provider when informed in writing by the AZOPS. In case of an emergency, the AZOPS may give the provider oral instructions to terminate service, with written confirmation to be furnished within 24 hours.
- C. Each operator of a master meter system shall comply with all applicable requirements of 49 CFR 192, as incorporated by reference in R14-5-202.
- D. An operator of a master meter system shall:
 1. Establish an Operation and Maintenance Plan, including an emergency plan; and
 2. At all times, maintain a copy of the Operation and Maintenance Plan at the master meter system location.
- E. An operator of a master meter system shall:
 1. Ensure that no part of a gas pipeline system is constructed under a building and that no building is placed over any portion of a gas pipeline system; and
 2. Upon discovering that a building is located over a portion of a gas pipeline system, complete one of the following within 180 days:
 - a. Remove the building from over the pipeline,
 - b. Relocate the pipeline, or
 - c. Discontinue service to the portion of the pipeline system located under the building.
- F. An operator of a master meter system shall not install Acrylonitrile-Butadiene-Styrene (ABS) or aluminum pipe in the master meter system.
- G. An operator of a master meter system that constructs a pipeline or any portion thereof using plastic pipe shall install, at a minimum, a 14-gauge coated or corrosion resistant, electrically conductive wire as a means of locating the pipe while it is underground. Tracer wire shall not be wrapped around the plastic pipe. Tracer wire may be taped or attached to the pipe in another manner, provided that the adhesive or attachment is not detrimental to the integrity of the pipe wall.
- H. An operator of a master meter system that constructs an underground pipeline using plastic pipe shall bury the installed pipe with at least 6 inches of sandy type soil, free of any rock or debris, surrounding the pipe for bedding and shading, unless the pipe is otherwise protected as approved by the AZOPS. Steel pipe shall be installed with at least 6 inches of sandy type soil, free of any debris or materials injurious to the pipe coat-

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ing, surrounding the pipe for bedding and shading, unless the pipe is otherwise protected as approved by the AZOPS.

- I.** An operator of a master meter system that constructs an underground pipeline using plastic pipe shall install the pipe with sufficient slack to allow for thermal expansion and contraction. In addition, all plastic pipe and fittings for use in an area with service temperatures above 100° F shall be marked CD, CE, CF, or CG as required by ASTM D2513 (1995), incorporated by reference in R14-5-202 and available from the Arizona Office of Pipeline Safety.
- J.** An operator of a master meter system shall qualify welding procedures and shall ensure that welding of steel pipelines is performed in accordance with API Standard 1104, as incorporated by reference in 49 CFR 192.7 and R14-5-202, by welders qualified pursuant to API Standard 1104.
- K.** An operator of a master meter system shall ensure that all repair work performed on an existing master meter system complies with this Article.
- L.** An operator of a master meter system shall:
 1. Ensure that each underground steel pipeline is protected against external corrosion with an external protective coating meeting the requirements of 49 CFR 192.461;
 2. When installing a new underground steel pipeline system, before placing the new pipeline system into service, provide a cathodic protection system designed to protect the new pipeline system in its entirety;
 3. When repairing, partially replacing, or relocating an existing underground steel pipeline system, within 45 days after completing the repair, replacement, or relocation, provide a cathodic protection system designed to protect the pipeline system; and
 4. Ensure that each cathodic protection system has a voltage of at least negative 0.85 volts direct current (-0.85Vdc) as measured using a saturated copper-copper sulfate half cell.
- M.** An operator of a master meter system shall ensure that no portion of an underground gas system is installed less than 8 inches away from any other underground structure.
- N.** At least 30 days before commencing construction of any pipeline, an operator of a master meter system shall file with the AZOPS a Notice of Construction that includes at least the following information:
 1. The dates projected for commencing and completing construction,
 2. The size and type of pipe to be used,
 3. The location of construction, and
 4. The MAOP for the new pipeline.
- O.** An operator of a master meter system shall:
 1. Perform leakage surveys at intervals not exceeding 15 months, but at least once each calendar year, using leak detection procedures approved by the AZOPS;
 2. Except for LPG, perform each leakage survey in accordance with ASME Guide for Gas Transmission and Distribution Pipeline System, Guide Material, Appendix G-11-1983, other than 4.4(c), as incorporated by reference in R14-5-202(Q);
 3. For LPG, perform each leakage survey in accordance with ASME Guide for Gas Transmission and Distribution Pipeline System, Guide Material, Appendix G-11A-1983, as incorporated by reference in R14-5-202(Q); and
 4. Repair each grade 1 leak immediately upon discovery, each grade 2 leak within 30 days of discovery, and each grade 3 leak within one year of discovery.
- P.** In the event of an unknown failure of a gas pipeline resulting in a master meter system operator's being required to provide a report under subsection (Q) and in the operator's removing a portion of the failed pipeline, the following shall occur:
 1. The operator shall retain the portion of failed pipeline that was removed;
 2. The operator shall telephonically notify the Arizona Office of Pipeline Safety of the removal within two hours after the removal is completed, providing the following information:
 - a. Identity of the failed pipeline,
 - b. Description and location of the failure,
 - c. Date and time of the removal,
 - d. Length or quantity of the removed portion,
 - e. Storage location of the removed portion, and
 - f. Any additional information about the failure or the removal of the portion of the failed pipeline that is requested by the AZOPS;
 3. Within 48 hours after receiving telephonic notification pursuant to subsection (Q)(2), the AZOPS shall:
 - a. Determine, based on the information provided by the operator and the availability, adequacy, and reliability of any pipeline testing laboratory operated by the operator, whether it is necessary to have the removed portion of pipeline tested at an independent laboratory; and
 - b. Telephonically notify the operator either:
 - i. That the operator must have the removed portion of pipeline tested, in accordance with AZOPS directions, by an independent laboratory selected by the AZOPS as provided in subsection (P)(6), to determine the cause or causes of the failure; or
 - ii. That the operator is not required to have the removed portion of pipeline tested by an independent laboratory and instead must conduct testing in its own pipeline testing laboratory, after which the operator may discard the removed portion of pipeline;
 4. After providing telephonic notice as provided in subsection (P)(3)(b), the AZOPS shall confirm its notification in writing;
 5. If the AZOPS directs testing by an independent laboratory:
 - a. The AZOPS shall:
 - i. Determine, as provided in subsection (P)(6), the independent laboratory that will do the testing and the period of time within which the testing is to be completed;
 - ii. Determine, based on the available information concerning the failure, the number and types of tests to be performed on the removed pipeline; and
 - iii. Notify the operator of its determinations;
 - b. The operator shall:
 - i. Contact the selected independent laboratory to arrange the scheduling of the required tests;
 - ii. Notify the AZOPS, at least 20 days before the date of the tests, of the date and time scheduled for the laboratory tests;
 - iii. At the request of the AZOPS, ensure that a representative of the AZOPS is permitted to observe any or all of the tests;

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- iv. Ensure that the original test results are provided to the AZOPS by the independent laboratory within 30 days after the tests are completed; and
 - v. Pay for the independent laboratory testing; and
 - 6. In determining an independent laboratory to perform testing required under subsection (P), the AZOPS shall:
 - a. Submit to at least three different independent laboratories written requests for bids to conduct the testing;
 - b. Consider each responding laboratory's qualifications to perform the testing, as demonstrated by:
 - i. Past experience in performing the required test or tests according to ASTM International standards; and
 - ii. Any recognition that a laboratory may have received from a national or international laboratory accreditation body, such as through a certification or accreditation process;
 - c. Wait to select an independent laboratory until:
 - i. The AZOPS has received written bids from at least three different independent laboratories; or
 - ii. Thirty days have passed since the date of the request for bids, whichever comes sooner; and
 - d. Select the independent laboratory that offers the optimum balance between cost and demonstrated ability to perform the required test or tests.
 - Q.** An operator of a master meter system shall:
 - 1. Telephonically notify the AZOPS, at 602-262-5601 during normal working hours or at 602-252-4449 at all other times, at the earliest practicable moment following discovery of any of the following related to the operator's master meter system:
 - a. An event involving a release of gas from a pipeline, along with any of the following:
 - i. A death or personal injury requiring hospitalization;
 - ii. Injury to any individual resulting in the individual's loss of consciousness;
 - iii. Estimated property damage, including the value of all released gas, in excess of \$5,000;
 - iv. Unintentional estimated gas loss of 3 million cubic feet or more;
 - v. An explosion or fire not intentionally set by the operator;
 - vi. A news media inquiry;
 - vii. An evacuation; or
 - viii. An outage;
 - b. An event involving overpressure of a pipeline system where a pipeline operating at less than 12 PSIG exceeds MAOP by 50%, where a pipeline operating between 12 PSIG and 60 PSIG exceeds MAOP by 6 PSIG, or where a pipeline operating over 60 PSIG exceeds MAOP plus 10%;
 - c. An event involving permanent or temporary discontinuance of service to a master meter system or any portion of a master meter system due to a failure of a leak test or for any purpose other than to perform routine maintenance; or
 - d. An event that is significant, in the judgment of the operator, even though it does not meet any of the criteria listed in subsections (Q)(1)(a) through (c);
 - 2. Include the following information in a telephonic report under subsection (Q)(1):
 - a. The names of the operator and the person making the report;
 - b. The job title of the person making the report;
 - c. The telephone numbers of the operator and the person making the report;
 - d. A description of the type and location of the event;
 - e. The time of the event;
 - f. The number of fatalities and personal injuries, if any; and
 - g. All other significant facts that are known by the operator and are relevant to the cause of the event or the extent of the damages; and
 - 3. Not later than April 15 of each year, submit to the AZOPS an annual report for the prior calendar year, completed on Commission Form MM-04: "Annual Report for Calendar Year 20____, Small Operators of Gas Distribution System," which is included herein as Exhibit A.
- R.** The Commission may waive compliance with any of the requirements of this Section upon a finding that such a waiver is in the interest of public and pipeline safety.
- S.** To ensure compliance with all applicable provisions of this Article, the Commission or an authorized representative thereof may enter the premises of an operator of a master meter system to inspect and investigate the property, books, papers, electronic files, business methods, and affairs that pertain to the operation of the master meter system.

Historical Note

New Section R14-5-207 renumbered from Section R14-5-205 and amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-207 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.A.R. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2).

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 5. CORPORATION COMMISSION - TRANSPORTATION

Exhibit A. Form MM-04

WILL NOT
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OFFICE OF PIPELINE SAFETY – GAS SAFETY PROGRAM
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PHOENIX, ARIZONA 85007

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TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION
CHAPTER 5. CORPORATION COMMISSION - TRANSPORTATION

Exhibit A. Form MM-04

ARIZONA CORPORATION COMMISSION PIPELINE SAFETY

TO BE FILED FOR EACH CALENDAR YEAR, DUE BETWEEN JANUARY 1 AND APRIL 15 OF THE FOLLOWING CALENDAR YEAR

ANNUAL REPORT FOR CALENDAR YEAR _____ SMALL OPERATORS OF GAS DISTRIBUTION SYSTEM			
<u>FACILITY INFORMATION</u>		<u>OPERATOR/OWNER</u>	
NAME OF FACILITY _____		NAME _____	
ADDRESS OF FACILITY _____		ADDRESS _____	
CITY _____	COUNTY _____	CITY _____	
STATE _____	ZIP CODE _____	STATE _____	ZIP CODE _____
FACILITY E-MAIL ADDRESS _____		OPERATOR E-MAIL ADDRESS _____	
AREA CODE _____	TELEPHONE _____	AREA CODE _____	TELEPHONE _____
FACILITY TYPE: MHP _____ APT/CONDO _____ SCHOOL _____ BUSINESS _____ # OF BLDG _____			
SYSTEM INFORMATION		FEET OF PIPE	
UNDERGROUND STEEL PIPE _____		_____ / _____ / _____ (If no tests were conducted in _____, please write "None Conducted")	
ABOVEGROUND STEEL PIPE _____		DATE OF LEAK SURVEY CONDUCTED IN CAL. YR. _____ / _____ / _____ (If no tests were conducted in _____, please write "None Conducted")	
UNDERGROUND PE PLASTIC PIPE _____		TOTAL LEAKS IN SYSTEM DURING LAST CAL. YEAR _____	
UNDERGROUND PVC PLASTIC PIPE _____		CAUSE: CORROSION _____ THIRD PARTY DAMAGE _____ CONSTRUCTION DEFECT _____ MATERIAL DEFECT _____ OTHER _____	
TOTAL FEET OF PIPE IN SYSTEM _____		<u>NUMBER OF KNOWN LEAKS AT END OF YEAR</u> _____	
NOTE: (if you have any comments or concerns, please note in this box)			
PREPARED BY (TYPE OR PRINT) _____		AREA CODE _____ TELEPHONE _____	
NAME AND TITLE PERSON SIGNING _____		AUTHORIZED SIGNATURE _____	

MAIL TO: 1300 W. Washington St., Suite 220, Phoenix, Arizona 85007
FAX TO: (602) 262-5620 – OR EMAIL TO: safety@azcc.gov

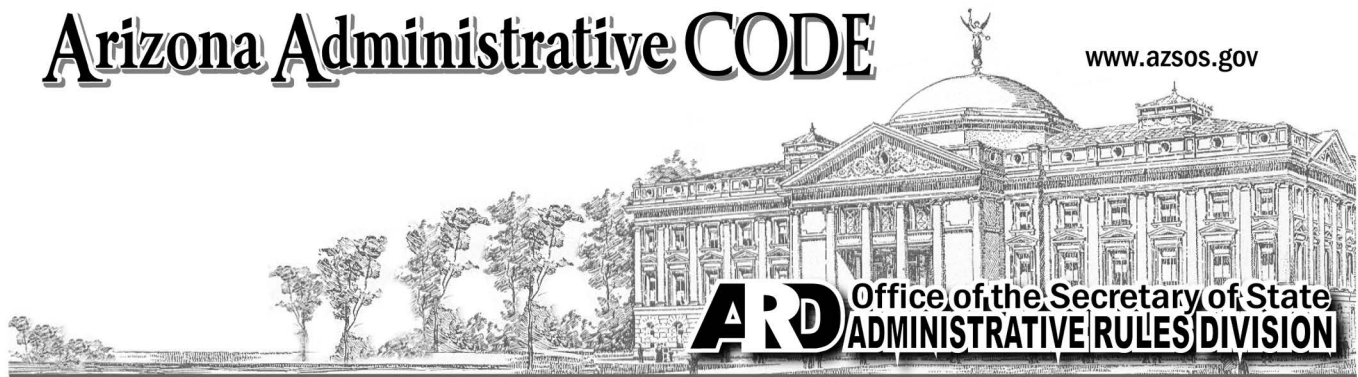
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Historical Note

Exhibit A made by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Amended by final rulemaking at 30 A.A.R. 1085 (May 24, 2024), with an immediate effective date of May 2, 2024 (Supp. 24-2).

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18 A.A.C. 15

Supp. 24-2

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 15. WATER INFRASTRUCTURE FINANCE AUTHORITY OF ARIZONA

The table of contents on page one contains links to the referenced page numbers in this Chapter.

Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
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	PROCUREMENT	ARTICLE 10.	WATER CONSERVATION GRANT FUND

Questions about these rules? Contact:

Name: Joe Citelli, General Counsel
Address: Water Infrastructure Finance Authority of Arizona
100 N. 7th Ave., Suite 130
Phoenix, AZ 85007
Telephone: (602) 364-1314
Email: JCitelli@azwifa.gov

The release of this Chapter in Supp. 24-2 replaces Supp. 18-1, 1-19 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 15. WATER INFRASTRUCTURE FINANCE AUTHORITY OF ARIZONA

Authority: A.R.S. § 49-1203 et seq.

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PROCUREMENT**

Authority: A.R.S. § 49-1203(E)

Article 8, consisting of Sections R18-15-801 through R18-15-826, made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

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ARTICLE 1. GENERAL PROVISIONS**R18-15-101. Definitions**

In addition to the definitions prescribed in A.R.S. § 49-1201, the terms of this Chapter, unless otherwise specified, have the following meanings:

“ADEQ” means the Arizona Department of Environmental Quality.

“Applicant” means an entity that is seeking financial or technical assistance from the Authority under the provisions of this Chapter.

“Application” means a request for financial or technical assistance submitted to the Authority by an applicant.

“Authority” means the Water Infrastructure Finance Authority of Arizona pursuant to A.R.S. § 49-1201(1).

“Board” has the same meaning as prescribed in A.R.S. § 49-1201(2).

“Certified Water Quality Management Plan” means a plan prepared by a designated Water Quality Management Planning Agency under Section 208 of the Federal Water Pollution Control Act (P.L. 92-500) as amended by the Water Quality Act of 1987 (P.L. 100-4), certified by the Governor or the Governor’s designee, and approved by the United States Environmental Protection Agency.

“Clean Water Revolving Fund” means the fund established by A.R.S. § 49-1221.

“DBE” means EPA’s Disadvantaged Business Enterprise Program.

“Director” means the director of the Water Infrastructure Finance Authority of Arizona.

“Disbursement” means the transfer of cash from a fund to a recipient.

“Discharge” has same meaning as prescribed in A.R.S. § 49-201(12).

“Drinking water facility” has same meaning as prescribed in A.R.S. § 49-1201(6).

“Drinking Water Revolving Fund” means the fund established by A.R.S. § 49-1241.

“EA” means an environmental assessment.

“EID” means an environmental information document.

“EIS” means an environmental impact statement.

“EPA” means the United States Environmental Protection Agency.

“Federal capitalization grant” means the assistance agreement by which the EPA obligates and awards funds allotted to the Authority for purposes of capitalizing the Clean Water Revolving Fund and the Drinking Water Revolving Fund.

“Financial assistance” means the use of monies for any of the purposes identified in R18-15-102(B).

“Financial assistance agreement” means any agreement that defines the terms for financial assistance provided according to this Chapter.

“FONSI” means a finding of no significant impact, it is a public decision document that briefly describes why the project will not have any significant environmental effects.

“Fundable range” means a subset of a Project Priority List that demarcates the ranked projects which have been determined to be ready to proceed.

“Impaired water” means a navigable water for which credible scientific data exists that satisfies the requirements of A.R.S. § 49-232 and that demonstrates that the water should be identified pursuant to 33 U.S.C. 1313(d) and the regulations implementing that statute.

“Intended Use Plan” means the document prepared by the Authority identifying the intended uses of Clean Water Revolving Fund and Drinking Water Revolving Fund federal capitalization grants according to R18-15-202 and R18-15-302, and the intended uses of funds for technical assistance according to R18-15-502.

“Long-Term Water Augmentation Committee” means the committee established by A.R.S. § 49-1208(B).

“Master priority list” means the master priority list for Capacity Development developed by the Arizona Department of Environmental Quality under A.A.C. R18-4-803, which ranks public water systems according to their need for technical assistance.

“Onsite system” means a conventional septic tank system or alternative system that is installed at a site to treat and dispose of wastewater of predominantly human origin that is generated at that site.

“Planning and design assistance” means technical assistance that provides for the use of monies for a specific water facility wastewater treatment facility, or water supply delivery system for planning or design to facilitate the design, construction, acquisition, improvement, or consolidation of a drinking water project, wastewater project, or water supply development project.

“Planning and design assistance agreement” means any agreement that defines the terms for technical assistance provided according to Article 5.

“Planning and design technical assistance applicant” means a governmental unit, a nonpoint source project sponsor, a drinking water facility, or a water provider that is seeking planning and design assistance from the Authority under the provisions of this Chapter.

“Planning and design technical assistance application” means a request for planning and design assistance submitted to the Board by an applicant in a format prescribed by the Authority.

“Planning and design loan repayment agreement” means the same as technical assistance loan repayment agreement and has the meaning at A.R.S. § 49-1201(11).

“Professional assistance” means the use of monies by or on behalf of the Authority to conduct research, conduct studies, conduct surveys, develop guidance, and perform related activities that benefit more than one water or wastewater treatment facility.

“Project” means any distinguishable segment or segments of a wastewater treatment facility, drinking water facility, water supply delivery system, stormwater system, or nonpoint source pollution control and for which financial or technical assistance is being requested or provided.

“Project Priority List” means the document developed by the Authority according to R18-15-203; R18-15-303; or R18-402

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that ranks projects according to R18-15-204; R18-15-304; or R18-15-403.

“Recipient” means an applicant who has entered into a financial assistance agreement or planning and design assistance agreement with the Authority.

“ROD” means a record of decision, it is the conclusion of the EIS process.

“Staff assistance” means the use of monies for a specific water or wastewater treatment facility to assist that system to improve its operations or assist a specific water provider with a water supply delivery system. For water providers, staff assistance is limited to planning and design of water supply development projects according to A.R.S. § 49-1203(B)(17).

“Technical assistance” means assistance provided by the Authority in the form of staff assistance, professional assistance and planning and design assistance.

“Wastewater treatment facility” has the same meaning as prescribed in A.R.S. § 49-1201(19).

“Water Conservation Grant Committee” means the committee established by A.R.S. § 49-1335.

“Water provider” has the same meaning as prescribed in A.R.S. § 49-1201(20).

“Water supply development” has the same meaning as prescribed in A.R.S. § 49-1201(22).

“Water Supply Development Revolving Fund” means the fund established by A.R.S. § 49-1271.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-102. Types of Assistance Available

- A. The Authority may provide financial and technical assistance under the following programs if the Board determines funding is available:
 1. Clean Water Revolving Fund and Clean Water Technical Assistance;
 2. Drinking Water Revolving Fund and Drinking Water Technical Assistance;
 3. Water Supply Development Revolving Fund;
 4. Hardship Grant Fund;
 5. Long-Term Water Augmentation Fund; and
 6. Water Conservation Grant Fund.
- B. Financial assistance available from the Authority includes any of the following:
 1. Financial assistance loan repayment agreements;
 2. The purchase or refinancing of local debt obligations;
 3. The guarantee or purchase of insurance for local obligations to improve credit market access or reduce interest rates;
 4. Short-term emergency loan agreements in accordance with A.R.S. § 49-1269; and

5. Providing linked deposit guarantees through third-party lenders as authorized by A.R.S. §§ 49-1223(A)(6), 49-1243(A)(6), and 49-1273(A)(6).

- C. Technical assistance available from the Authority includes planning and design assistance, staff assistance, and professional assistance. Technical assistance may be offered at the Board’s discretion.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Former R18-15-102 renumbered to R18-15-103; new Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-103. Application Process

- A. An applicant requesting assistance shall apply to the Authority for the financial or technical assistance described in R18-15-102 on forms provided by the Authority.
- B. An applicant seeking financial assistance through the Clean Water Revolving Fund shall apply for financial assistance according to Articles 1 and 2.
- C. An applicant seeking financial assistance through the Drinking Water Revolving Fund shall apply for financial assistance according to Articles 1 and 3.
- D. An applicant seeking financial assistance through the Water Supply Development Revolving Fund Program shall apply for financial assistance according to Articles 1 and 4.
- E. An applicant seeking technical assistance available through the technical assistance programs shall apply for technical assistance according to Articles 1 and 5.
- F. An applicant seeking financial assistance through the Long-Term Water Augmentation Fund shall apply for financial assistance according to Articles 1 and 9.
- G. An applicant seeking a grant through the Water Conservation Grant Fund shall apply for financial assistance according to Articles 1 and 10.
- H. An applicant shall mark any confidential information with the words “confidential information” on each page of the material containing such information. A claim of confidential information may be asserted for a trade secret or information that, upon disclosure, would harm a person’s competitive advantage. The Authority shall not disclose any information determined confidential. Upon receipt of a claim of confidential information, the Authority shall make one of the following written determinations:
 1. The designated information is confidential and the Authority shall not disclose the information except to those individuals deemed by the Authority to have a legitimate interest.
 2. The designated information is not confidential.
 3. Additional information is required before a final confidentiality determination can be made.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed; new R18-15-103 renumbered from R18-15-102 and amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R.

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1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-104. General Financial Assistance Application Requirements

- A. The applicant shall provide in the financial assistance application the information in subsections (B), (C), (D), and (E).
- B. The applicant shall demonstrate the applicant is legally authorized to apply for long-term indebtedness, and is legally authorized to declare its intent to obligate a dedicated revenue source for repayment under subsection (C).
 1. If the applicant is a political subdivision and the long-term indebtedness is authorized through an election, the applicant shall provide all of the following:
 - a. One copy of the sample election ballot and election pamphlet, if applicable;
 - b. One copy of the governing body resolution calling for the election; and
 - c. Official evidence of the election results following the election.
 2. If the applicant is a political subdivision and the long-term indebtedness is not required by law to be authorized through an election, the applicant shall provide one copy of the approved governing body resolution authorizing the application for long-term indebtedness and an identification of the dedicated revenue source.
 3. If the applicant is a political subdivision and the long-term indebtedness is authorized through a special taxing district creation process, the applicant shall provide one copy of the final documentation, notices, petitions, and related information authorizing the long-term indebtedness.
 4. If the applicant is regulated by the Arizona Corporation Commission, the applicant shall provide evidence that the Arizona Corporation Commission authorized the financing decision.
 5. All other applicants shall demonstrate that a majority of the beneficiaries consent to apply to the Authority for financial assistance. The Authority shall assist each applicant to devise a process by which this consent is documented.
- C. The applicant shall identify a dedicated revenue source for repayment of the financial assistance and demonstrate that the dedicated revenue source is sufficient to repay the financial assistance.
 1. The applicant shall provide the following information:
 - a. Amount of the financial assistance requested;
 - b. One copy of each financial statement, audit, or comprehensive financial statement from at least the previous five financial operating years (fiscal or calendar);
 - c. One copy of each budget, business plan, management plan, or financial plan from the current financial operating years (fiscal or calendar);
 - d. One copy of the proposed budget, business plan, management plan, or financial plan for the next financial operating year (fiscal or calendar);
 - e. Documentation of current rates and fees for drinking or wastewater services including, as applicable, any resolutions related to rates and fees passed by the governing body of a political subdivision; and
 - f. Copies of documentation relating to outstanding indebtedness pledged to the dedicated source for repayment, including official statements, financial assistance agreements, and amortization schedules.
 2. If any of the required information listed in subsection (C)(1) is not available, the Authority may assist the applicant in determining alternative documentation to support the applicant's financial capability.
 3. The Authority may ask for additional financial information as necessary to evaluate the applicant's financial capability.
- D. The applicant shall demonstrate the applicant is technically capable to construct, operate, and maintain the proposed project.
 1. The applicant shall provide the following information:
 - a. An estimate of the project costs in as much detail as possible, including an estimate of applicable planning, design, construction, and material costs;
 - b. The number of connections to be served by the proposed project;
 - c. The most recent version of the applicant's capital improvement plan or other plan explaining proposed infrastructure investments;
 - d. One copy of each feasibility study, engineering report, design memorandum, set of plans and specifications, and other technical documentation related to the proposed project and determined applicable by the Authority for the stage of project completion;
 - e. Biographies or related information of the certified operators, system employees, or contractors employed by the applicant to operate and maintain the existing facilities and the proposed project;
 - f. A description of the service area, including maps and system schematics; and
 - g. A description of the existing physical facilities.
 2. The Authority may ask for additional information as necessary to evaluate the applicant's technical capability. If any of the required information listed in subsection (D)(1) is not available, the Authority may assist the applicant in determining alternative documentation to support the applicant's technical capability.
- E. The applicant shall demonstrate the applicant is capable of managing the system and the proposed project.
 1. The applicant shall provide the following information:
 - a. Years of experience and related information regarding the owners, managers, chief elected officials, and governing body members of the applicant; and
 - b. A list of professional and outside services retained by the applicant.
 2. If any of the required information listed in subsection (E)(1) is not available, the Authority may assist the applicant in determining alternative documentation to support the applicant's managerial capability.
 3. The Authority may ask for additional information as necessary to evaluate the applicant's managerial capability.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
 Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-105. General Financial Assistance Conditions

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- A. The Authority shall not execute a financial assistance agreement with an applicant until the applicant provides all documentation specified by the Authority.
- B. The documentation required prior to execution of the financial assistance agreement shall at a minimum include:
 - 1. If there is a governing body, one copy of the governing body resolution approving the execution of the financial assistance agreement;
 - 2. A project budget;
 - 3. An estimated disbursement schedule; and
 - 4. A legal opinion of the local borrower's counsel concurrent with closing date of the financial assistance agreement.
- C. The financial assistance agreement between the recipient and the Authority shall at a minimum specify:
 - 1. Rates of interest, fees, and any costs as determined by the Authority;
 - 2. Project details;
 - 3. The maximum amount of principal and interest due on any payment date;
 - 4. Debt service coverage requirements;
 - 5. Reporting requirements;
 - 6. Debt service reserve fund and repair and replacement reserve fund requirements;
 - 7. The dedicated source for repayment and pledge;
 - 8. The requirement that the recipient comply with applicable federal, state and local laws;
 - 9. A schedule for repayment; and
 - 10. Any other agreed-upon conditions.
- D. The Authority may require a recipient to pay a proportionate share of the expenses of the Authority's operating costs.
- E. The recipient shall maintain the project account in accordance with generally accepted government accounting standards. After reasonable notice by the Authority, the recipient shall make available any project records reasonably required to determine compliance with the provisions of this Chapter and the financial assistance agreement. For purposes of this Section, "project account" means the account in which the financial assistance is held or maintained.
- F. The Authority shall release loan proceeds subject to a disbursement request if the request is consistent with the financial assistance agreement.
 - 1. The applicant shall submit each disbursement request on the forms provided by the Authority. Each disbursement request shall include a certification and signature document, a cost-incurred report, and a DBE report. The Authority shall not process a disbursement until the applicant provides a completed disbursement form.
 - 2. The applicant shall include copies of invoices, or other documents that show proof of eligible costs incurred with each disbursement request.
- G. The recipient shall make repayments according to an agreed-upon schedule in the financial assistance agreement. The Authority may charge a late fee for any loan repayment not paid when due. The Authority may refer any loan repayment past due to the Office of the Attorney General for appropriate action.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
 Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018

(Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-106. Environmental Review

- A. The Authority shall conduct an environmental review according to this Section for impacts of the design or construction of water infrastructure. As part of the application process, the Authority shall request information from the applicant to conduct an environmental review consistent with 40 CFR 35.3140 and 40 CFR 35.3580. The Authority shall determine whether the project meets the criteria for categorical exclusion under subsections (B) and (C), or whether the project requires the preparation of an environmental assessment (EA) or an environmental impact statement (EIS) to identify and evaluate its environmental impacts.
 - 1. The Authority shall not execute a technical or financial assistance agreement with an applicant until the requirements of this Section are met. For projects that include an environmental information document or an environmental impact statement, the Authority may execute a technical or financial assistance agreement with an applicant prior to the completion of the conditions of this Section, provided that the applicant meets the requirements of this Section before proceeding with the design of the selected alternative.
 - 2. Projects under the Water Supply Development Revolving Fund Program are not subject to the requirements of this Section.
- B. A project may be categorically excluded from environmental review if the project fits within a category that is eligible for exclusion and the project does not involve any of the extraordinary circumstances listed in subsection (C). If, based on the application and other information submitted by the applicant, the Authority determines that a categorical exclusion from an environmental review is warranted, the project is exempt from the requirements of this Section, except for the public notice and participation requirements in subsection (J). The Authority may issue a categorical exclusion if information and documents demonstrate that the project qualifies under one or more of the following categories:
 - 1. Any project relating to existing infrastructure systems that involves minor upgrading, minor expansion of system capacity, rehabilitation (including functional replacement) of the existing system and system components, or construction of new minor ancillary facilities adjacent to or on the same property as existing facilities. This category does not include projects that:
 - a. Involve new or relocated discharges to surface water or groundwater,
 - b. Will likely result in the substantial increase in the volume or the loading of pollutant to the receiving water,
 - c. Will provide capacity to serve a population 30% greater than the existing population,
 - d. Are not supported by the state or other regional growth plan or strategy, or
 - e. Directly or indirectly involve or relate to upgrading or extending infrastructure systems primarily for the purposes of future development.
 - 2. Any clean water project in unsewered communities involving the replacement of existing onsite systems, providing the new onsite systems do not result in substantial increases in the volume of discharge or the loadings of

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- pollutants from existing sources, or relocate an existing discharge.
- C. The Authority shall deny a categorical exclusion if any of the following extraordinary circumstances apply to the project:
1. The project is known or expected to have potentially significant adverse environmental impacts on the quality of the human environment either individually or cumulatively over time.
 2. The project is known or expected to have disproportionately high and adverse human health or environmental effects on any community, including minority communities, low-income communities, or federally-recognized Indian tribal communities.
 3. The project is known or expected to significantly affect federally listed threatened or endangered species or their critical habitat.
 4. The project is known or expected to significantly affect national natural landmarks or any property with nationally significant historic, architectural, prehistoric, archaeological, or cultural value, including but not limited to, property listed on or eligible for the Arizona or National Registers of Historic Places.
 5. The project is known or expected to significantly affect environmentally important natural resource areas such as wetlands, floodplains, significant agricultural lands, aquifer recharge zones, wild and scenic rivers, and significant fish or wildlife habitat.
 6. The project is known or expected to cause significant adverse air quality effects.
 7. The project is known or expected to have a significant effect on the pattern and type of land use or growth and distribution of population, including altering the character of existing residential areas, or may not be consistent with state or local government, or federally-recognized Indian tribe approved land use or federal land management plans.
 8. The project is known or expected to cause significant public controversy about a potential environmental impact of the proposed action.
 9. The project is known or expected to be associated with providing financial assistance to a federal agency through an interagency agreement for a project that is known or expected to have potentially significant environmental impacts.
 10. The project is known or expected to conflict with federal, state, or local government, or federally-recognized Indian tribe environmental, resource-protection, or land-use laws or regulations.
- D. If the Authority denies the categorical exclusion under subsection (C), the Authority shall conduct an EA according to subsection (E), unless the Authority decides to prepare an EIS according to subsections (F) and (G) without first undertaking an EA. If the Authority conducts an EA, the applicant shall:
1. Prepare an environmental information document (EID) in a format prescribed by the Authority. The EID shall be of sufficient scope to undertake an environmental review and to allow development of an EA under subsection (E); or
 2. Provide documentation, upon Authority approval, in another format if the documentation is of sufficient scope to allow the development of an EA under subsection (E).
- E. The Authority shall conduct the EA that includes:
1. A brief discussion of:
 - a. The need for the project;
 - b. The alternatives, including a no action alternative;
 - c. The affected environment, including baseline conditions that may be impacted by the project and alternatives;
 - d. The environmental impacts of the project and alternatives, including any unresolved conflicts concerning alternative uses of available resources; and
 - e. Other applicable environmental laws.
 2. A listing or summary of any coordination or consultation undertaken with any federal agency, state or local government, or federally-recognized Indian tribe regarding compliance with applicable laws and executive orders;
 3. Identification and description of any mitigation measures considered, including any mitigation measures that must be adopted to ensure the project will not have significant impacts; and
 4. Incorporation of documents by reference, if appropriate, including the EID.
- F. Upon completion of the EA required by subsection (E), the Authority shall determine whether an environmental impact statement (EIS) is necessary.
1. The Authority shall prepare or direct the applicant to prepare an EIS in the manner prescribed in subsection (G) if any of the following conditions exist.
 - a. The project would result in a discharge of treated effluent from a new or modified existing facility into a body of water and the discharge is likely to have a significant effect on the quality of the receiving water.
 - b. The project is likely to directly, or through induced development, have significant adverse effect upon local ambient air quality or local ambient noise levels.
 - c. The project is likely to have significant adverse effects on surface water reservoirs or navigation projects.
 - d. The project would be inconsistent with state or local government, or federally-recognized Indian tribe approved land use plans or regulations, or federal land management plans.
 - e. The project would be inconsistent with state or local government, or federally-recognized Indian tribe environmental, resource-protection, or land-use laws and regulations for the protection of the environment.
 - f. The project is likely to significantly affect the environment through the release of radioactive, hazardous, or toxic substances, or biota.
 - g. The project involves uncertain environmental effects or highly unique environmental risks that are likely to be significant.
 - h. The project is likely to significantly affect national natural landmarks or any property on or eligible for the Arizona or National Registers of Historic Places.
 - i. The project is likely to significantly affect environmentally important natural resources such as wetlands, significant agricultural lands, aquifer recharge zones, wild and scenic rivers, and significant fish or wildlife habitat.
 - j. The project in conjunction with related federal, state, or local government, or federally-recognized Indian tribe projects is likely to produce significant cumulative impacts.

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- k. The project is likely to significantly affect the pattern and type of land use or growth and distribution of population, including altering the character of existing residential areas.
 - l. The project is a new regional wastewater treatment facility or water supply system for a community with a population greater than 100,000.
 - m. The project is an expansion of an existing wastewater treatment facility that will increase existing discharge to an impaired water by more than 10 million gallons per day (mgd).
2. The Authority may issue a finding of no significant impact (FONSI) if the EA supports the finding that the project will not have a significant impact on the environment. The FONSI shall include the submitted EA and a brief description of the project, alternatives considered, and project impacts. The FONSI must also include any commitments to mitigation that are essential to render the impacts of the project not significant. The Authority shall issue the FONSI for public comment in accordance with subsection (J).
- G. The Authority shall prepare or direct the applicant to prepare an EIS required by subsection (F)(1) when the project will significantly impact the environment, including any project for which the EA analysis demonstrates that significant impacts will occur and not be reduced or eliminated by changes to, or mitigation of, the project. The Authority shall perform the following actions:
 1. As soon as practicable after its decision to prepare an EIS and before the scoping process, the Authority shall prepare a notice of intent. The notice of intent shall briefly describe the project and possible alternatives and the proposed scoping process. The Authority shall distribute the notice of intent to affected federal, state, and local agencies, any affected Indian tribe, the applicant, and other interested parties. The Authority shall issue the notice of intent for public comment in accordance with subsection (J)(3).
 2. As soon as possible after the distribution and publication of the notice of intent required by subsection (G)(1), the Authority shall convene a meeting of affected federal, state, and local agencies, affected Indian tribes, the applicant, and other interested parties. At the meeting, the parties attending the meeting shall determine the scope of the EIS by considering a number of factors, including all of the following:
 - a. The significant issues to be analyzed in depth in the EIS,
 - b. The preliminary range of alternatives to be considered,
 - c. The potential cooperating agencies and information or analyses that may be needed from cooperating agencies or other parties, and
 - d. The method for EIS preparation and the public participation strategy.
 3. Upon completion of the process described in subsection (G)(2), the Authority shall identify and evaluate all potentially viable alternatives to adequately address the range of issues identified. Additional issues also may be addressed, or others eliminated, and the reasons documented as part of the EIS.
 4. After the analysis of issues is conducted according to subsection (G)(3), the Authority shall issue a draft EIS for public comment according to subsection (J)(4).
 5. Following public comment according to subsection (J), the Authority shall prepare a final EIS, consisting of all of the following:
 - a. The draft EIS;
 - b. An analysis of all reasonable alternatives and the no action alternative;
 - c. A summary of any coordination or consultation undertaken with any federal, state, or local government, or federally-recognized Indian tribe;
 - d. A summary of the public participation process;
 - e. Comments received on the draft EIS;
 - f. A list of persons commenting on the draft EIS;
 - g. The Authority's responses to significant comments received;
 - h. A determination of consistency with the Certified Water Quality Management Plan, if applicable;
 - i. The names and qualifications of the persons primarily responsible for preparing the EIS; and
 - j. Any other information added by the Authority.
 6. The Authority shall prepare or direct the applicant to prepare a supplemental EIS when appropriate, including when substantial changes are made to the project that are relevant to environmental concerns, or when there are significant new circumstances or information relevant to environmental concerns bearing on the project.
- H. After issuance of a final EIS under subsection (G)(5), the Authority shall prepare and issue a record of decision (ROD) containing the Authority's decision whether to proceed or not proceed with a project. A ROD issued with a decision to proceed shall include a brief description of the project, alternatives considered, and project impacts. In addition, the ROD must include any commitments to mitigation, an explanation if the environmental preferred alternative was not selected, and any responses to substantive comments on the final EIS. A ROD issued with a decision not to proceed shall preclude the project from receiving financial assistance under this Article.
- I. For all determinations (categorical exclusions, FONSI, or RODs) that are five years old or older and for which the project has not been implemented, the Authority shall re-evaluate the project, environmental conditions, and public views to determine whether to conduct a supplemental environmental review of the project and complete an appropriate environmental review document or reaffirm the Authority's original determination. The Authority shall provide public notice of the re-evaluation according to subsection (J)(5).
- J. The Authority shall conduct public notice and participation under this Section as follows:
 1. If a categorical exclusion is granted under subsection (B), the Authority shall provide public notice of that fact by publishing the notice as a legal notice at least once, in one or more newspapers of general circulation in the county or counties concerned.
 2. If a FONSI is issued under subsection (F)(2), the Authority shall provide public notice that the FONSI is available for public review by publishing the notice as a legal notice at least once in one or more newspapers of general circulation in the county or counties concerned. The notice shall provide that comments on the FONSI may be submitted to the Authority for a period of 30 days from the date of publication of the notice. If no comments are received, the FONSI shall immediately become effective. The Authority may proceed with the project subject to any mitigation measures described in the FONSI after responding to any substantive comments received on the

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FONSI during the 30-day comment period, or 30 days after issuance of the FONSI if no substantive comments are received.

3. If a notice of intent is prepared and distributed under subsection (G)(1), the Authority shall publish it as a legal notice at least once, in one or more newspapers of general circulation in the county or counties concerned.
4. If a draft EIS is issued under subsection (G)(4), the Authority shall provide public notice by publishing the notice as a legal notice at least once, in one or more newspapers of general circulation in the county or counties concerned, that the draft EIS is available for public review. The notice shall provide that comments on the draft EIS may be submitted to the Authority for a period of 45 days from the date of publication of the notice. When the Authority determines that a project may be controversial, the notice shall provide for a general public hearing to receive public comments.
5. If the Authority reaffirms or revises a decision according to subsection (I), the Authority shall provide public notice of that fact by publishing the notice as a legal notice at least once, in one or more newspapers of general circulation in the county or counties concerned.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section repealed; new R18-15-106 renumbered from R18-15-107 and amended at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-107. Disputes

- A. Any interested party having a substantial financial interest in or suffering a substantial adverse financial impact from an action taken under this Chapter, excluding actions taken under R18-15-503, R18-15-504, and R18-15-505, may file a formal letter of dispute with the Director according to subsections (B), (C), (D), and (E). Any interested party having a substantial financial interest in or suffering a substantial adverse financial impact from an action taken under R18-15-503, R18-15-504 or R18-15-505 shall proceed under R18-15-503(H), R18-15-504(H) or R18-15-505(H), as applicable.
- B. The interested party shall file the formal letter of dispute with the Director within 30 days of the action and provide a copy to each member of the Board. The formal letter of dispute shall include the following information:
 1. The name, address, and telephone number of the interested party;
 2. The signature of the interested party or the interested party's representative;
 3. A detailed statement of the legal and factual grounds of the dispute including:
 - a. Copies of relevant documents, and
 - b. The nature of the substantial financial interest or the nature of the substantial adverse financial impact of the interested party; and
 4. The form of relief requested.
- C. Within 30 days of receipt of a dispute letter, the Authority shall issue a preliminary decision in writing, to be forwarded by certified mail to the party.

- D. Any party filing a dispute under subsection (B) that disagrees with a preliminary decision of the Authority may file a formal letter of appeal, explaining why the party disagrees with the preliminary decision, with the Board, provided the letter is received by the Director not more than 15 days after the receipt by the party of the preliminary decision.
- E. The Board shall issue a final decision on issues appealed under subsection (D) not more than 60 days after receipt of the formal letter of appeal.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Former R18-15-107 renumbered to R18-15-106; new R18-15-107 renumbered from R18-15-112 and amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-108. Repealed**Historical Note**

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Section repealed; new Section R18-15-108 renumbered from R18-15-109 by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-109. Repealed**Historical Note**

Adopted effective September 18, 1997 (Supp. 97-3). Former Section R18-15-109 renumbered to R18-15-108; new Section R18-15-109 renumbered from R18-15-110 by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-110. Repealed**Historical Note**

Adopted effective September 18, 1997 (Supp. 97-3). Former Section R18-15-110 renumbered to R18-15-111; new Section adopted effective June 4, 1998 (Supp. 98-2). Former Section R18-15-110 renumbered to R18-15-109; new Section R18-15-110 renumbered from R18-15-111 and amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-111. Repealed**Historical Note**

Adopted effective September 18, 1997 (Supp. 97-3). Former Section R18-15-111 renumbered to R18-15-112; new Section R18-15-111 renumbered from R18-15-110 and amended effective June 4, 1998 (Supp. 98-2). Former Section R18-15-111 renumbered to R18-15-110; new Section R18-15-111 renumbered from R18-15-112 and amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final

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rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-112. Renumbered**Historical Note**

Adopted effective September 18, 1997 (Supp. 97-3). Former Section R18-15-112 renumbered to R18-15-113; new Section R18-15-112 renumbered from R18-15-111 (Supp. 98-2). Former Section R18-15-112 renumbered to R18-15-111; new Section R18-15-112 renumbered from R18-15-113 and amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Former R18-15-112 renumbered to R18-15-107 by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-113. Renumbered**Historical Note**

Section R18-15-113 renumbered from R18-15-112 (Supp. 98-2). Section R18-15-113 renumbered to R18-15-112 by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4).

ARTICLE 2. CLEAN WATER REVOLVING FUND**R18-15-201. Clean Water Revolving Fund Financial Assistance Eligibility Criteria**

To receive financial assistance from the Clean Water Revolving Fund, the applicant shall demonstrate the applicant is eligible under A.R.S. § 49-1224(A) to request financial assistance for a purpose as defined in A.R.S. § 49-1223(A); the proposed project is to design, construct, acquire, improve, or refinance a publicly owned wastewater treatment facility, or for any other purpose permitted by the Clean Water Act including nonpoint source projects; and the proposed project appears on the Clean Water Revolving Fund Project Priority List developed under R18-15-203.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-202. Clean Water Revolving Fund Intended Use Plan

- A. The Authority annually shall develop and publish a Clean Water Revolving Fund Intended Use Plan that identifies the intended uses of funds available in the Clean Water Revolving Fund Program. The Intended Use Plan shall include the project priority list according to R18-15-203. If the Intended Use Plan is to be submitted as one of the documents required to obtain a federal capitalization grant under Title VI of the Clean Water Act, 33 U.S.C. 1381 to 1387, the Intended Use Plan shall include any additional information required by federal law.
- B. The Authority shall provide for a public review and written comment period of the draft Clean Water Revolving Fund Intended Use Plan for a minimum of 14 calendar days. The Authority shall summarize all written comments submitted and prepare responses for Board review. After review of the summary, the Board shall make any appropriate changes to the Plan and then adopt the Clean Water Revolving Fund Intended Use Plan at a public meeting.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed; new R18-15-202 renumbered from R18-15-203 and amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-203. Clean Water Revolving Fund Project Priority List

- A. The Authority annually shall prepare a Clean Water Revolving Fund Project Priority List as part of the Intended Use Plan described in R18-15-202. The Board may waive the requirement to develop a Clean Water Revolving Fund Project Priority List if funds are not adequate to assist any projects or if the Board determines that no financial assistance will be offered for the annual funding cycle.
- B. An applicant pursuing financial assistance from the Authority for a project shall request to have the project included on the Clean Water Revolving Fund Project Priority List. The applicant may request that multiple projects be placed on the Clean Water Revolving Fund Project Priority List. An applicant shall make a request for placement of a project on the Clean Water Revolving Fund Project Priority List on or before a date specified by the Authority and in an application format specified by the Authority. The Authority shall include with the project priority list application form the criteria under each ranking category in R18-15-204(A), by which the project will be evaluated and the relative importance of each of the criterion.
- C. In preparing the Clean Water Revolving Fund Project Priority List, the Authority shall consider all project priority list applications submitted under subsection (B). The Authority shall evaluate the merits of each project with respect to water quality issues and determine the total points of each project according to R18-15-204. At a minimum, the Clean Water Revolving Fund Project Priority List shall identify:
 1. The applicant,
 2. Project title,
 3. Type of project,
 4. The amount requested for financial assistance,
 5. The subsidy according to R18-15-204(C),
 6. Whether the project is within the fundable range according to R18-15-205, and
 7. The rank of each project by its total points, determined according to R18-15-204.
- D. After adoption of the annual Intended Use Plan and project priority list according to R18-15-202, the Board may allow:
 1. Updates and corrections to the adopted Clean Water Revolving Fund Project Priority List, if the updates and corrections are adopted by the Board after public notice; or
 2. Additions to the Clean Water Revolving Fund Project Priority List, if the additions are adopted by the Board after public notice.
- E. After public notice, the Board may remove a project from the Clean Water Revolving Fund Project Priority List under one or more of the following circumstances:
 1. The recipient has received all financial assistance identified in the executed financial assistance agreement with the Authority;
 2. The project was financed from another source;
 3. The project is no longer an eligible project;
 4. The applicant requests removal;
 5. The applicant is no longer an eligible applicant; or

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6. The applicant did not update, modify, correct or resubmit a project from the project priority list developed for the previous funding cycle.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Former R18-15-203 renumbered to R18-15-202; new Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-204. Clean Water Revolving Fund Project Priority List Ranking

- A. The Authority shall rank each project on the Clean Water Revolving Fund Project Priority List based on the total points of each project. The Authority shall consider the following categories to determine the total points of each project:
1. The Authority shall evaluate the current conditions of the project, including existing environmental, structural, and regulatory integrity and the degree to which the project is consistent with the Clean Water Act, 33 U.S.C. 1251 to 1387.
 2. The Authority shall evaluate the degree to which the project improves or protects water quality.
 3. The Authority shall evaluate the degree to which the project addresses water or energy efficiency or environmentally innovative approaches.
 4. The Authority shall evaluate the degree to which the project promotes any of the following:
 - a. Consolidation of facilities, operations, and ownership;
 - b. Extending service to existing areas currently served by another facility; or
 - c. A regional approach to operations, management, or new facilities.
 5. The Authority shall determine whether the project received assistance from the Authority in a previous funding cycle.
 6. The Authority shall evaluate the applicant's local fiscal capacity.
- B. Two or more projects may receive the same total points. If sufficient clean water revolving loan funds are not available to fund the projects, the Authority shall give priority to the project with the highest current condition score under subsection (A)(1). If projects remain tied, priority will be given to the project with the highest water quality improvement score under subsection (A)(2). If projects remain tied, this process shall continue through the categories under subsections (A)(3) through (6), sequentially. If projects continue to have the same total points, the Board shall determine the priority of the tied projects.
- C. The Authority shall determine the subsidy for each project on the Clean Water Revolving Fund Project Priority List based on the applicant's local fiscal capacity score under subsection (A)(6) and the total points of the project. The Authority shall incorporate the subsidy in the financial assistance agreement.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-

- 3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-205. Clean Water Revolving Fund Fundable Range for Financial Assistance

- A. Prior to adoption by the Board of the Clean Water Revolving Fund Project Priority List, the Authority shall determine which projects are within the fundable range.
- B. In determining the fundable range, the Authority shall evaluate each project for evidence of debt authorization according to R18-15-104(B).

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Section repealed; new Section R18-15-205 renumbered from R18-15-206 and amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-206. Clean Water Revolving Fund Application for Financial Assistance

- A. The Authority shall accept an application for financial assistance from an eligible applicant for a project that appears on the Clean Water Revolving Fund Project Priority List and is determined to be in the fundable range. At the Authority's discretion, the Authority may accept an application for financial assistance prior to the project appearing on a Board-adopted Clean Water Revolving Fund Project Priority List and in the fundable range.
- B. The Authority shall not present an application to the Board for consideration until all the following conditions are met:
1. The project is on the Clean Water Revolving Fund Project Priority List, including the Project Priority List to be adopted at the Board meeting;
 2. The applicant has provided supporting documentation according to R18-15-205(B);
 3. The applicant has demonstrated legal capability, financial capability, technical capability, and managerial capability as described in R18-15-104;
 4. For nonpoint source projects, the applicant has provided evidence that the project is consistent with Section 319 and Title VI of the Clean Water Act, 33 U.S.C. 1329, 1381 to 1387; and
 5. The proposed project is consistent with the Certified Water Quality Management Plan.
- C. The application criteria required under subsections (A) and (B) shall not apply to financial assistance requests for short-term emergency loans under A.R.S. § 49-1269.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Former Section R18-15-206 renumbered to R18-15-205; new Section R18-15-206 made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-207. Clean Water Revolving Fund Application Review for Financial Assistance

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- A.** The Authority shall evaluate and summarize each application received and develop an analysis that provides recommendations to the Board. The analysis shall at a minimum include:
1. The scope, size, and budget of the proposed project, including as much cost detail as possible;
 2. A summary of the applicant's legal capability including authorization to enter into long-term indebtedness and to pledge the specified dedicated revenue source for repayment;
 3. A summary of the applicant's technical capability including its ability to construct, operate, and maintain the proposed project;
 4. A summary of the applicant's managerial capability, including the experience of elected officials and management team in managing similar organizations and similar projects;
 5. A summary of the applicant's financial capability, including:
 - a. The amount of money collected through the dedicated revenue source for repayment for each of the previous three financial operating years (fiscal or calendar),
 - b. An estimate of the amount of money that will be collected through the dedicated revenue source for repayment for the current financial operating year (fiscal or calendar), and
 - c. A projection of the amount of money that will be collected through the dedicated revenue source for repayment for each of the next five financial operating years (fiscal or calendar);
 6. The applicant's history of compliance with, as applicable, the Clean Water Act, 33 U.S.C. 1251 to 1387, related Arizona statutes, and related rules, regulations, and policies; and
 7. A summary of any previous assistance provided by the Authority to the applicant.
- B.** After an opportunity for public comment, the Board shall make a determination regarding the applicant's request for financial assistance at a public meeting. The Board shall base this determination on the information provided in the application, the analysis prepared by the Authority, and any other information provided at the public meeting. The Authority shall inform the applicant of the Board's determination, which may include recommended modifications to any of the following:
1. The proposed project,
 2. The applicant's legal structure and organization,
 3. The dedicated revenue source for repayment, or
 4. The structure of the financial assistance request.
- C.** If the Board determines at any time during a funding cycle that funds are limited or are not available to provide financial assistance, the Authority shall notify applicants on the current Clean Water Revolving Fund Project Priority List that the Authority is no longer accepting applications. The Board shall determine the amount of funding available, if any, to provide financial assistance for the applications already accepted by the Authority. The Board shall consider each application in the order the project appears within the fundable range on the current Clean Water Revolving Fund Project Priority List. The Board shall make a determination as described in subsection (B) on each application until the available funds are committed.
- D.** Upon Board approval of the applicant's request for financial assistance, the Authority shall prepare a financial assistance agreement for execution by the applicant and the Authority.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
 Amended effective June 4, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4).
 Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-208. Clean Water Revolving Fund Requirements

- A.** The duly authorized agent, principal or officer of the applicant shall certify that the applicant has not violated any federal, state, or local law pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest, or other unlawful or corrupt practices relating to or in connection with facilities planning, design, or construction work on a wastewater treatment facility project.
- B.** All projects shall comply with the provisions of the Civil Rights Act of 1964, P.L. 88-352, 42 U.S.C. 2000d et seq., and all other applicable federal laws.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
 Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

ARTICLE 3. DRINKING WATER REVOLVING FUND**R18-15-301. Drinking Water Revolving Fund Financial Assistance Eligibility Criteria**

To be eligible to receive financial assistance from the Drinking Water Revolving Fund, the applicant shall demonstrate that the applicant is a drinking water facility as defined by A.R.S. § 49-1201 requesting financial assistance for a purpose as defined in A.R.S. § 49-1243(A); the proposed project is to plan, design, construct, acquire, or improve a drinking water facility or refinance an eligible drinking water facility; and the proposed project appears on the Drinking Water Revolving Fund Project Priority List developed under R18-15-303.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
 Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-302. Drinking Water Revolving Fund Intended Use Plan

- A.** The Authority annually shall develop and publish a Drinking Water Revolving Fund Intended Use Plan that identifies the intended uses of funds available in the Drinking Water Revolving Fund Program. The Intended Use Plan shall include the project priority list according to R18-15-303. If an Intended Use Plan is to be submitted as one of the documents required to obtain a federal capitalization grant under the Safe Drinking Water Act, 42 U.S.C. 300f to 300j-26, the Intended Use Plan shall include any additional information required by federal law.
- B.** The Authority shall provide for a public review and written comment period of the draft Drinking Water Revolving Fund

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Intended Use Plan for a minimum of 14 calendar days. The Authority shall summarize all written comments submitted and prepare responses for Board review. After review of the summary, the Board shall make any appropriate changes to the Plan and then adopt the Drinking Water Revolving Fund Intended Use Plan at a public meeting.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed; new R18-15-302 renumbered from R18-15-303 and amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-303. Drinking Water Revolving Fund Project Priority List

- A.** The Authority annually shall prepare a Drinking Water Revolving Fund Project Priority List as part of the Intended Use Plan described in R18-15-302. The Board may waive the requirement to develop an annual Drinking Water Revolving Fund Project Priority List if funds are not adequate to assist any projects or if the Board determines that no financial assistance will be offered for the annual funding cycle.
- B.** An applicant pursuing financial assistance from the Authority for a project shall request to have the project included on the Drinking Water Revolving Fund Project Priority List. The applicant may request that multiple projects be placed on the Drinking Water Revolving Fund Project Priority List. An applicant shall make a request for placement of a project on the Drinking Water Revolving Fund Project Priority List on or before a date specified by the Authority and in an application format specified by the Authority. The Authority shall include with the project priority list application form the criteria under each ranking category in R18-15-304(A) by which the project will be evaluated and the relative importance of each of the criterion.
- C.** In preparing the Drinking Water Revolving Fund Project Priority List, the Authority shall consider all project priority list applications submitted under subsection (B). The Authority shall evaluate the merits of each project with respect to water quality issues and determine the total points of each project according to R18-15-304. At a minimum, the Drinking Water Revolving Fund Project Priority List shall identify:
 1. The applicant;
 2. Project title;
 3. Type of project;
 4. Population of service area;
 5. The amount requested for financial assistance;
 6. The subsidy according to R18-15-304(C);
 7. Whether the project is within the fundable range according to R18-15-305; and
 8. The rank of each project by its total points, determined according to R18-15-304.
- D.** After adoption of the annual Intended Use Plan and project priority list according to R18-15-302, the Board may allow:
 1. Updates and corrections to the adopted Drinking Water Revolving Fund Project Priority List, if the updates and corrections are adopted by the Board after public notice; or
 2. Additions to the Drinking Water Revolving Fund Project Priority List, if the additions are adopted by the Board after public notice.

- E.** After public notice, the Board may remove a project from the Drinking Water Revolving Fund Project Priority List under one or more of the following circumstances:

1. The recipient has received all financial assistance identified in the executed financial assistance agreement with the Authority;
2. The project was financed from another source;
3. The project is no longer an eligible project;
4. The applicant requests removal;
5. The applicant is no longer an eligible applicant; or
6. The applicant did not update, modify, correct or resubmit a project from the project priority list developed for the previous funding cycle.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Former R18-15-303 renumbered to R18-15-302; new Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-304. Drinking Water Revolving Fund Project Priority List Ranking

- A.** The Authority shall rank each project listed on the Drinking Water Revolving Fund Project Priority List based on the total points of each project. The Authority shall consider the following categories to determine the total points of each project:
 1. The Authority shall evaluate the current conditions of the system through the system's scores on the Department's master priority list.
 2. The Authority shall evaluate the degree to which the project will result in improvement to the water system.
 3. The Authority shall evaluate the degree to which the project addresses water or energy efficiency or environmentally innovative approaches.
 4. The Authority shall evaluate the degree to which the project promotes any of the following:
 - a. Consolidation of facilities, operations, and ownership;
 - b. Extending service to existing areas currently served by another facility; or
 - c. A regional approach to operations, management, or new facilities.
 5. The Authority shall determine whether the project received assistance from the Authority in a previous funding cycle.
 6. The Authority shall evaluate the applicant's local fiscal capacity.
- B.** Two or more projects may receive the same total points. If sufficient clean water revolving loan funds are not available to fund the projects, the Authority shall give priority to the project with the highest current condition score under subsection (A)(1). If projects remain tied, priority will be given to the project with the highest water system improvement score under subsection (A)(2). If projects remain tied, this process shall continue through the categories under subsections (A)(3) through (6), sequentially. If projects continue to have the same total points, the Board shall determine the priority of the tied projects.
- C.** The Authority shall determine the subsidy for each project on the Drinking Water Revolving Fund Project Priority List based on the applicant's local fiscal capacity score and the total

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points of the project. The Authority shall incorporate the subsidy in the financial assistance agreement.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-305. Drinking Water Revolving Fund Fundable Range for Financial Assistance

- A. Prior to adoption by the Board of the Drinking Water Revolving Fund Project Priority List, the Authority shall determine which projects are within the fundable range.
- B. In determining the fundable range the Authority shall evaluate each project for evidence of debt authorization according to R18-15-104(B).

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Former Section R18-15-305 repealed; new Section R18-15-305 renumbered from R18-15-306 and amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-306. Drinking Water Revolving Fund Application for Financial Assistance

- A. The Authority shall accept an application for financial assistance from an eligible applicant for a project that appears on the Drinking Water Revolving Fund Project Priority List and is determined to be within the fundable range. At the Authority's discretion, the Authority may accept an application for financial assistance prior to the project appearing on a Board-adopted Drinking Water Revolving Fund Project Priority List.
- B. The Authority shall not present an application to the Board for consideration until all the following conditions are met:
 - 1. The project is on the Drinking Water Revolving Fund Project Priority List, including the Project Priority List to be adopted at the Board meeting;
 - 2. The applicant has provided supporting documentation according to R18-15-305(B); and
 - 3. The applicant has demonstrated legal capability, financial capability, technical capability and managerial capability as described in R18-15-104.
- C. The application criteria required under subsections (A) and (B) shall not apply to financial assistance requests for short-term emergency loans under A.R.S. § 49-1269.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Amended effective June 4, 1998 (Supp. 98-2). Former Section R18-15-306 renumbered to R18-15-305; new Section R18-15-306 made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-307. Drinking Water Revolving Fund Application**Review for Financial Assistance**

- A. The Authority shall evaluate and summarize each application received and develop an analysis that provides recommendations to the Board. At a minimum, the analysis shall include:
 - 1. The scope, size, and budget of the proposed project, including as much cost detail as possible;
 - 2. A summary of the applicant's legal capability, including authorization to enter into long-term indebtedness and to pledge the specified dedicated revenue source for repayment;
 - 3. A summary of the applicant's technical capability, including its ability to construct, operate, and maintain the proposed project;
 - 4. A summary of the applicant's managerial capability, including the experience of elected officials and management team in managing similar organizations and similar projects;
 - 5. A summary of the applicant's financial capability, including:
 - a. The amount of money collected through the dedicated revenue source for repayment for each of the previous three financial operating years (fiscal or calendar),
 - b. An estimate of the amount of money that will be collected through the dedicated revenue source for repayment for the current financial operating year (fiscal or calendar), and
 - c. A projection of the amount of money that will be collected through the dedicated revenue source for repayment for each of the next five financial operating years (fiscal or calendar);
 - 6. The applicant's history of compliance with, as applicable, the Safe Drinking Water Act, 42 U.S.C. 300f to 300j-26, related Arizona statutes, and related rules, regulations and policies; and
 - 7. A summary of any previous assistance provided by the Authority to the applicant.
- B. After an opportunity for public comment, the Board shall make a determination regarding the applicant's request for financial assistance at a public meeting. The Board shall base this determination on the information provided in the application, the analysis prepared by the Authority, and any other information provided at the public meeting. The Authority shall inform the applicant of the Board's determination, which may include recommended modifications to any of the following:
 - 1. The proposed project,
 - 2. The applicant's legal structure and organization,
 - 3. The dedicated revenue source for repayment, or
 - 4. The structure of the financial assistance request.
- C. If the Board determines at any time during a funding cycle that funds are limited or are not available to provide financial assistance, the Authority shall notify applicants on the current Drinking Water Revolving Fund Project Priority List that the Authority is no longer accepting applications. The Board shall determine the amount of funding available, if any, to provide financial assistance for the applications already accepted by the Authority. The Board shall consider each application in the order the project appears within the fundable range on the current Drinking Water Revolving Fund Project Priority List. The Board shall make a determination as described in subsection (B) on each application until the available funds are committed.

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- D. Upon Board approval of the applicant's request for financial assistance, the Authority shall prepare a financial assistance agreement for execution by the applicant and the Authority.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
Amended effective June 4, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4).
Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-308. Drinking Water Revolving Fund Requirements

- A. The duly authorized agent, principal or officer of the applicant shall certify the applicant has not violated any federal, state, or local law pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest, or other unlawful or corrupt practices relating to or in connection with facilities planning, design, or construction work on a project.
- B. All projects shall comply with the provisions of the Civil Rights Act of 1964, P.L. 88-352, 42 U.S.C. 2000d et seq., and all other applicable federal laws.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

ARTICLE 4. WATER SUPPLY DEVELOPMENT REVOLVING FUND**R18-15-401. Water Supply Development Revolving Fund Financial Assistance Eligibility Criteria**

- A. To be eligible to receive financial assistance from the Water Supply Development Revolving Fund, the applicant shall demonstrate the applicant is an eligible entity as defined by A.R.S. § 49-1270(1); is requesting financial assistance for a purpose as defined in A.R.S. § 49-1273(A); and the proposed project appears on the Water Supply Development Revolving Fund Project Priority List developed under R18-15-402.
- B. Financial assistance from the Water Supply Development Revolving Fund may include loans, grants, other financial assistance, or a combination of any thereof.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-402. Water Supply Development Revolving Fund Project Priority List

- A. The Authority annually shall prepare a Water Supply Development Revolving Fund Project Priority List. The Authority is not required to prepare a Water Supply Development Revolving Fund Project Priority List if funds are not adequate to assist any projects or if the Board determines that no financial assistance will be offered for the annual funding cycle.
- B. An applicant pursuing financial assistance from the Authority for a water supply development project shall request to have the project included on the Water Supply Development

Revolving Fund Project Priority List. The applicant may request that multiple projects be placed on the Water Supply Development Revolving Fund Project Priority List. An applicant shall make a request for placement of a project on the Water Supply Development Revolving Fund Project Priority List on or before a date specified by the Authority and in an application format specified by the Authority. The Authority shall include with the Project Priority List application form the criteria under each ranking category in R18-15-403(A) by which the project will be evaluated and the relative importance of each of the criterion.

- C. In preparing the Water Supply Development Revolving Fund Project Priority List, the Authority shall consider all Project Priority List applications submitted under subsection (B). The Authority shall evaluate the merits of each project with respect to water supply development issues and determine the order and priority of each project according to R18-15-403. At a minimum, the Water Supply Development Revolving Fund Project Priority List shall identify:
1. The applicant;
 2. Project title;
 3. A project description;
 4. Population of the water provider's area served;
 5. The amount requested for financial assistance; and
 6. The order and priority of each project, determined according to R18-15-403.
- D. The Authority shall provide for a public comment period of the draft Water Supply Development Revolving Fund Project Priority List for a minimum of 14 calendar days. The Authority shall summarize all written comments submitted and prepare responses for Board review. After review of the summary, the Board shall make any appropriate changes to the Project Priority List and then adopt the Water Supply Development Revolving Fund Project Priority List at a public meeting.
- E. After adoption of the annual Project Priority List, the Authority may allow:
1. Updates and corrections to the adopted Water Supply Development Revolving Fund Project Priority List, if the updates and corrections are adopted by the Authority after an opportunity for public notice; or
 2. Additions to the Water Supply Development Revolving Fund Project Priority List, if the additions are adopted by the Authority after an opportunity for public notice.
- F. After an opportunity for public notice, the Authority may remove a project from the Water Supply Development Revolving Fund Project Priority List under one or more of the following circumstances:
1. The recipient has received all financial assistance identified in the executed financial assistance agreement with the Authority;
 2. The project was financed from another source;
 3. The project is no longer an eligible project;
 4. The applicant requests removal; or
 5. The applicant is no longer an eligible applicant.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3). Section repealed; new Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section R18-15-402 repealed; new Section R18-15-402 renumbered from R18-15-403 and amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at

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30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-403. Water Supply Development Revolving Fund Order and Priority

- A.** The Authority shall consider the evaluative criteria listed in A.R.S. § 49-1274(B)(3) to determine the order and priority of each project on the Water Supply Development Revolving Fund Project Priority List.
- B.** Two or more projects may receive the same total points. If sufficient water supply development revolving loan funds are not available to fund the tied projects, the Board shall determine the priority of the tied projects.

Historical Note

Adopted effective September 18, 1997 (Supp. 97-3).
Amended effective June 4, 1998 (Supp. 98-2). Section repealed by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). New Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section R18-15-403 renumbered to R18-15-402; new Section R18-15-403 renumbered from R18-15-404 and amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-404. Water Supply Development Revolving Fund Application for Financial Assistance

- A.** The Authority shall accept an application for financial assistance from an eligible applicant for a project that appears on the Water Supply Development Revolving Fund Project Priority List. At the Authority's discretion, the Authority may accept an application for financial assistance prior to the project appearing on a Board-adopted Water Supply Development Revolving Fund Project Priority List.
- B.** The Authority shall not present an application for consideration until all the following conditions are met:
1. The project is on the Water Supply Development Revolving Fund Project Priority List;
 2. The applicant has provided supporting documentation according to R18-15-104;
 3. The applicant has demonstrated legal capability, financial capability, technical capability, and managerial capability under R18-15-104; and
 4. The applicant has demonstrated the ability to meet any applicable environmental requirements imposed by federal, state, or local agencies.

Historical Note

New Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section R18-15-404 renumbered to R18-15-403; new Section R18-15-404 renumbered from R18-15-406 and amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-405. Water Supply Development Revolving Fund Application Review for Financial Assistance

- A.** The Authority shall evaluate and summarize each application for financial assistance received and develop an analysis that provides recommendations to the Board. The analysis shall include:

1. The scope, size, and budget of the proposed project, including as much cost detail as possible;
 2. A summary of the applicant's legal capability including authorization to enter into long-term indebtedness and to pledge the specified dedicated revenue source for repayment;
 3. A summary of the applicant's technical capability, including its ability to construct, operate and maintain the proposed project;
 4. A summary of the applicant's managerial capability, including the experience of elected officials and management team in managing similar organizations and similar projects;
 5. A summary of the applicant's financial capability, including:
 - a. The amount of money collected through the dedicated revenue source for repayment for each of the previous five financial operating years (fiscal or calendar);
 - b. An estimate of the amount of money that will be collected through the dedicated revenue source for repayment for the current financial operating year (fiscal or calendar); and
 - c. A projection of the amount of money that will be collected through the dedicated revenue source for repayment for each of the next five financial operating years (fiscal or calendar);
 6. A summary of any previous assistance provided by the Authority to the applicant;
 7. A summary of the applicant's ability to meet any applicable permitting and environmental requirements imposed by federal, state, or local agencies;
 8. A recommendation of what type and amount of financial assistance to provide; and
 9. Any other information deemed necessary by the Authority.
- B.** If any of the required information listed in subsection (A)(5) is not available, the Authority may assist the applicant in determining alternative documentation to support the applicant's financial capability.
- C.** The Board shall make a determination regarding the applicant's request for financial assistance at a public meeting. The Board shall base this determination on the information provided in the application, the analysis prepared by the Authority, and any other information provided at the public meeting. The Authority shall inform the applicant of the Board's determination, which may include recommended modifications to any of the following:
1. The scope of the proposed project;
 2. The applicant's legal structure and organization;
 3. The dedicated revenue source for repayment; or
 4. The structure of the financial assistance request.
- D.** The Authority shall provide an opportunity for public comment prior to the Board's determination regarding the applicant's request for financial assistance. The opportunity for public comment does not need to occur at the same meeting in which the Board makes its determination regarding the applicant's request for financial assistance.
- E.** If the Board determines at any time during a funding cycle that funds are limited or are not available to provide financial assistance, the Authority shall notify applicants on the current Water Supply Development Revolving Fund Project Priority List that the Authority is no longer accepting applications. The Board shall determine the amount of funding available, if any,

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to provide financial assistance for the applications by the Authority. The Board shall consider each application in the order the project appears on the current Water Supply Development Revolving Fund Project Priority List. The Board shall make a determination as described in subsection (C) on each application until the available funds are committed.

- F. Upon approval of the applicant's request for financial assistance, the Authority shall prepare a financial assistance agreement for execution by the applicant and the Authority.

Historical Note

New Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section R18-15-405 repealed; new Section R18-15-405 renumbered from R18-15-407 and amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-406. Water Supply Development Revolving Fund Requirements

The duly authorized agent, principal or officer of the applicant shall certify the applicant has not violated any federal, state, or local law pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest, or other unlawful or corrupt practices relating to or in connection with facilities planning, design, or construction work on a project.

Historical Note

New Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section R18-15-406 renumbered to R18-15-404; new Section R18-15-406 renumbered from R18-15-408 and amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-407. Renumbered**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section R18-15-407 renumbered to R18-15-405 by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-408. Renumbered**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section R18-15-408 renumbered to R18-15-406 by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

ARTICLE 5. TECHNICAL ASSISTANCE**R18-15-501. Technical Assistance**

The Authority may provide Clean Water technical assistance, Drinking Water technical assistance, and Water Supply Development technical assistance. The Authority shall provide technical assistance in compliance with A.R.S. § 49-1203(B)(16) and (17).

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Former R18-15-501 renumbered to R18-15-502; new Section made by final rulemaking at 16

A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-502. Technical Assistance Intended Use Plan

- A. The Authority annually shall develop and publish one or more Technical Assistance Intended Use Plans that identify intended uses of funds available for Clean Water technical assistance and Drinking Water technical assistance. The Intended Use Plan shall identify whether funds are available and the amount of funds available for planning and design assistance, staff assistance, and professional assistance for Clean Water and Drinking Water. The Authority may develop Technical Assistance Intended Use Plans separately for Clean Water and Drinking Water or as parts of the Intended Use Plans required under R18-15-202 and R18-15-302. If the Technical Assistance Intended Use Plan is to be submitted as a document required to obtain a federal capitalization grant, the Technical Assistance Intended Use Plan shall include any additional information required by federal law.
- B. The Authority shall provide for a public review and written comment period of any draft Technical Assistance Intended Use Plan for a minimum of 14 calendar days. The Authority shall summarize all written comments received and prepare responses. The Authority shall provide a summary of the written comments and the Authority's responses regarding the Clean Water and Drinking Water Technical Assistance Intended Use Plans to the Board. After review of the comments and the Authority's responses to comments received during the public review and written comment period, the Board, as applicable, shall adopt the applicable Technical Assistance Intended Use Plan or Plans at a public meeting with any changes made in response to public comments or comments by members of the Board.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed; new R18-15-502 renumbered from R18-15-501 and amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-503. Clean Water Planning and Design Assistance

- A. Planning and design assistance to a specific wastewater treatment facility shall assist that system to achieve or enhance its legal, financial, technical, or managerial capability to facilitate the design, construction, acquisition, improvement, or consolidation of the wastewater treatment facility. Projects for any other purpose permitted by the Clean Water Act including nonpoint source projects are also eligible. The Board shall approve funds available for planning and design assistance in the annual Clean Water Technical Assistance Intended Use Plan. The Board may determine that no assistance will be offered for the annual funding cycle.
- B. To be eligible to receive planning and design assistance under the Clean Water Technical Assistance Program, the applicant shall demonstrate the applicant is eligible under R18-15-201. An eligible applicant shall apply for planning and design assistance on or before a date specified by the Authority and on an application form specified by the Authority.
- C. An applicant shall commit to a matching contribution toward the total project cost as specified in the Request for Applications. The matching contribution may include cash contribu-

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tions or in-kind contributions. The Board may waive or modify the applicant's match requirement according to criteria established in the Request for Applications.

- D. The Authority shall solicit, evaluate, and award planning and design assistance in accordance with A.R.S. § 41-2702.
- E. The Authority shall evaluate the applications received to determine which projects are eligible under the Clean Water Act, 33 U.S.C. 1381 to 1387. Eligible applications shall specify a demonstrated need of the applicant for assistance in securing financial assistance for development and implementation of a wastewater capital improvement project or stormwater or non-point source project.
- F. The Authority shall determine planning and design assistance awards based on the amount of funding available. If funding is limited, all eligible projects may not be funded. The Authority shall provide the planning and design assistance award recommendations to the Board for review and approval at a public meeting. The Board may adopt, modify, or reject the Authority's recommendations in whole or in part.
- G. Within 30 days after the adoption of the planning and design assistance awards at a public meeting, the Authority shall notify all applicants whether or not they received an award.
- H. An unsuccessful applicant may submit an appeal in writing in accordance with A.R.S. § 41-2704.
- I. The Authority and the applicant shall enter into a planning and design assistance agreement that shall include at a minimum:
 1. A scope of work,
 2. The amount awarded,
 3. The amount of the local match required,
 4. A final project budget and timeline, and
 5. Reporting requirements.
- J. The Authority shall release proceeds subject to a disbursement request if the request is consistent with the planning and design assistance agreement and the disbursement schedule.
 1. The recipient shall request each disbursement on the forms provided by the Authority. Each disbursement request shall include a certification and signature document, a cost-incurred report, and a DBE report. The Authority shall not process a disbursement until the recipient provides a completed disbursement form.
 2. The recipient shall include copies of invoices or other documents that show proof of eligible costs incurred with each disbursement request.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-504. Drinking Water Planning and Design Assistance

- A. Planning and design assistance to a specific drinking water facility, excluding a nonprofit noncommunity water system, shall assist that facility to achieve or enhance its legal, financial, technical, or managerial capability to facilitate the design, construction, acquisition, improvement, or consolidation of a community water system. The Board shall approve funds available for planning and design assistance in the annual Drinking Water Technical Assistance Intended Use Plan. The Board may determine that no assistance will be offered for the annual funding cycle.

- B. To be eligible to receive planning and design assistance under the Drinking Water Technical Assistance Program, the applicant shall demonstrate the applicant owns a drinking water facility, excluding a nonprofit noncommunity water system. An eligible applicant shall apply for planning and design assistance on or before a date specified by the Authority and on an application form specified by the Authority.
- C. An applicant shall commit to a matching contribution toward the total project cost as specified in the Request for Applications. The matching contribution may include cash contributions or in-kind contributions. The Board may waive or modify the applicant's match requirement according to criteria established in the Request for Applications.
- D. The Authority shall solicit, evaluate, and award planning and design assistance in accordance with A.R.S. § 41-2702.
- E. The Authority shall evaluate the applications received to determine which projects are eligible under the Safe Drinking Water Act, 42 U.S.C. 300f to 300j-26. Eligible applications shall specify a demonstrated need of the applicant for assistance in securing financial assistance for development and implementation of a drinking water capital improvement project.
- F. The Authority shall determine planning and design assistance awards based on the amount of funding available. If funding is limited, all eligible projects may not be funded. The Authority shall provide the planning and design assistance award recommendations to the Board for review and approval at a public meeting. The Board may adopt, modify, or reject the Authority's recommendations in whole or in part.
- G. Within 30 days after the adoption of the planning and design assistance awards at a public meeting, the Authority shall notify all applicants whether or not they received an award.
- H. An unsuccessful applicant may submit an appeal in writing according to A.R.S. § 41-2704.
- I. The Authority and the applicant shall enter into a planning and design assistance agreement that shall include at a minimum:
 1. A scope of work,
 2. The amount awarded,
 3. The amount of the local match required,
 4. A final project budget and timeline, and
 5. Reporting requirements.
- J. The Authority shall release proceeds subject to a disbursement request if the request is consistent with the planning and design assistance agreement and the disbursement schedule.
 1. The recipient shall request each disbursement on the forms provided by the Authority. Each disbursement request shall include a certification and signature document, a cost-incurred report, and a DBE report. The Authority shall not process a disbursement until the recipient provides a completed disbursement form.
 2. The recipient shall include copies of invoices or other documents that show proof of eligible costs incurred with each disbursement request.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Former Section R18-15-504 repealed; new Section R18-15-504 renumbered from R18-15-505 and amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section

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amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-505. Water Supply Development Planning and Design Assistance Grants

- A. Planning and design assistance grant funding to a water provider shall assist the water provider in the planning or design of a water supply development project. A single planning and design assistance grant award shall not exceed \$100,000. The Board may determine that no assistance will be offered for the annual funding cycle.
- B. To be eligible to receive a planning and design assistance grant under the Water Supply Development Technical Assistance Program, the grant applicant shall demonstrate the applicant is a water provider as defined in A.R.S. § 49-1201 and meet the requirements of A.R.S. § 49-1273(C). An eligible grant applicant shall apply for a planning and design assistance grant on or before a date specified by the Authority and on a grant application form specified by the Authority.
- C. A grant applicant shall commit to a matching contribution toward the total project cost as specified in the Request for Grant Applications. The matching contribution may include cash contributions or in-kind contributions. The Board may waive or modify the grant applicant's match requirement according to criteria established in the Request for Grant Applications.
- D. The Authority shall solicit, evaluate, and award planning and design assistance grants in accordance with A.R.S. § 41-2702.
- E. The Authority shall evaluate the grant applications received to determine which projects are eligible. Eligible applications shall specify a demonstrated need of the grant applicant for assistance in securing financial assistance for planning and design of a water supply capital improvement project.
- F. The Authority shall determine planning and design assistance grant awards based on the amount of funding available. If funding is limited, all eligible projects may not be funded. The Authority shall provide the planning and design assistance grant award recommendations to the Board for review and approval at a public meeting. The Board may adopt, modify, or reject the Authority's recommendations in whole or in part.
- G. Within 30 days after the adoption of the planning and design assistance grant awards at a public meeting, the Authority shall notify all grant applicants whether or not they received an award.
- H. An unsuccessful grant applicant may submit an appeal in writing according to A.R.S. § 41-2704.
- I. The Authority and the grant applicant shall enter into a planning and design assistance grant agreement that shall include at a minimum:
 1. A scope of work,
 2. The amount of the grant awarded,
 3. The amount of the local match required,
 4. A final project budget and timeline, and
 5. Reporting requirements.
- J. The Authority shall release grant proceeds subject to a disbursement request if the request is consistent with the planning and design assistance grant agreement and the disbursement schedule.
 1. The grant recipient shall request each disbursement on the forms provided by the Authority. Each disbursement request shall include a certification and signature document, and a cost-incurred report. The Authority shall not process a disbursement until the recipient provides a completed disbursement form.

2. The grant recipient shall include copies of invoices or other documents that show proof of eligible costs incurred with each disbursement request.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Former Section R18-15-505 renumbered to R18-15-504; new Section R18-15-505 made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-506. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Section repealed; new Section made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-507. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Section repealed; new Section made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-508. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-509. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-510. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-511. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

ARTICLE 6. HARDSHIP GRANT FUND PROGRAM**R18-15-601. Hardship Grant Fund Administration**

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- A. The Authority shall establish a separate account or accounts for the Hardship Grant Fund Program from any monies received according to A.R.S. § 49-1267(A). The Authority shall only use the monies from the Hardship Grant Fund Program for:
 1. Providing hardship grants to political subdivisions or Indian tribes to plan, design, acquire, construct or improve wastewater collection and treatment facilities; and
 2. Providing training and technical assistance related to operation and maintenance of wastewater treatment facilities.
- B. The Authority shall identify any funding available for financial assistance under the Hardship Grant Fund Program in the annual Clean Water Revolving Fund Intended Use Plan described in R18-15-202 and any funding available for technical assistance in the Clean Water Technical Assistance Intended Use Plan described in R18-15-502. If the Board determines no funding is available for the Hardship Grant Fund Program, the Authority shall not evaluate any applications for financial assistance or grant applications for technical assistance for funding from the Hardship Grant Fund Program.
- A. If funding is available in the Hardship Grant Fund Program, the Authority shall identify in the Request for Grant Applications prepared according to A.R.S. § 41-2702(B) the amount of funding for technical assistance available from the Hardship Grant Fund Program.
- B. The Authority shall make the determination of grant applicant's eligibility for the Hardship Grant Fund Program during the ranking of the project under R18-15-503. Of the grant applicants eligible to receive technical assistance from the Hardship Grant Fund Program, the Authority shall award the hardship grant monies based on the financial capability of a grant applicant.
- C. The Authority shall proceed according to R18-15-503 for any grant applicant requesting assistance for operation and maintenance for a wastewater treatment facility. In addition to proceeding under R18-15-503(F), the Authority shall identify any grant applicant that qualifies for Hardship Grant Fund Program technical assistance and shall make a recommendation to the Board regarding the amount of funding to provide the grant applicant from the Hardship Grant Fund Program.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

R18-15-602. Hardship Grant Fund Financial Assistance

- A. If funding is available in the Hardship Grant Fund Program, the Authority shall determine if any of the applicants requesting placement on the Clean Water Revolving Fund Project Priority List meet the requirements according to A.R.S. § 49-1268(A)(2). Criteria by which assistance will be awarded shall be based on criteria established in the capitalization grant providing the funding.
- B. The Authority shall make the determination of applicant's eligibility for the Hardship Grant Fund Program during the ranking of the project under R18-15-204. Of the applicants eligible to receive financial assistance from the Hardship Grant Fund Program, the Authority shall award the hardship grant monies based on an applicant's financial capability and ability to generate sufficient revenues to pay for debt service.
- C. The Authority shall proceed according to Article 2 of this Chapter for any applicant meeting the eligibility requirements for the Hardship Grant Fund Program. In addition to proceeding under R18-15-207, the Authority shall identify any applicant that qualifies for Hardship Grant Fund Program financial assistance and shall make a recommendation to the Board regarding the amount of funding to provide the applicant from the Hardship Grant Fund Program.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

R18-15-603. Hardship Grant Fund Technical Assistance**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3).

ARTICLE 7. INTEREST RATE SETTING AND FORGIVABLE PRINCIPAL**R18-15-701. Interest Rate Setting and Forgivable Principal**

- A. The Authority shall prescribe the rate of interest, including interest rates as low as 0% on Authority loans, bond purchase agreements, and linked deposit guarantees based on the applicant's local fiscal capacity under R18-15-204(A)(6) or R18-15-304(A)(6), or financial need under R18-15-404(A)(5), and an applicant's ability to generate sufficient revenues to pay debt service.
- B. The Authority may forgive principal on Clean Water and Drinking Water loans, bond purchase agreements, and linked deposit guarantees based on:
 1. The applicant's local fiscal capacity under R18-15-204(A)(6) and R18-15-304(A)(6),
 2. Whether the applicant cannot otherwise afford the project,
 3. Whether the project qualifies for the Green Project Reserve as defined by EPA, and
 4. Whether the project mitigates stormwater runoff.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2116, effective May 16, 2000 (Supp. 00-2). Amended by final rulemaking at 7 A.A.R. 5956, effective December 4, 2001 (Supp. 01-4). Amended by final rulemaking at 16 A.A.R. 1709, effective October 9, 2010 (Supp. 10-3). Section amended by final rulemaking at 24 A.A.R. 239, effective March 11, 2018 (Supp. 18-1).

ARTICLE 8. LONG-TERM WATER AUGMENTATION FUND PROCUREMENT**R18-15-801. Definitions**

The terms of this Article, unless otherwise specified, have the following meanings:

"Award" means a determination by the Authority that it is entering into a Contract with one or more Offerors.

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“Board” has the same meaning as prescribed in A.R.S. § 49-1201(2).

“Business” means any corporation, partnership, individual, sole proprietorship, joint stock company, joint venture or other private legal entity.

“Competitive Range” is a range of scores used by the Authority to determine whether an Offer will be considered for further evaluation after an initial susceptibility determination and the scoring of Offers received in the Solicitation process. The Authority may conduct multiple reviews and narrow or expand the Competitive Range throughout the procurement process. Those Offers that have no reasonable chance for Award when compared on a relative basis with more highly ranked Offers will not be in the Competitive Range. Offers to be considered within the Competitive Range must, at a minimum, demonstrate the following:

Affirmative compliance with mandatory requirements designated in the Solicitation.

An ability to deliver goods or services on terms advantageous to the Authority sufficient to be entitled to continue in the competition.

That the Offer as submitted is technically acceptable under the criteria set forth in the Solicitation.

“Construction” has the same meaning as prescribed in A.R.S. § 41-2503(4).

“Contract” means all types of agreements, regardless of what they may be called, for any Procurement related to a Water-Related Facilities project or Water Supply Development project.

“Contractor” means any Person who has a Contract with the Authority.

“Data” means documented information, regardless of form or characteristic.

“Day” means a calendar day and time is computed under A.R.S. § 1-243, unless otherwise specified in the Solicitation or Contract.

“Director” means the Director of the Water Infrastructure Finance Authority of Arizona.

“Interested Party” means an Offeror or prospective Offeror whose economic interest is affected substantially and directly by issuance of a Solicitation, an Award or loss of an Award. Whether an Offeror or prospective Offeror has an economic interest depends upon the circumstances of each case.

“May” means something is permissive.

“Negotiation” means an exchange or series of exchanges between the Authority and an Offeror or Contractor that allows the Authority or the Offeror or Contractor to revise an Offer or Contract.

“Offer” means a response to a Solicitation.

“Offeror” means a Person who responds to a Solicitation.

“Person” means any corporation, Business, individual, union, committee, club, other organization, or group of individuals.

“Procurement”

Means buying, purchasing, renting, leasing or otherwise acquiring any materials, property, services, or construc-

tion, in connection with a Water-Related Facilities project or a Water Supply Development project.

Includes all functions that pertain to obtaining any materials, services, or construction, including description of requirements, selection and Solicitation of sources, preparation and Award of Contract, and all phases of Contract administration.

Does not include providing financial assistance in the form of loans or grants.

“Procurement File” means the official records file of the Authority. The Procurement File shall include (electronic or paper) the following:

List of notified vendors;
Final Solicitation;
Solicitation amendments;
Bids and Offers;
Offer revisions;
Best and final Offers;
Negotiations;
Clarifications;
Final evaluation reports; and
Additional information, if requested by the Authority.

“Shall” means something is mandatory.

“Solicitation” means any Solicitation method authorized under A.R.S. § 49-1212, issued by the Authority to invite a Person to submit an Offer.

“Subcontractor” means a Person who contracts to perform work or render service to a Contractor or to another Subcontractor as a part of a Contract with the Authority.

“Trade Secret” means information, including a formula, pattern, device, compilation, program, method, technique, or process, that is the subject of reasonable efforts to maintain its secrecy and that derives independent economic value, actual or potential, as a result of not being generally known to and not being readily ascertainable by legal means.

“Water-Related Facilities” has the same meaning as prescribed in A.R.S. § 49-1201(21).

“Water Supply Development” has the same meaning as prescribed in A.R.S. § 49-1201(22).

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-802. Solicitations

- A. A Procurement for a Water-Related Facilities project or a Water Supply Development project shall commence by issuing a Solicitation. The Solicitation shall be developed in consultation with the Arizona Department of Administration.
- B. The Authority shall issue a Solicitation at least 14 days before the Offer due date and time, unless the Authority determines a shorter time is necessary for a particular Procurement. The Solicitation shall be posted at a designated site on a worldwide public network of interconnected computers and may also be distributed in any other manner deemed appropriate by the Authority. If a shorter time is necessary, the Authority shall document the specific reasons in the Procurement File.
- C. Offers shall be opened on the date and time designated in the Solicitation. The name of each Offeror shall be recorded in

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accordance with procedures adopted by the Authority. All other information contained in the Offers shall be confidential to avoid disclosure of contents prejudicial to competing Offerors during the process of Negotiation. The Authority has determined that the only way to ensure best value is through a competitive Procurement process in which Offers are kept confidential during the Procurement process as described herein. This confidential Negotiation process allows the Authority to get the best possible value in each of its separate Negotiations with Offerors. The Offers shall be open for public inspection after Contract Award. To the extent the Offeror designates, and the Authority concurs, Trade Secrets or other proprietary Data contained in the Offer documents shall remain confidential in accordance with procedures adopted by the Authority.

- D. The Solicitation shall state the relative importance of price and other evaluation factors. Specific numerical weighting is not required.
- E. The Authority may require the submission of security to guarantee faithful bid and Contract performance. The amount and type of security required for each Contract shall be in the sole discretion of the Authority. The requirement for security shall be included in the Solicitation.
- F. The Authority shall include the following in the Solicitation:
 - 1. Instructions to Offerors, including:
 - a. Instructions and information to Offerors concerning the Offer submission requirements, Offer due date and time, the location where Offers will be received, and the Offer acceptance period;
 - b. The deadline date for requesting a substitution or exception to the Solicitation;
 - c. The manner by which the Offeror is required to acknowledge amendments;
 - d. The minimum information required in the Offer;
 - e. The specific requirements for designating Trade Secrets and other proprietary information as confidential;
 - f. Any specific responsibility or susceptibility criteria;
 - g. Whether the Offeror is required to submit samples, descriptive literature, and technical Data with the Offer;
 - h. Evaluation factors and the relative order of importance;
 - i. A statement of where documents incorporated by reference are available for inspection and copying;
 - j. A statement that the Authority may cancel the Solicitation or reject an Offer in whole or in part;
 - k. Certification by the Offeror that submission of the Offer did not include collusion or other anticompetitive practices;
 - l. That the Offeror is required to declare whether the Offeror has been debarred, suspended, or otherwise lawfully prohibited from participating in any public Procurement activity, including, but not limited to, being disapproved as a Subcontractor of any public Procurement unit or other governmental body;
 - m. Any Offer security required;
 - n. The means required for submission of Offer. The Solicitation shall specifically indicate whether hand delivery, U.S. mail, electronic mail, facsimile, or other means are acceptable methods of submission;
 - o. Any cost or pricing Data required;
 - p. The type of Contract to be used;

- q. A statement that Negotiations may be conducted with Offerors reasonably susceptible of being selected for Award and that fall within the Competitive Range; and
- r. Any other Offer requirements specific to the Solicitation.
- 2. Specifications, including:
 - a. Any purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements;
 - b. If a brand name or equal specification is used, instructions that the use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics desired and is not intended to limit or restrict competition. The Solicitation shall state that products substantially equivalent to those brands designated shall qualify for consideration; and
 - c. Any other specification requirements specific to the Solicitation.
- 3. Terms and Conditions, including:
 - a. Whether the Contract is to include an extension option; and
 - b. Any other Contract terms and conditions.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-803. Solicitation Amendment

- A. The Authority may issue a Solicitation amendment to do any or all of the following:
 - 1. Make changes in the Solicitation;
 - 2. Correct defects or ambiguities;
 - 3. Provide additional information or instructions; or
 - 4. Extend the Offer due date and time if the Authority determines that an extension is in the best interest of the Authority.
- B. If a Solicitation is changed by a written Solicitation amendment, the amendment shall be distributed in the same manner as the Solicitation.
- C. It is the responsibility of the Offeror to obtain any Solicitation amendments. An Offeror shall acknowledge receipt of an amendment in a manner specified in the Solicitation amendment on or before the Offer due date and time.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-804. Cancellation of Solicitation Before Offer Due Date and Time

- A. A Solicitation may be cancelled, or any or all Offers may be rejected in whole or in part, as may be specified in the Solicitation if it is in the best interests of the Authority. The reasons for the cancellation or rejection shall be made part of the Procurement file.
- B. The Authority shall notify Offerors who submitted an Offer.
- C. The Authority shall not open Offers after cancellation. The Authority may discard the Offer after 30 days from notice of Solicitation cancellation unless the Offeror requests the Offer be returned.

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Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-805. Pre-offer Conferences

- A. The Authority may conduct one or more Pre-offer Conferences or site visits. Pre-offer Conferences must be open to the public. If a Pre-offer Conference is conducted, it shall be not less than seven days before the Offer due date and time, unless the Authority makes a written determination that the specific needs of the Procurement justify a shorter time. Statements made during a Pre-offer Conference are not amendments to the Solicitation.
- B. Notice of a Pre-offer Conference shall be posted at a designated site on a worldwide public network of interconnected computers, no less than seven days prior to the Pre-offer Conference, as part of the Solicitation materials.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-806. Modification or Withdrawal of Offer Before Offer Due Date and Time

- A. An Offeror may modify or withdraw their Offer at any time, in writing, before the Offer due date and time.
- B. The Authority shall place the document submitted in the Procurement File as a record of the modification or withdrawal.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-807. Confidential Information

- A. If a Person wants to assert that a Person's Offer, specification, or protest contains a Trade Secret or other proprietary information, a Person shall include with the submission a statement supporting this assertion. A Person shall clearly designate any Trade Secret and other proprietary information, using the term "confidential". Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.
- B. Until a final determination is made under subsection (C), the Authority shall not disclose information designated as confidential under subsection (A) except to those individuals deemed by the Authority to have a legitimate state interest.
- C. Upon receipt of a submission, the Authority shall make one of the following written determinations:
1. The designated information is confidential, and the Authority shall not disclose the information except to those individuals deemed by the Authority to have a legitimate state interest;
 2. The designated information is not confidential; or
 3. Additional information is required before a final confidentiality determination can be made.
- D. If the Authority determines that information submitted is not confidential, a Person who made the submission shall be notified in writing. The notice shall include a time period for requesting a review of the determination by the Authority.
- E. The Authority may release information designated as confidential under subsection (A) if:
1. A request for review is not received by the Authority within the time period specified in the notice; or

2. The Authority, after review, makes a written determination that the designated information is not confidential.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-808. Receipt, Opening, and Recording of Offers

- A. The Authority shall maintain a record of Offers received for each Solicitation and shall record the time and date when an Offer is received. The Authority shall store each unopened Offer in a secure place until the Offer due date and time.
- B. The Authority may open an Offer to identify the Offeror. If this occurs, the Authority shall record the reason for opening the Offer, the date and time the Offer was opened, and the Solicitation number. The Authority shall secure the Offer and retain it for opening.
- C. The Authority shall open Offers at or after the Offer due date and time. The Authority shall record the name of each Offeror and any other relevant information as determined by the Authority. The Authority shall make the record of Offers available for public viewing.
- D. Except for the information identified in subsection (C) and the information deemed confidential under R18-15-807, the Authority shall ensure that information contained in the Offer remains confidential until Contract Award and is shown only to those Persons assisting in the evaluation process.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-809. Late Offers, Modifications, and Withdrawals Before Offer Due Date and Time

- A. If an Offer, modification, or withdrawal is not received by the Offer due date and time, at the location designated in the Solicitation, the Authority shall determine the Offer, modification, or withdrawal as late. This Section does not apply to revision or withdrawal of Offers as described in R18-15-816.
- B. The Authority shall reject a late Offer, modification, or withdrawal unless:
1. The document is received before Contract Award at the location designated in the Solicitation; and
 2. The document would have been received by the Offer due date and time, but for the action or inaction of personnel directly serving the Authority.
- C. Upon receiving a late Offer, modification, or withdrawal, the Authority shall:
1. If the document is hand delivered, refuse to accept the delivery; or
 2. If the document is not hand delivered, record the time and date of receipt and promptly send written notice of late receipt to the Offeror. The Authority may discard the document within 30 days after the date on the notice unless the Offeror requests the document be returned.
- D. The Authority shall document a refusal under (C)(1) and place the document or a copy of the notice required in (C)(2) in the Procurement File.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-810. Only One Offer Received

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If only one Offer is received in response to a Solicitation, the Authority shall review the Offer and either:

1. Award the Contract to the Offeror and prepare a written determination that:
 - a. The price submitted is fair and reasonable; and
 - b. The Offeror is responsive; and
 - c. The Offeror is responsible; or
2. Reject the Offer and:
 - a. Resolicit for new Offers; or
 - b. Cancel the Procurement.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-811. Extension of Offer Acceptance Period

- A. To extend the Offer acceptance period, the Authority shall notify Offerors in writing of an extension and request written concurrence from all Offerors.
- B. To be eligible for a Contract Award, an Offeror shall submit written concurrence to the extension. The Authority shall not consider the Offer from an Offeror who fails to respond to the notice of extension.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-812. Cancellation of Solicitation After Offer Opening and Before Award

- A. Based on the best interest of the Authority, the Authority may cancel a Solicitation after Offer due date and time. The Authority shall prepare a written justification for cancellation and place it in the Procurement File.
- B. The Authority shall notify Offerors of the cancellation in writing.
- C. The Authority shall retain Offers received under the canceled Solicitation in the Procurement File. If the Authority intends to issue another Solicitation within six months after cancellation of the Procurement, the Authority may withhold the Offers from public inspection. After Award of a Contract under the subsequent Solicitation, the Authority shall make Offers submitted in response to the cancelled Solicitation open for public inspection except for information determined to be confidential.
- D. In the event of cancellation, the Authority shall promptly return any Offer security provided by an Offeror.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-813. Clarification of Offers

- A. The purpose for clarifications is to provide for a greater mutual understanding of the Offer. Clarifications are not Negotiations and material changes to the Solicitation or Offer shall not be made by clarification.
- B. The Authority may request clarifications from Offerors at any time after receipt of Offers. Clarifications may be requested orally or in writing. If clarifications are requested orally, the Offeror shall confirm the request in writing. A request for clarification shall not be considered a determination that the Offeror is susceptible for Award.

- C. The Authority may request an interview or demonstration with a reasonably susceptible Offeror for the purpose of clarifying an Offer.
- D. The Authority shall retain any clarifications in the Procurement File.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-814. Responsibility of Offerors

- A. The Authority shall determine, at any time during the evaluation period and before Award, whether an Offeror is responsible or nonresponsible. A finding of nonresponsibility shall not be construed as a violation of the rights of any Person.
- B. The unreasonable failure of an Offeror to promptly supply information in connection with an inquiry with respect to responsibility shall be grounds for a determination of nonresponsibility with respect to the Offeror.
- C. Information furnished by an Offeror pursuant to this Section shall not be disclosed outside of the Authority without prior written consent by the Offeror except to law enforcement agencies.
- D. The Authority may consider the following factors before determining that an Offeror is responsible or nonresponsible:
 1. The Offeror's financial, Business, personnel, or other resources, including Subcontractors;
 2. The Offeror's record of performance and integrity;
 3. Whether the Offeror has been debarred or suspended;
 4. Whether the Offeror is legally qualified to contract with the Authority;
 5. Whether the Offeror promptly supplied all requested information concerning its responsibility; and
 6. Whether the Offeror meets any responsibility criteria specified in the Solicitation.
- E. The Authority shall promptly notify the Offeror in writing of the final determination that the Offer is nonresponsible unless the Authority determines notification to the Offeror would compromise the Authority's ability to negotiate with other Offerors. The Authority shall file a copy of the determination in the Procurement File.
- F. For the Offeror awarded a Contract, the Authority's signature on the Contract constitutes a determination that the Offeror is responsible.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-815. Negotiations with Responsible Offerors and Revisions of Offers

- A. Negotiations may be conducted with responsible Offerors who submit Offers determined to be reasonably susceptible to being selected for Award for the purpose of clarification to ensure full understanding of the Solicitation requirements and to permit revision of Offers. The Authority shall ensure there is no disclosure of one Offeror's price, or any information derived from competing Offers to another Offeror. The Authority shall establish procedures and schedules for conducting Negotiations.
- B. Negotiations may be conducted orally or in writing. If oral Negotiations are conducted, the Authority shall confirm the Negotiations in writing and provide a copy to the Offeror.

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- C. If Negotiations are conducted, Negotiations shall be conducted with all Offerors determined to be in the Competitive Range or reasonably susceptible for Award. Offerors may revise Offers based on Negotiations provided that any revision is confirmed in writing.
 - D. The Authority may conduct Negotiations with responsible Offerors to improve Offers in such areas as cost, price, specifications, performance, or terms, to achieve best value for the Authority based on the requirements and the evaluation factors set forth in the Solicitation.
 - E. Responsible Offerors determined to be susceptible for Award and within the Competitive Range with which Negotiations have been held, may revise their Offer in writing during Negotiations.
 - F. An Offeror may withdraw an Offer at any time before the final Offer revision due date and time by submitting a written request to the Authority.
- 1. The date, time, and place for submission of the best and final Offer; and
 - 2. A statement that if Offerors do not submit a written best and final Offer, their immediate previous written Offer will be accepted as their best and final Offer.
- C. If an apparent mistake, relevant to the Award determination, is discovered after opening of best and final Offers, the Authority shall contact the Offeror for written confirmation. The Authority shall designate a timeframe within which the Offeror shall either:
 - 1. Confirm that no mistake was made and assert that the Offer stands as submitted; or
 - 2. Acknowledge that a mistake was made, and include the following in a written response:
 - a. Explanation of the mistake and any other relevant information;
 - b. A request for correction including the corrected Offer or a request for withdrawal; and
 - c. The reasons why correction or withdrawal are consistent with fair competition and in the best interest of the Authority.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-816. Determination of Not Susceptible for Award

- A. The Authority may determine at any time during the evaluation period and before Award that an Offer is not susceptible for Award or not within the Competitive Range. The Authority shall place a written determination, based on one or more of the following, in the Procurement File:
 - 1. The Offer fails to substantially meet one or more of the mandatory requirements of the Solicitation;
 - 2. The Offer fails to comply with any susceptibility criteria identified in the Solicitation; or
 - 3. The Offer is not susceptible for Award or is not within the Competitive Range in comparison to other Offers based on the criteria set forth in the Solicitation. When there is doubt as to whether an Offer is susceptible for Award or is in the Competitive Range, the Offer should be included for further consideration.
 - B. The Authority shall promptly notify the Offeror in writing of the final determination that the Offer is not susceptible for Award or not within the Competitive Range, unless the Authority determines notification to the Offeror would compromise the Authority's ability to negotiate with other Offerors.
- D. An Offeror who discovers a mistake in their best and final Offer may request withdrawal or correction in writing, and shall include the following in the written request:
 - 1. Explanation of the mistake and any other relevant information;
 - 2. A request for correction including the corrected Offer or a request for withdrawal; and
 - 3. The reasons why correction or withdrawal are consistent with fair competition and in the best interest of the Authority.
 - E. In response to a request made under subsections (C) or (D), the Authority shall make a written determination of whether correction or withdrawal will be allowed based on whether the action is consistent with fair competition and in the best interest of the Authority. If an Offeror does not provide written confirmation of the best and final Offer, the Authority shall make a written determination that the most recent written Offer submitted is the best and final Offer.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-818. Evaluation of Offers

The Authority shall evaluate best and final Offers based on the evaluation criteria contained in the Solicitation. The Authority shall not modify evaluation criteria or their relative order of importance after Offer due date and time.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-817. Offer Revisions and Best and Final Offers

- A. The Authority may request one or more written revisions to an Offer. The Authority shall include in the written request:
 - 1. The date, time, and place for submission of Offer revisions; and
 - 2. A statement that if Offerors do not submit a written notice of withdrawal or a written Offer revision, their immediate previous written Offer revision will be accepted as their final Offer.
- B. The Authority shall request best and final Offers from any Offeror with whom Negotiations have been conducted, unless the Offeror has been determined to be nonresponsive under R18-15-814, or not within the Competitive Range or not susceptible for Award under R18-15-816. The Authority shall include in the written request:

R18-15-819. Contract Award

- A. The Authority shall Award the Contract to the responsible Offeror whose Offer is determined to be most advantageous to the Authority based on the evaluation factors set forth in the Solicitation. The Authority shall make a written determination explaining the basis for the Award and place the determination, including any evaluation report or other supporting documentation, in the Procurement File. This subsection shall not apply to any Solicitation cancelled by the Authority prior to an Award.

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- B. The Authority shall notify all Offerors of an Award.
- C. After Contract Award, the Authority shall return any Offer security provided by the Offeror as part of the Offer submission.
- D. Within 30 days after Contract Award the Authority shall make the Procurement File, including all Offers, available for public inspection, redacting information that is confidential under R15-18-807. A copy of the non-redacted information, if pertinent to the functioning of the Contract, shall be retained for reference in the Contract file, but marked confidential and not made available for public review.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-820. Mistakes Discovered After Award

- A. If a mistake in the Offer is discovered after the Award, the Offeror may request correction or withdrawal in writing, and shall include all of the following in their written request:
 1. Explanation of the mistake and any other relevant information;
 2. A request for correction including the corrected Offer or a request for withdrawal; and
 3. The reasons why correction or withdrawal is consistent with fair competition and in the best interest of the Authority.
- B. Based on the considerations of fair competition and the best interest of the Authority, the Authority may:
 1. Allow correction of the mistake;
 2. Cancel all or part of the Award; or
 3. Deny correction or withdrawal.
- C. After cancellation of all or part of an Award, if the Offer acceptance period has not expired, the Authority may Award all or part of the Contract to the next responsible Offeror whose Offer is determined to be the next most advantageous to the Authority according to the evaluation factors contained in the Solicitation.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-821. Protest of Solicitations and Contract Awards

- A. Any Interested Party may protest a Solicitation, a determination of not susceptible for Award, the Award of a Contract.
- B. The Interested Party shall file the protest in writing with the Authority and shall include the following information:
 1. The name, address, and telephone number of the Interested Party;
 2. The signature of the Interested Party or the Interested Party's representative;
 3. Identification of the Solicitation or Contract number;
 4. A detailed statement of the legal and factual grounds of the protest including copies of relevant documents; and
 5. The form of relief requested.
- C. If the protest is based upon alleged improprieties in a Solicitation that are apparent before the Offer due date and time, the Interested Party shall file the protest before the Offer due date and time.
- D. In cases other than those covered in subsection (C), the Interested Party shall file the protest within 10 days after the Authority makes the Procurement File available for public inspection.

- E. The Interested Party may submit a written request to the Director for an extension of the time limit for protest filing set forth in subsection (D). The written request shall be submitted before the expiration of the time limit set forth in subsection (D) and shall set forth good cause as to the specific action or inaction of the Authority that resulted in the Interested Party being unable to submit the protest within the 10 days. The Director shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for submission of the filing.
- F. If the Interested Party shows good cause, the Director may consider a protest that is not timely filed.
- G. The Director shall, upon request, furnish copies of the protest to all Offerors subject to the provisions of R18-15-807.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-822. Stay of Procurements During the Protest

- A. If a protest is filed before the Solicitation due date, before the Award of a Contract, or before performance of a Contract has begun, the Authority shall make a written determination to either:
 1. Proceed with the Award or Contract performance, or
 2. Stay all or part of the Procurement if there is a reasonable probability the protest will be upheld or that a stay is in the best interest of the Authority.
- B. The Authority shall provide the Interested Party and all Offerors with a copy of the written determination.
- C. The Director may stay all or part of the Procurement if it is determined that there is a reasonable probability the protest will be upheld or that a stay is in the best interest of the Authority. Determination of the stay decision shall be issued no later than the time of issuance of the Authority's decision in accordance with R18-15-824.
- D. The Director may consider any protest that is not filed timely if:
 1. The Interested Party shows good cause; or
 2. The Director finds there is good cause.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-823. Protest Dismissal

- A. The Director shall dismiss, upon written determination, a protest in whole or in part before scheduling a hearing if:
 1. The protest does not state a valid basis for protest; or
 2. The protest is untimely as prescribed under R18-15-821.
- B. The Director shall notify the Interested Party, the Authority, and the Board in writing of a determination to dismiss a protest.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-824. Resolution of Solicitation and Contract Award Protests

- A. The Director has the authority to resolve a protest. The Director shall issue a written recommended decision within 21 days after a protest has been filed under R18-15-821. The recommended decision contain:

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1. The protest;
 2. The Offer submitted by the Interested Party;
 3. The Offer of the firm that is being considered for Award;
 4. The Solicitation, including the specifications or portions relevant to the appeal;
 5. The abstract of Offers or relevant portions;
 6. Any other documents that are relevant to the protest; and
 7. The basis for the decision.
- B.** The Director shall furnish the recommended decision to the Board, with a copy to the Interested Party, by any method that provides evidence of receipt.
- C.** Within 30 days after the date the Director issues the written recommended decision, the Board shall review the recommended decision and accept, reject, or modify it. If the Board rejects or modifies the recommended decision, the Authority shall issue the rejection or modification and a written justification setting forth the reasons for the rejection or modification to the Interested Party. The decision of the Board is a final administrative decision.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-825. Remedies by the Authority

- A.** If the Authority sustains a protest in whole or part and determines that a Solicitation, a determination of not susceptible for Award, or Contract Award does not comply with the Procurement statutes and regulations, the Authority shall implement an appropriate remedy.
- B.** In determining an appropriate remedy, the Authority shall consider all the circumstances surrounding the Procurement or proposed Procurement including:
1. The seriousness of the Procurement deficiency;
 2. The degree of prejudice to other interested parties or to the integrity of the Procurement system;
 3. The good faith of the parties;
 4. The extent of performance;
 5. The costs to the Authority;
 6. The urgency of the Procurement;
 7. The impact on the agency's mission; and
 8. Other relevant issues.
- C.** The Authority may implement any of the following appropriate remedies:
1. Decline to exercise an option to renew under the Contract;
 2. Terminate the Contract;
 3. Amend the Solicitation;
 4. Issue a new Solicitation;
 5. Award a Contract consistent with this Article; or
 6. Render such other relief as determined necessary to ensure compliance with this Article.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

R18-15-826. Provisions for Construction Contracts

- A.** Any Contract for Construction of a Water-Related Facility procured through the provisions of this Article, shall contain the following:
1. Requirement for performance and payment bonds or other security in a manner similar to those required under A.R.S. § 41-2574. The Authority may require perfor-

- mance and payment bonds or other security in amounts greater than those required under A.R.S. § 41-2574.
 2. Requirement for retention of payments by the Authority as insurance for the proper performance of the Contract in a manner similar to that required by A.R.S. § 41-2576. The Authority may require retention in amounts greater than those required by A.R.S. § 41-2576.
 3. Requirement for progress payments made by the Authority to the Contractor in a manner similar to that required under A.R.S. § 41-2577. The Authority may specify a progress payment schedule that differs from that required by A.R.S. § 41-2577.
 4. Provisions similar to those required under A.R.S. § 41-2580. The Authority may specify additional requirements.
- B.** Pursuant to A.R.S. § 41-2501(C), the Authority adopts A.R.S. § 41-2583 for any Contract for Construction of a Water-Related Facility procured through the provisions of this Article.
- C.** The Authority may require that any Construction of a Water-Related Facility be subject to oversight by State of Arizona personnel.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 806 (April 26, 2024), with an immediate effective date of April 3, 2024 (Supp. 24-2).

ARTICLE 9. LONG-TERM WATER AUGMENTATION FUND**R18-15-901. Long-Term Water Augmentation Fund Financial Assistance Eligibility Criteria**

To be eligible to receive financial assistance from the Long-Term Water Augmentation Fund, the applicant shall demonstrate the applicant is an eligible entity as defined by A.R.S. § 49-1301(1), and is requesting financial assistance for a purpose as defined in A.R.S. § 49-1303(A)(6) or (7).

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-902. Long-Term Water Augmentation Fund Request for Applications

- A.** The Authority shall commence a funding cycle for financial assistance from the Long-Term Water Augmentation Fund by issuing a Request for Applications.
- B.** Adequate public notice of the request for applications shall be given at least thirty days before the due date for the submittal of applications.
- C.** A Request for Applications shall include at least the following information:
1. A description of the Water Supply Development Projects eligible to apply;
 2. The total amount of available funds;
 3. Whether a single award or multiple awards may be made;
 4. Any additional information required by the applications;
 5. The criteria or factors under which applications will be evaluated for award and the relative importance of each criteria or factor; and
 6. The due date for submittal of applications and the anticipated time the awards may be made.
- D.** The Authority may hold a preapplication conference before the due date for submittal of applications to explain the application requirements. Preapplication Conferences shall be open to the public.

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- E. Applicants to the Long-Term Water Augmentation Fund shall submit applications in a form acceptable to the Authority.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-903. Long-Term Water Augmentation Fund Order and Priority

- A. The Authority shall determine the Order and Priority of applications by applying the evaluative criteria listed in:
1. A.R.S. § 49-1304(A); and
 2. The Request for Applications.
- B. For each funding cycle, the Authority shall evaluate and summarize each application received and develop an analysis that provides recommendations to the Long-Term Water Augmentation Committee. The analysis shall include, as applicable:
1. The scope, size, and budget of the proposed project, including as much cost detail as possible;
 2. A summary of the applicant's legal capability including authorization to enter into long-term indebtedness and to pledge the specified dedicated revenue source for repayment;
 3. A summary of the applicant's technical capability, including its ability to construct, operate and maintain the proposed project;
 4. A summary of the applicant's managerial capability, including the experience of elected officials and management team in managing similar organizations and similar projects;
 5. A summary of the applicant's financial capability, including:
 - a. The amount of money collected through the dedicated revenue source for repayment for each of the previous five financial operating years (fiscal or calendar);
 - b. An estimate of the amount of money that will be collected through the dedicated revenue source for repayment for the current financial operating year (fiscal or calendar); and
 - c. A projection of the amount of money that will be collected through the dedicated revenue source for repayment for each of the next five financial operating years (fiscal or calendar);
 6. A summary of any previous assistance provided by the Authority to the applicant;
 7. A summary of the applicant's ability to meet any applicable permitting and environmental requirements imposed by federal, state, or local agencies; and
 8. Any other information deemed necessary by the Authority.
- C. If any of the required information listed in subsection (B)(5) is not available, the Authority may assist the applicant in determining alternative documentation to support the applicant's financial capability.
- D. The Long-Term Water Augmentation Committee shall review all eligible applications received during a given funding cycle and provide recommendations to the Board regarding the order and priority of the applications. Specific numeric ranking is not required.
- E. The Long-Term Water Augmentation Committee may recommend the adjustment of the budgets of the applications received individually or collectively.

- F. The Long-Term Water Augmentation Committee may require an Applicant to provide additional information before making a recommendation to the Board.

- G. The Authority may remove an application from consideration under a given funding cycle under one or more of the following circumstances:

1. The project was financed from another source;
2. The proposed project is no longer an eligible project;
3. The applicant requests removal;
4. The applicant is no longer an eligible applicant; or
5. The applicant did not update, modify, correct or resubmit an Application Form in Response to a Request from the Authority.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-904. Long-Term Water Augmentation Fund Application for Financial Assistance

The Authority shall not present an application for consideration unless all of the following conditions are met:

1. The Application meets all requirements listed in the Request for Applications; and
2. The applicant has demonstrated legal capability, financial capability, technical capability, and managerial capability under R18-15-104.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-905. Long-Term Water Augmentation Fund Application Review For Financial Assistance

- A. After an opportunity for public comment, the Board shall consider the Long-Term Water Augmentation Committee's recommendations and make a determination regarding applications for financial assistance at a public meeting. The Board shall base this determination on the information provided in the application, analysis prepared by the Authority, recommendation of the Long-Term Water Augmentation Committee; and any other information provided at the public meeting. The Authority shall inform the applicant of the Board's determination, which may include recommended modifications to any of the following:
1. The scope of the proposed project;
 2. The applicant's legal structure and organization;
 3. The dedicated revenue source for repayment; or
 4. The structure of the financial assistance request.
- B. The opportunity for public comment required under subsection (A) does not need to be at the same meeting in which the Board makes its determination regarding the applicant's request for financial assistance.
- C. The Board may require an Applicant to provide additional information before making a determination regarding a request for financial assistance.
- D. The Board may award financial assistance to an application regardless of the recommended order and priority of applications, provided the Board documents the specific justifications for the action taken during a public meeting.
- E. If the Board determines at any time during a funding cycle that funds are limited or are not available to provide financial assistance, the Authority shall notify applicants with pending applications. The Board shall determine the amount of funding

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available, if any, to make available for the remaining applications received under a given funding cycle. The Board shall make a determination as described in subsection (C) on each application until the available funds are committed.

- F. Upon approval of an application, the Authority shall prepare an agreement for execution by the applicant and the Authority. The terms of the agreement shall be determined by the Authority.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-906. Long-Term Water Augmentation Fund Requirements

The duly authorized agent, principal or officer of the applicant shall certify the applicant has not violated any federal, state, or local law pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest, or other unlawful or corrupt practices relating to or in connection with facilities planning, design, or construction work on a project.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

ARTICLE 10. WATER CONSERVATION GRANT FUND**R18-15-1001. Water Conservation Grant Fund Eligibility Criteria**

- A. To be eligible to receive financial assistance from the Water Conservation Grant Fund, the applicant shall demonstrate the applicant is an eligible entity as defined by A.R.S. § 49-1301 or has partnered with an eligible entity as defined in A.R.S. § 49-1301 pursuant to A.R.S. § 49-1333(A), and is requesting a grant for a purpose as defined in A.R.S. § 49-1332(B).
- B. An applicant shall commit to a matching contribution toward the total program or project cost as specified in A.R.S. § 49-1333(B)(4). The matching contribution may include cash contributions or in-kind contributions. The matching contribution may not include any monies provided by the Authority.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-1002. Water Conservation Grant Fund Request for Grant Applications

- A. The Authority shall commence a funding cycle for financial assistance from the Water Conservation Grant Fund by issuing a Request for Grant Applications.
- B. Adequate public notice of the Request for Grant Applications shall be given at least thirty days before the due date for the submittal of applications.
- C. A Request for Grant Applications shall include at least the following information:
1. A description of the nature of the grant project, including the scope of the work to be performed by an awardee;
 2. An identification of the funding source and the total amount of available funds;
 3. Whether a single award or multiple awards may be made;
 4. Encouragement of collaboration by entities for community partnerships, if appropriate;
 5. Any additional information required by the applications;

6. The criteria or factors under which applications will be evaluated for award and the relative importance of each criteria or factor; and
7. The due date for submittal of applications.

- D. The Authority may hold a preapplication conference before the due date for submittal of applications to explain the grant application requirements. Preapplication Conferences shall be open to the public.
- E. Applicants to the Water Conservation Grant Fund shall submit applications in a form acceptable to the Authority.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-1003. Water Conservation Grant Fund Order and Priority

- A. The Authority shall determine the Order and Priority of applications by applying the evaluative criteria listed in:
1. A.R.S. § 49-1334; and
 2. The Request for Grant Applications.
- B. For each funding cycle, the Authority shall evaluate and summarize each Grant application received and develop an analysis that provides recommendations to the Water Conservation Grant Committee. The analysis shall include, as applicable:
1. The scope, size, and budget of the proposed Program or project, including as much cost detail as possible;
 2. The estimated water savings of the Proposed Program or Project;
 3. A summary of any previous assistance provided by the Authority to the applicant; and
 4. Any other information deemed necessary by the Authority.
- C. In evaluating applications to the Water Conservation Grant Fund, the Authority shall apply following definitions:
1. "Program" means activities that occur in multiple phases over an established timeframe, and that may result in multiple deliverables.
 2. "Project" means activities that are confined to a particular time and place, and that result in a single deliverable.
- D. The Water Conservation Grant Committee shall review all eligible Grant applications received during a given funding cycle and provide recommendations to the Board regarding the order and priority of the Grant applications. Specific numeric ranking is not required.
- E. The Water Conservation Grant Committee shall provide an opportunity for public comment on the applications during a public meeting.
- F. The Water Conservation Grant Committee may recommend the adjustment of the budgets of the applications received individually or collectively.
- G. The Water Conservation Grant Committee may require an Applicant to provide additional information before making a recommendation to the Board.
- H. The Authority may remove an application from consideration under a given funding cycle under one or more of the following circumstances:
1. The project was financed from another source;
 2. The proposed project is no longer an eligible project;
 3. The applicant requests removal;
 4. The applicant is no longer an eligible applicant; or
 5. The applicant did not update, modify, correct, or resubmit an Application Form in Response to a Request from the Authority.

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Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-1004. Water Conservation Grant Fund Application for Financial Assistance

The Authority shall not present an application for consideration unless all the following conditions are met:

1. The application meets all requirements listed in the Request for Grant Applications; and
2. The applicant has demonstrated to the satisfaction of the Authority, an ability to timely perform the program or project.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-1005. Water Conservation Grant Fund Awards

- A. After an opportunity for public comment, the Board shall consider the Water Conservation Grant Committee's recommendations and shall determine grant awards during a public meeting.
- B. The Board may make modifications to recommendations from the Water Conservation Grant Committee including:
 1. Adjustment of an application's budget by an amount or percentage;
 2. Adjustment of the order and priority of an individual application or a collective group of applications; or
 3. Any other modifications deemed necessary by the Board.

- C. If the Board does not affirm the recommendations of the Water Conservation Grant Fund, the Board shall document the specific justifications for the action taken during a public meeting.
- D. The opportunity for public comment required under subsection (A) does not need to be at the same meeting in which the Board makes its determination regarding grant awards.
- E. The Board may require an Applicant to provide additional information before making a determination regarding a grant award.
- F. After Board approval of a grant application, the Authority shall enter into a grant agreement with the grant recipient. The terms of the grant agreement shall be determined by the Authority.

Historical Note

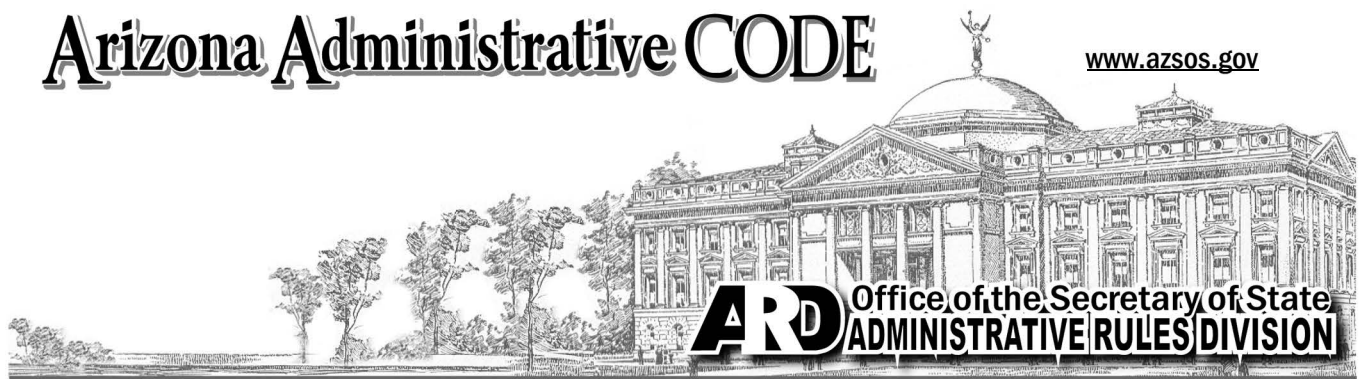
New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).

R18-15-1006. Water Conservation Grant Fund Requirements

The duly authorized agent, principal or officer of the applicant shall certify the applicant has not violated any federal, state, or local law pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest, or other unlawful or corrupt practices relating to or in connection with the submission of a grant application to the Water Conservation Grant Fund.

Historical Note

New Section made by final expedited rulemaking at 30 A.A.R. 1982 (May 31, 2024), with an immediate effective date of May 7, 2024 (Supp. 24-2).



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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

The table of contents on page one contains links to the referenced page numbers in this Chapter.
Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
April 1, 2024 through June 30, 2024

Selected Sections in Article 6, Occupational Safety and Health Standards were amended and are too numerous to list on this page. Refer to the Historical Notes for more information (Supp. 24-2).

[Article 6.](#) [Occupational Safety and Health Standards 43](#)

Article 8, consisting of Section R20-5-801 and Sections R20-5-803 through R20-5-829 were amended; Section R20-5-802 expired. Refer to the historical notes for more information (Supp. 24-2).

[Article 8.](#) [Occupational Safety and Health Rules of Procedure 65](#)

Article 9, consisting of new Sections R20-5-901 through R20-5-908, was made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

[Article 9.](#) [Youth Employment 70](#)

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule was repealed in its entirety. A new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule was made by exempt rulemaking. Refer to the historical notes for more information (Supp. 24-2).

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Questions about these rules? Contact:

Article 6 and 8

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Article 9

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Appendix A

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The release of this Chapter in Supp. 24-2 replaces Supp. 23-3, 1-498 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Authority: A.R.S. §§ 23-107(A)(1) and 23-405(4)

Supp. 23-3

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ARTICLE 2. REPEALED

Article 2, consisting of Sections R20-5-201 through R20-5-224, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

Article 2, consisting of Sections R4-13-201 through R4-13-222, adopted effective July 6, 1993 (Supp. 93-3).

Article 2, consisting of Sections R4-13-201 through R4-13-224, repealed effective July 6, 1993 (Supp. 93-3).

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ARTICLE 3. EXPIRED

Article 3, consisting of Sections R20-5-301 through R20-5-329, expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

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ARTICLE 7. REPEALED

Article 7, consisting of Sections R20-5-701 through R20-5-739, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

Article 7, consisting of new Sections R20-5-701 through R20-5-739, adopted effective September 9, 1998 (Supp. 98-3).

R20-5-701 through R20-5-708 recodified from R4-13-701 through R4-13-708 (Supp. 95-1).

Article 7, consisting of Sections R4-13-701 through R4-13-708, transferred to the Department of Agriculture, Title 3, Chapter 8, Article 7, Sections R3-8-201 through R3-8-208, pursuant to Laws 1990, Ch. 374, Sec. 445 (Supp. 91-3).

New Article 7 adopted effective July 13, 1989. (Supp. 89-3)

Laws 1981, Ch. 149, effective January 1, 1982, provided for the transfer of the Office of Fire Marshal from the Industrial Commission to the Department of Emergency and Military Affairs, Division of Emergency Services (Supp. 82-2).

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Article 9, consisting of new Sections R20-5-901 through R20-5-908, made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

Article 9, consisting of Sections R20-5-901 through R20-5-914, expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

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Former Article 9 consisting of Sections R4-13-901 through R4-13-906 repealed effective May 27, 1977. R20-5-901 through R20-5-914 recodified from R4-13-901 through R4-13-914 (Supp. 95-1).

Article 9 consisting of Sections R4-13-901 through R4-13-914 adopted effective May 27, 1977.

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Article 11, consisting of Sections R20-5-1101 through R20-5-1136, made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

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Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3).

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Appendix A, Arizona Physicians' and Pharmaceutical Fee

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Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 30 A.A.R. 1093 (May 24, 2024), effective May 1, 2024 (Supp. 24-2).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A will remain in effect though Septem-

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ARTICLE 1. WORKERS' COMPENSATION PRACTICE AND PROCEDURE

final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-101. Application of the Article; Notice of Rules; Part of Record

- A. This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
 2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date; and
 3. Requests for hearing under A.R.S. §§ 23-907(H), (I), and (J).
- B. This Article is part of the record in each action or proceeding without reference to the Article.
- C. The Commission deems all parties to have knowledge of this Article.
- D. The Commission shall provide a copy of this Article upon request to any person free of charge.

Historical Note

Former Rule 1. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-101 recodified from R4-13-101 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 4530, effective, December 2, 2008 (Supp. 08-4).

R20-5-102. Definitions

In this Article, unless the context otherwise requires:

“Act” means the Arizona Workers’ Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 11.

“Authorized representative” means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual’s authority to act on behalf of the party.

“Carrier” or “insurance carrier” means the state compensation fund and every insurance carrier authorized by the Arizona Department of Insurance to underwrite workers’ compensation insurance in Arizona.

“Claimant” means an employee who files a claim for workers’ compensation.

“Filing” means actual receipt of a report, document, instrument, videotape, audiotape, or other written matter at a Commission office during office hours as set forth in R20-5-103.

“Physician” means a licensed physician or other licensed practitioner of the healing arts.

“Self-insured employer” means an employer or workers’ compensation pool granted authority by the Commission to self-insure for workers’ compensation.

“Uninsured employer” or “noncomplying employer” means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

“Working days” means all days except Saturdays, Sundays, and state legal holidays.

Historical Note

Former Rule 2. R20-5-102 recodified from R4-13-102 (Supp. 95-1). Section repealed; new Section made by

R20-5-103. Location of Industrial Commission Offices and Office Hours

The main office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open for business from 8:00 a.m. until 5:00 p.m. every day except Saturdays, Sundays, and state legal holidays.

Historical Note

Former Rule 3. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-103 recodified from R4-13-103 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-104. Address of Claimant and Uninsured Employer

- A. A claimant shall advise the Commission and carrier or self-insured employer of the claimant’s current mailing address and place of residence. If a claimant files a workers’ compensation claim against an uninsured employer, the claimant shall advise the special fund division of the claimant’s current mailing address and place of residence.
- B. An uninsured employer against whom a claimant files a workers’ compensation claim shall advise the special fund division of the uninsured employer’s current mailing address and place or places of residence.
- C. Providing the address of a claimant’s or uninsured employer’s attorney or authorized representative is not sufficient to meet the requirements of this Section.

Historical Note

Former Rule 4. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-104 recodified from R4-13-104 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-105. Filing Requirements; Time for Filing; Computation of Time; Response to Motion

- A. A report, document, instrument, videotape, audiotape, or other written matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed at a Commission office within the time required by law and this Article.
- B. For purposes of computing time under this Article, the following applies:
1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
 2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or state legal holiday.
 3. If this Article or other law requires that a report, document, instrument, videotape, audiotape, or other written matter be filed within a designated period of time before hearing, the Commission shall not include the day of the act or event from which the designated period of time begins to run. The Commission shall include the last day of the designated period unless that day is a Saturday, Sunday, or state legal holiday, in which event the period runs to the end of the next day that is not a Saturday, Sunday, or state legal holiday.
 4. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays,

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Sundays, or state legal holidays in the computation of time.

- C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other written matter filed at the Tucson office as filed at the main office for purposes of computing time.
- D. A person upon whom a motion to join is filed under this Article may file a response to the motion within 10 days after the motion is filed.
- E. The Commission shall not consider a discovery motion unless the moving party attaches a separate statement to the discovery motion certifying that after good faith efforts to do so, the moving party has been unable to satisfactorily resolve the matter giving rise to the discovery motion with the opposing party.

Historical Note

Former Rule 5. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-105 recodified from R4-13-105 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-106. Commission Forms**A.** The following forms shall be used when applicable:

1. Employer's report of industrial injury (form 101) shall contain:
 - a. Employee, employer, and carrier identification;
 - b. Description of employment;
 - c. Description of accident and injury;
 - d. Description of medical treatment received by employee;
 - e. Employee's wage data;
 - f. Date, signature, and title of employer or the employer's representative; and
 - g. Statement doubting the validity of the claim, if the employer doubts the validity of the claim.
2. The physician's portion of the worker's and physician's report of injury (form 102) shall contain:
 - a. Name and address of physician;
 - b. Information regarding preexisting conditions;
 - c. Information regarding the industrial injury, treatment, and prognosis;
 - d. Statement authorizing the attachment of a medical report that contains the information required in form 102; and
 - e. Physician's signature and date.
3. Notice of supportive medical benefits (form 103) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Description of authorized medical benefits;
 - c. Date the notice is mailed;
 - d. Name and telephone number of the individual issuing the notice; and
 - e. Statement regarding reopening and appeal rights including filing requirements.
4. Notice of claim status (form 104) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Status of the claim;
 - c. Date the notice is mailed;
 - d. Name and telephone number of the individual issuing the notice; and
 - e. Statement of a party's hearing and appeal rights including filing requirements.
5. Notice of suspension of benefits (form 105) shall contain:

- a. Employee, employer, insurance carrier, and claim identification;
 - b. Effective date of the suspension;
 - c. Reasons for the suspension;
 - d. Date the notice is mailed;
 - e. Name and telephone number of the individual issuing the notice; and
 - f. Statement of a party's hearing and appeal rights including filing requirements.
6. Notice of permanent disability or death benefits (form 106) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Applicable statutory authority under which compensation is paid;
 - c. Disability and compensation information;
 - d. Date the notice is mailed;
 - e. Name and telephone number of the individual issuing the notice; and
 - f. Statement regarding hearing and appeal rights including filing requirements.
 7. Notice of permanent disability and request for determination of benefits (form 107) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Type of disability;
 - c. Applicable statutory authority for designated disability;
 - d. Designation of dependents where death is involved;
 - e. Designation of advanced payments and amount of the advance;
 - f. Date the notice is mailed; and
 - g. Name and telephone number of the individual issuing the notice.
 8. Carrier's recommended average monthly wage calculation (form 108) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Employment and wage history;
 - c. Designation of dependents; and
 - d. Carrier's calculations for the recommended average monthly wage and the basis for the calculation.
 9. Notice of permanent compensation payment plan (form 111) shall contain:
 - a. Employee, employer, and carrier identification;
 - b. Amount of permanent compensation and description of payment plan;
 - c. Name of the responsible entity contracted by the carrier to administer the payment plan;
 - d. Statement that the carrier remains the responsible party for payment;
 - e. Statement regarding supportive care and reopening rights;
 - f. Date the notice is mailed; and
 - g. Name and telephone number of the individual issuing the notice.
 10. Report of insurance coverage (form 0006) shall contain:
 - a. Name and address of the carrier;
 - b. Legal name of entity that the carrier insures;
 - c. All other insured names or subsidiary entities under which the carrier's insured does business in Arizona;
 - d. Address of all insured entities with insurance policy information for each address; and
 - e. Employer Identification Number (EIN), Taxpayer Identification Number (TIN), or Federal Identifica-

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- tion Number (FIN) assigned to each insured person or entity.
11. Report of significant work exposure to bodily fluids or other infectious material shall contain:
 - a. The requirements set forth in A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B);
 - b. Employee identification,
 - c. Employer identification,
 - d. Source of exposure person identification (if known),
 - e. Details of the exposure including:
 - i. Date of exposure,
 - ii. Time of exposure,
 - iii. Place of exposure,
 - iv. How exposure occurred,
 - v. Type of bodily fluid or fluids,
 - vi. Source of bodily fluid or fluids,
 - vii. Part or parts of body exposed to bodily fluid or fluids,
 - viii. Presence of break or rupture in skin or mucous membrane, and
 - ix. Witnesses (if known), and
 - f. Dated signature of employee or the employee's authorized representative.
 12. The medical treatment preauthorization form (MRO-1.1) shall contain five sections, as follows:
 - a. Section I (Provider Request for Preauthorization) shall contain:
 - i. Injured employee identification, including name, date of injury, date of birth, and payer claim number (if known);
 - ii. Provider identification, including name, phone number, provider medical specialty, preferred method of contact, and contact information;
 - iii. Payer identification, including name and contact information (i.e., mailing address, fax number, or e-mail address);
 - iv. Information regarding requested medical treatment and/or services, including:
 - (1) Applicable diagnosis and/or ICD codes;
 - (2) A detailed statement of the treatment or services requested;
 - (3) Applicable Current Procedural Terminology (CPT) codes and/or National Drug Codes (NDC);
 - (4) Type of request (i.e., routine or urgent); and
 - (5) An indication as to whether the provider has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services; and
 - v. Dated signature or electronic signature of provider or provider's authorized representative.
 - b. Section II (Payer Decision on Request for Preauthorization) shall contain:
 - i. Payer's preferred method of contact and contact information;
 - ii. Date request for preauthorization is received;
 - iii. The Commission claim number;
 - iv. The payer's decision (i.e., approved, partial denial, denied, request for preauthorization incomplete, or IME requested);
 - v. An indication as to whether the payer has attached a statement of what treatment and/or services have been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
 - vi. Dated signature or electronic signature of payer or payer's authorized representative.
 - c. Section III (Provider or Employee Request for Reconsideration of Payer Decision) shall contain:
 - i. An indication as to whether the provider or injured employee has attached a statement of the specific reasons and justifications to support the request for reconsideration;
 - ii. An indication as to whether the provider or injured employee has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services, if not previously provided; and
 - iii. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
 - d. Section IV (Payer Decision on Request for Reconsideration) shall contain:
 - i. Date request for reconsideration received;
 - ii. The payer's decision (e.g., approved, partial denial, denied, or IME requested);
 - iii. An indication as to whether the payer has attached a statement of what has been authorized, including if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
 - iv. Dated signature or electronic signature of payer or payer's authorized representative.
 - e. Section V (Provider or Employee Request for Administrative Peer Review) shall contain:
 - i. An indication of the basis for the request for administrative peer review (e.g., payer non-response, denial (in whole or in part) of requested treatment or services, the payer's decision on the request for preauthorization denied treatment or services that are subject to R20-5-1304(B));
 - ii. An indication as to whether the provider or injured employee has attached copies of relevant medical records and, if applicable, documentation related to the payer's non-response;
 - iii. An indication as to whether the provider or injured employee has attached all documentation and statements previously attached to Sections I-IV; and
 - iv. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
- B.** The following forms may be used:
1. The workers' portion of the worker's and physician's report of injury (form 102) requests:
 - a. Employee, employer, insurance carrier, and physician identification;
 - b. Description of the accident, including date of injury; and

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- c. Date and signature of the employee or the employee's authorized representative.
2. Worker's report of injury (form 407) requests:
 - a. Employee and employer identification,
 - b. Job title,
 - c. Employment description,
 - d. Employee's wage data,
 - e. Date of injury,
 - f. Accident and injury descriptions,
 - g. Medical treatment information,
 - h. Information concerning prior injuries of the employee,
 - i. Disability income, and
 - j. Date and signature of the employee or the employee's authorized representative.
3. Worker's annual report of income (form 110-A) requests:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Employment and wage history for the preceding 12 months;
 - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information; and
 - d. Statement that failure to submit an annual report of income may result in a suspension of benefits by the carrier or self-insured employer.
4. Notice of intent to suspend (form 110-B) requests:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Employment and wage history for the preceding 12 months;
 - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information;
 - d. Statement that failure to submit an annual report within 30 days of the date of the notice shall result in a suspension of benefits by the carrier or self-insured employer.
5. Request for hearing requests:
 - a. Names of the employee, employer, and insurance carrier;
 - b. Claim identification;
 - c. Identification of the award, notice, order, or determination protested and reason(s) for the protest;
 - d. Estimated length of time for hearing and city or town in which hearing is requested;
 - e. Name and address of any witness for whom a subpoena is requested; and
 - f. Date and signature of party or the party's authorized representative.
6. Petition to reopen requests:
 - a. Names of the employee, employer, and insurance carrier;
 - b. Claim identification;
 - c. Identification or description of the new, additional, or previously undiscovered temporary or permanent disability or medical condition justifying the reopening of the claim; and
 - d. Employee's medical and employment history.
7. Petition for rearrangement or readjustment of compensation requests:
 - a. Names of the employee, employer, and insurance carrier;
- b. Claim identification;
- c. Income and employment history;
- d. Medical history; and
- e. Statement of the basis for the increase or decrease in earning capacity.
8. Claim for dependent's benefits-fatality form requests:
 - a. Identification of dependent filing claim;
 - b. Identification of deceased;
 - c. Date of death;
 - d. Date of injury, if different than date of death;
 - e. Name and address of employer at time of deceased's death;
 - f. Statement of cause of death;
 - g. Names and addresses of health care providers rendering treatment to deceased in two years before death;
 - h. Conditions treated by health care providers in the two years before deceased's death;
 - i. If claim is for spousal benefits, the form requests:
 - i. Name, address, and date of birth of spouse;
 - ii. Copy of marriage certificate;
 - iii. Date and place of marriage to deceased;
 - iv. History of prior marriages of deceased and deceased's spouse, including copies of divorce decrees; and
 - v. Statement of living arrangements at time of deceased's death, including reason for living apart at time of death, if applicable;
 - j. If claim is for a dependent child, the form requests:
 - i. Name, date of birth, and address of child at time of deceased's death;
 - ii. List of children in care and custody of current spouse; and
 - iii. Statement of whether unborn child is expected and date expected;
 - k. If claim is for dependent other than a child, the form requests:
 - i. Name and address of other dependent,
 - ii. Relationship of other dependent to deceased, and
 - iii. Statement of the nature and extent of dependency; and
 - l. Date, telephone number, and signature of dependent or authorized representative of dependent.
9. Request to leave the state form requests:
 - a. Employee, insurance carrier, and claim identification;
 - b. Reason for requesting to leave Arizona;
 - c. Dates leaving and returning to Arizona;
 - d. Out-of-state address;
 - e. Name and telephone number of attending physician; and
 - f. Date and signature of the employee or the employee's authorized representative.
10. Request to change doctors form requests:
 - a. Employee, insurance carrier, and claim identification;
 - b. Reason for requesting change of doctor;
 - c. Name and phone number of claimant's current doctor;
 - d. Name and phone number of doctor claimant requests to change to; and
 - e. Date and signature of the employee or the employee's authorized representative.

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11. Complaint of bad faith and unfair claim processing practices requests:
 - a. Employee, employer, and insurance carrier identification;
 - b. Description of the alleged bad faith or unfair claim processing practices;
 - c. Date of the complaint; and
 - d. Name, address, and telephone number of the person signing the complaint.
12. Certification of employer's drug and alcohol testing policy requests:
 - a. Employer's certification as described under A.R.S. § 23-1021(F),
 - b. Name and federal identification number of the employer, and
 - c. Name of all subsidiaries and locations of the employer.
- C. Optional use of a form described in subsection (B) does not affect any requirement under the Act or this Article.
- D. Forms or format for the forms described in this Section are available from the Commission.
- E. Forms prescribed under this Section shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.

Historical Note

Former Rule 6. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-106 recodified from R4-13-106 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-107. Manner of Completion of Forms and Documents

- A. An individual completing a form or document shall fill out the form or document legibly in ink or by typewriter.
- B. A party or a party's authorized representative shall sign any form or document that is required by the Act, this Article, or other law to be signed.
- C. Unless otherwise provided in this Article, if a party is required to sign a form or document, the Commission shall not accept a typewritten name or stamped signature.
- D. If, within the time period prescribed by law, a party files an incomplete form or document, or files an instrument other than a form or document when a form or document is required, the Commission shall serve notice to the party that the form or document fails to comply with this Section. The Commission deems the report or document timely filed if the party files a properly completed and signed form or document within 14 days after the Commission serves the notice described in this subsection.

Historical Note

Former Rule 7. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-107 recodified from R4-13-107 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-108. Confidentiality of a Commission Claims File; Reproduction and Inspection of a Commission Claims File

- A. Except as provided in this Section, a claims file maintained by the Commission is private and confidential and the Commission shall not make the claims file available for inspection and

copying. For purposes of this Section, "claims file" means the official record maintained by the Commission for a claimant's industrial injury including the worker's report of injury, employer's report of injury, worker and physician's report of injury, and all other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.

- B. Except as provided in subsections (D) and (E), the Commission shall make a Commission claims file relating to a current or prior claim of a claimant available for inspection and copying by any party to any proceeding currently or previously before the Commission involving the same claimant.
- C. Except as provided in subsections (D) and (E), the Commission shall not make a Commission claims file available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.
- D. The Commission shall make a transcript contained in a Commission claims file available for inspection and copying if:
 1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
 2. The transcript concerns a hearing related to a claim that is not in litigation.
- E. The Commission shall make a transcript contained in a Commission claims file available only for inspection if:
 1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
 2. The transcript concerns a hearing related to a claim currently in litigation.
- F. The Commission shall provide copies at a charge of \$.25 per page.
- G. A Commission claims file shall not be removed from a Commission office unless in the custody of an authorized representative of the Commission.

Historical Note

Former Rule 8. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-108 recodified from R4-13-108 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-109. Admission into Evidence of Documents Contained in a Commission Claims File

- A. If a party or an administrative law judge considers a document contained in a Commission claims file, including a transcript of a prior proceeding, necessary or appropriate for hearing purposes, the administrative law judge shall receive a copy of the document into evidence if the document is otherwise admissible.
- B. With the permission of the administrative law judge, instead of submitting a copy of the document into evidence, a party may refer to the document's location on the Commission's optical disk imaging system by providing an accurate description of the document that includes the claimant's claim number and image document identification number the Commission assigns to the document.

Historical Note

Former Rule 9. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-109 recodified from R4-13-109 (Supp. 95-1). Amended by final

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rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-110. Employer Duty to Report Fatality

If an employee dies as a result of an injury by accident arising out of and in the course of employment, the employer shall report the death to the Commission's claims division by telephone, telegram, or electronic filing, no later than the next business day following the death. The report shall state the name of the employee, when, how, and where the accident occurred, and the nature of the condition causing the accident. This Section does not limit or affect an employer's duty to report a death to the Arizona Occupational Safety and Health Division of the Commission as required under R20-5-637.

Historical Note

Former Rule 10. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-110 recodified from R4-13-110 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-111. Request for Autopsy

If a claim is filed for compensation for death from an industrial injury and an autopsy is requested, the expense of the autopsy shall be borne by the requesting party.

Historical Note

Former Rule 11. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-111 recodified from R4-13-111 (Supp. 95-1).

R20-5-112. Physician's Initial Report of Injury

- A. A physician shall complete and file with the Commission a physician's initial report of injury under A.R.S. § 23-908(A) within eight days after first providing treatment to an injured worker. The physician shall report the injury:
 1. Using Commission form 102 (worker's and physician's report of injury), or
 2. Attaching to form 102 a medical report that contains the information required in form 102.
- B. The physician shall sign and date form 102 or the medical report attached to form 102. The signature of the physician may be typewritten or stamped on this form.
- C. If a claimant uses form 102 to initiate a claim, either the injured worker or the injured worker's authorized representative shall sign the worker's portion of form 102.

Historical Note

Former Rule 12. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-112 recodified from R4-13-112 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-113. Physician's Duty to Provide Signed Reports; Rating of Impairment of Function; Restriction Against Interruption or Suspension of Benefits; Change of Physician

- A. If a claimant's disability extends beyond seven days, every physician who attends, treats, or examines the claimant shall provide to the insurance carrier, self-insured employer, or special fund division, at least once every 30 days while the claimant's disability continues, a personally signed report describing the:
 1. Claimant's condition,
 2. Nature of treatment,
 3. Expected duration of disability, and

4. Claimant's prognosis.

- B. When a physician discharges a claimant from treatment, the physician:
 1. Shall determine whether the claimant has sustained any impairment of function resulting from the industrial injury. The physician should rate the percentage of impairment using the standards for the evaluation of permanent impairment as published by the most recent edition of the American Medical Association in Guides to the Evaluation of Permanent Impairment, if applicable; and
 2. Shall provide a final signed report to the insurance carrier, self-insured employer, or special fund division that details the rating of impairment and the clinical findings that support the rating.
- C. A carrier, self-insured employer, and special fund division shall not interrupt or suspend a claimant's temporary disability compensation benefits because a physician fails to comply with any requirement of subsection (A).
- D. A carrier, self-insured employer, and special fund division may withhold payment to a physician for services rendered to a claimant until the physician complies with subsection (A).
- E. Upon application of a party, the Commission shall authorize a change of physician if:
 1. The Commission determines that the health, life, or recovery of a claimant is retarded, endangered, or impaired;
 2. The attending physician agrees to the change or is unavailable to continue treatment;
 3. The Commission determines that the relationship between the attending physician and claimant renders further progress or improvement unlikely;
 4. The Commission determines that the claimant's recovery may be expedited by a change of physician or conditions of treatment; or
 5. The insurance carrier agrees to the change.
- F. Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(E) is not required to obtain written authorization to change to another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(E), then that physician is an attending physician and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.

Historical Note

Former Rule 13. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-113 recodified from R4-13-113 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-114. Examination at Request of Commission, Carrier or Employer; Motion for Relief

- A. If the Commission or a party requests an examination of a claimant by a physician, the party requesting the examination shall serve the claimant, or if represented, the claimant's attorney, with notice of the time, date, place, and physician conducting the examination at least 15 days before the scheduled date of the examination.
- B. If a claimant unreasonably fails to attend or promptly advise of the claimant's inability to attend an examination under this Section, the party requesting the examination may charge the claimant or deduct from the claimant's entitlement to present

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or future temporary or permanent disability compensation, any reasonable expense of the missed appointment.

- C. A party adverse to a party who schedules a medical examination may offer into evidence the report of any medical examination as provided in R20-5-155 or within five days after the adverse party receives the report, subject to the right of cross-examination by the party who scheduled the examination.
- D. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division shall immediately, upon receipt of the report of the examination, provide a copy of the report to the claimant or the claimant's authorized representative. If the mental condition of an unrepresented claimant is examined under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division may, in its discretion, provide the report to the claimant's treating physician rather than to the claimant.
- E. To protect a claimant from annoyance, embarrassment, oppression, or undue burden or expense, the Commission may order, upon good cause shown, one or both of the following:
 1. That the examination not be held; or
 2. That the examination may be conducted only on specified terms and conditions, including a designation of the time, place, and examining physician.
- F. A claimant requesting protection under subsection (E) shall file a motion with the presiding administrative law judge or chief administrative law judge if a judge has not been assigned to the case, within three days after the claimant receives notice of the examination. The claimant shall serve a copy of the motion on all parties. The party requesting the examination shall have three days after receiving the motion to file a response. The party shall serve the response on the claimant or, if represented, the claimant's attorney of record.

Historical Note

Former Rule 14. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-114 recodified from R4-13-114 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-115. Request to Leave the State

- A. The effective date of an order granting or denying a request to leave the state under A.R.S. § 23-1071(A) is the date a claimant files a request to leave the state with the Commission.
- B. For purposes of A.R.S. § 23-1071(A):
 1. "While the necessity of having medical treatment continues" means the period of time in which a claimant asserts an entitlement to temporary compensation, or active medical, surgical, or hospital benefits;
 2. "Leave the state" means to travel across the state border, except when the logical or nearest medical facility is situated across the state border; and
 3. "From the date the employee first requested the written approval" means from the date the claimant's request is filed with the Commission.

Historical Note

Former Rule 15. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-115 recodified from R4-13-115 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-116. Payment of Claimant's Travel Expenses When Directed to Report for Medical Examination or Treatment

- A. If a claimant is directed by a carrier, self-insured employer, or special fund division to report for a medical examination or treatment in a locality other than either the claimant's current place of residence or employment, the carrier, self-insured employer, or special fund division shall pay, in advance, the claimant's travel expenses from either the claimant's current place of residence or employment, whichever route of travel is required.
- B. For purposes of this Section, "travel expenses" means those expenses required to be paid under A.R.S. § 23-1026.
- C. The carrier, self-insured employer, or special fund division shall calculate travel expenses using the current rates applicable to state employees.

Historical Note

Former Rule 16. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Correction to subsection (A) as certified effective March 1, 1987 (Supp. 88-4). R20-5-116 recodified from R4-13-116 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-117. Medical, Surgical, Hospital, and Burial Expenses

- A. A carrier, self-insured employer, or special fund division, shall pay bills for medical, surgical, and hospital benefits provided under A.R.S. § 23-901 et seq. according to applicable medical and surgical fee schedules adopted by the Commission and in effect at the time the services are rendered. A physician or provider of nursing, hospital, drug or other medical services shall itemize and submit a bill for payment only to the responsible carrier, self-insured employer, or special fund division.
- B. A claimant shall not be responsible to pay any disputed amounts between the medical provider and the carrier, self-insured employer, or special fund division.
- C. If a claimant pays a bill described in subsection (A), the responsible carrier, self-insured employer, or special fund division shall reimburse the claimant the amount allowed by the fee schedules, provided that the claimant presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- D. If an insured employer pays a bill described in subsection (A), the responsible carrier or self-insured employer shall reimburse the employer the amount allowed by the fee schedules, provided that the employer presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- E. An insurance carrier, self-insured employer, or special fund division may pay any authorized burial expenses directly to the funeral service professional.
- F. If an employee's dependent pays burial expenses, the responsible carrier, self-insured employer, or special fund division shall reimburse the dependent the amount authorized by A.R.S. § 23-1046 provided that the dependent presents proof of payment to support the claim for reimbursement.
- G. If an insured employer pays burial expenses, the responsible carrier or self-insured employer shall reimburse the employer to the extent authorized by A.R.S. § 23-1046 provided that the employer presents proof of payment to support the claim for reimbursement.

Historical Note

Former Rule 17. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-117 recodified from R4-13-117 (Supp. 95-1). Amended by final

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rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-118. Effective Date of Notices of Claim Status and Other Determinations; Attachments to Notices of Claim Status; Form of Notices of Claim Status

- A. If a notice of claim status accepting a claim for benefits is final, any subsequent notice of claim status that changes a claimant's amount of, or entitlement to, compensation or medical, surgical, or hospital benefits shall not have a retroactive effect for more than 30 days from the date a carrier or self-insured employer issues the subsequent notice of claim status. This subsection does not apply to a subsequent notice that affects the entitlement to or amount of death benefits. The Commission may for good cause relieve a carrier or self-insured employer of the effect of this subsection.
- B. If a notice of claim status or other determination issued by a carrier, self-insured employer, or special fund division, is based upon a physician's report:
 1. The carrier or self-insured employer shall attach a copy of the physician's complete report to the notice of claim status or other determination sent to the Commission; and
 2. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination served on a party, except as provided in R20-5-114(D).
- C. If a carrier, self-insured employer, or special fund division pays compensation to a claimant:
 1. The carrier or self-insured employer shall close the claim by issuing a notice of claim status; and
 2. The special fund division shall close the claim by issuing a notice of determination.
- D. The inadvertent failure of a carrier, self-insured employer, or special fund division to comply with subsection (B) shall not affect the validity of a notice or determination if the carrier, self-insured employer, or special fund division issuing the notice or determination had in its possession at the time the notice or determination is issued a medical report consistent with the notice or determination.

Historical Note

Former Rule 18. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-118 recodified from R4-13-118 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-119. Notice of Third-party Settlement

- A. Except as otherwise provided by law, if an employer is insured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the appropriate workers' compensation carrier, or self-insured employer, of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- B. If an employer is uninsured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the special fund division of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- C. If a lawsuit is filed against a third party, the claimant or the claimant's attorney shall provide copies of pleadings and all

offers of settlement to the workers' compensation carrier, self-insured employer, or special fund division to whom notice is required under subsections (A) and (B).

Historical Note

Former Rule 19. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-119 recodified from R4-13-119 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-120. Settlement Agreements, Compromises and Releases

- A. No settlement agreement, compromise, or waiver of rights of a workers' compensation claim, will be valid unless approved by the Commission.
- B. The acceptance of any payments or the signing of a settlement agreement, compromise, release or waiver of rights, unless approved by the Commission, shall not release the employer or his insurance carrier from any obligation imposed by the Workers' Compensation Law.
- C. The carrier or employer shall not be entitled to a credit for any sums paid to an employee under a settlement agreement which has not been approved by the Commission.

Historical Note

Former Rule 20. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-120 recodified from R4-13-120 (Supp. 95-1).

R20-5-121. Present Value and Basis of Calculation of Lump Sum Commutation Awards

- A. The Commission shall calculate the present value of an award that is commuted to a lump sum under R20-5-122. The Commission shall not include in the present value calculation compensation paid before the filing of a lump sum commutation petition. The Commission shall use the filing date of a lump sum commutation petition to compute the present value of an award.
- B. The Commission shall calculate the present value of an award at least annually, whether payable for a period of months or based upon the life of the employee, using the United States Life Tables, 2003, National Vital Statistics Reports, Vol. 54, Number 14, April 19, 2006, revised March 28, 2007, Table 1 incorporated by reference, and discounted at the rate established by the Commission. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Commission and may be obtained from the U.S. Department of Health and Human Services, Centers for Disease Control. The rate established by the Commission is based on the following formula: The mean average of the three-month Treasury Bill rate on December 31 of each of the five years prior to July 1 of the current year. The rate, once calculated, is effective until the Commission calculates a new rate under this subsection. The discount rate is published in the minutes of the Commission meeting establishing the rate and is available upon request from the Commission.

Historical Note

Former Rule 21. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-121 recodified from R4-13-121 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 724, effective February 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R.

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2973, effective July 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4139, effective November 6, 2007 (Supp. 07-4).

R20-5-122. Lump Sum Commutation

- A. A petition for a lump sum commutation in an unscheduled case shall not be approved unless the carrier approves of such petition.
- B. If the lump sum commutation petition is approved by the carrier, the Commission's primary consideration in passing upon the petition will be whether more net income per month will be generated after receipt of the lump sum than the applicant is presently receiving. The granting of a lump sum petition will only be granted if the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the claimant.
- C. The burden of proving that the commutation of compensation satisfies the criteria in (B) is on the applicant.

Historical Note

Former Rule 22. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-122 recodified from R4-13-122 (Supp. 95-1).

R20-5-123. Rejection of the Act

If an employee serves upon an employer written notice under A.R.S. § 23-906, rejecting the provisions of the Act, the employer shall keep one copy of the rejection in the employer's business records.

Historical Note

Former Rule 23. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-123 recodified from R4-13-123 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-124. Rejection Not Applicable to New Employment

- A. An election by an employee to reject the Act is not binding upon the employee in a new employment by another employer or following re-employment by the same employer.
- B. If an employee is continuously employed and the employer changes workers' compensation insurance carriers, or form of doing business, the prior rejection is valid and remains in full force and effect.

Historical Note

Former Rule 24. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-124 recodified from R4-13-124 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-125. Rejection Before an Employer Complies with A.R.S. §§ 23-961(A) and 23-906(D)

An employee's rejection of the Act received by an employer before the employer complies with the requirements of A.R.S. §§ 23-961(A) or 23-906(D) is valid and continues in full force and effect whether the employer subsequently obtains workers' compensation coverage under A.R.S. § 23-961(A), posts the notice required under A.R.S. § 23-906(D), or makes available the forms required under A.R.S. § 23-906(D).

Historical Note

Former Rule 25. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-125 recodified from R4-13-125 (Supp. 95-1). Amended by final

rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-126. Revocation of Rejection

- A. An employee who rejects the Act may revoke that rejection by serving upon the employee's employer an original and one copy of a written notice of revocation. The written revocation shall state that the employee revokes the employee's prior rejection of the Act.
- B. Within five days after receiving a written notice of revocation, an insured employer shall file with the employer's carrier, or workers' compensation pool, a copy of the notice of revocation. The employee has all rights to compensation and benefits provided by the Act for any injury that occurs after the employee serves the revocation notice upon the employer.

Historical Note

Former Rule 26. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-126 recodified from R4-13-126 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-127. Insurance Carrier Notification to Commission of Coverage

- A. Every insurance carrier authorized to underwrite workers' compensation insurance in Arizona shall, within five days after undertaking to insure an employer, report that information to the Commission. The carrier shall provide the information on or in the same format as Commission form 0006. Form 0006 is available upon request from the Commission.
- B. Failure to comply with this Section does not affect the validity of coverage.

Historical Note

Former Rule 27. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-127 recodified from R4-13-127 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-128. Medical Information Reproduction Cost Limitation; Definition of Medical Information

- A. A health care provider shall not charge more than \$.25 per page plus \$10 per hour in associated clerical costs for reproduction of medical information when a party, an authorized representative of a party, or an entity that is authorized by a claimant in a workers' compensation matter makes a request for that information under A.R.S. § 23-908(C).
- B. This Section applies to all A.R.S. § 23-908(B) health care providers providing medical services to injured claimants including health care providers that contract with copying services, recordkeeping services, or other similar services for the reproduction of medical information. For purposes of this Section, fees for reproduction of medical information charged by these services are considered the same as if the reproduction fees are charged by a health care provider.
- C. For purposes of this Section, "medical information" means:
 1. A communication recorded in any form or medium and maintained for the purpose of patient care, diagnosis, or treatment, including a report, note, order, test result, photograph, videotape, X-ray, and billing record;
 2. A report of an independent medical examination that describes patient care or treatment;
 3. A psychological record;

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4. A medical record held by a health care provider including a medical record prepared by another provider; and
 5. A recorded communication between emergency medical personnel and medical personnel concerning the care or treatment of a person.
- D.** For purposes of this Section, “medical information” does not include:
1. Materials that are prepared in connection with utilization review, peer review, or quality assurance activities, including records that a health care provider prepares under A.R.S. §§ 36-441, 36-445 or 36-2402; and
 2. Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.

Historical Note

Former Rule 28. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-128 recodified from R4-13-128 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-129. Carrier or Workers’ Compensation Pool Determinations Binding upon its Insured or Member; Self-Rater Exception

- A.** The Commission deems an insurance carrier or workers’ compensation pool the agent of an employer insured by the carrier or workers’ compensation pool.
- B.** The Commission also deems any action or determination taken or made by the insurance carrier or workers’ compensation pool binding upon the employer. The employer may not protest or petition the Commission for relief concerning an action or determination taken by the employer’s insurance carrier or workers’ compensation pool unless the employer notifies the carrier or workers’ compensation pool, and the Commission in writing that the employer disagrees with the carrier’s or worker’s compensation pool’s action or determination within the time described in A.R.S. § 23-947.
- C.** This Section does not apply to employers insured under a Self-Rating Insurance Plan.

Historical Note

Former Rule 29. Amended subsection (A) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-129 recodified from R4-13-129 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-130. Claims Office Location and Function; Requirements of Maintaining an Out-of-State Claims Office

- A.** Except as provided in subsection (B), each carrier that has or is underwriting workers’ compensation insurance in Arizona, and each employer and workers’ compensation pool that has been granted authority to act as a self-insurer by the Commission, shall maintain a workers’ compensation claims office in Arizona. A carrier, self-insured employer, and self-insured workers’ compensation pool shall process and pay workers’ compensation claims and maintain the workers’ compensation claims files described in R20-5-131 in its Arizona office. A carrier, self-insured employer, and self-insured workers’ compensation pool shall notify the claims division of the Commission of the address of the Arizona claims office.
- B.** Except as provided in subsections (C) and (D), a carrier or self-insured employer may request authorization from the Commission to maintain an out-of-state claims office. The Commission shall grant a carrier or self-insured employer

authorization to maintain an out-of-state claims office no later than 20 days after the carrier or self-insured employer provides satisfactory evidence of the following:

1. Existence of a toll-free telephone line to the out-of-state claims office;
 2. Completion of Commission claims division’s training by the individuals responsible for claims processing at the out-of-state office; and
 3. Designation of a financial institution located in Arizona that will cash on demand checks issued by the out-of-state claims office.
- C.** The Commission shall not permit a self-insured workers’ compensation pool to maintain a claims office out-of-state.
- D.** The Commission shall rescind its authorization to maintain an out-of-state claims office if a carrier or self-insured employer no longer meets the requirements of subsection (B) or fails to process and pay claims as required under the Act and this Article.
- E.** A carrier or self-insured employer maintaining an out-of-state claims office shall print the carrier’s or self-insured employer’s toll-free telephone number to the out-of-state claims office on all notices of claim status or other determinations issued by the out-of-state claims office. Failure to print the toll-free telephone number on a notice or other determination as required by this subsection does not affect the validity of the notice or determination.
- F.** For claims processing purposes, a carrier, self-insured employer, or self-insured workers’ compensation pool may have more than one designated representative provided the carrier, self-insured employer, or self-insured workers’ compensation pool:
1. Notifies the Commission at the time an insurance policy is issued or authorization to self-insure is granted; and
 2. Notifies the Commission each time that the insurance policy or authorization to self-insure is renewed.

Historical Note

Former Rule 30. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-130 recodified from R4-13-130 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-131. Maintenance of Carrier and Self-insured Employer Claims Files; Contents; Inspection and Copying; Exchange of Medical Reports; Authorization to Obtain Medical Records

- A.** A carrier and self-insured employer shall maintain a workers’ compensation claims file for each claimant. A carrier and self-insured employer shall include in a workers’ compensation claims file all employer’s reports, medical and hospital reports, awards, orders, notices of claims status, wage data, and all other items affecting the claim required by law to be maintained by a carrier or self-insured employer.
- B.** Subject to subsection (C), all parties, authorized representatives of parties, and authorized representatives of the Commission may inspect and copy items contained in a carrier’s or self-insured employer’s claims file within five days from the date the item is filed in the claims file.
- C.** If a carrier or self-insured employer maintains a claims file at an out-of-state claims office, the carrier or self-insured employer shall make the claims file available for copying and inspection to the persons listed in subsection (B) within 10 days after receiving a request for the file at a location in Arizona designated by the carrier or self-insured employer.

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- D. A carrier or self-insured employer shall furnish copies of a claims file within 10 days after receiving a request from any party, authorized representative of a party, and authorized representative of the Commission at a charge not to exceed \$.25 per page. A carrier or self-insured employer may require prepayment of the copying charges if the requester or authorized representative has an account with the carrier or self-insured employer that is more than 30 days overdue.
- E. A carrier or self-insured employer is not required to maintain in a claims file, or produce for inspection and copying:
 1. Documents or matters representing the work product of the carrier or self-insured employer;
 2. Documents or matters representing the work product of a carrier's or self-insured's attorney; or
 3. Investigation and rehabilitation reports.
- F. All medical records concerning a claimant's mental or physical condition that are in a party's possession shall be furnished, upon request, to another party in the same Commission proceeding.
- G. Within 10 days of a request, a claimant shall provide to a party in a Commission proceeding involving the claimant, a release of information authorizing any attending, treating, or examining physician to provide records described in A.R.S. § 23-908(C).

Historical Note

Former Rule 31. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-131 recodified from R4-13-131 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-132. Parties' Notice to Commission of Intention to Impose Liability upon A.R.S. § 23-1065 Special Fund

If the notices required by A.R.S. § 23-1065 are not given to the Commission, the Commission shall not be bound by the testimony and evidence presented at a hearing as it relates to the imposition of liability upon the special fund.

Historical Note

Former Rule 32. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-132 recodified from R4-13-132 (Supp. 95-1).

R20-5-133. Claimant's Petition to Reopen Claim

- A. A petition to reopen filed with the Commission under A.R.S. § 23-1061(H) shall be in writing, signed, and dated by the claimant or the claimant's authorized representative. A petition to reopen form is available from the Commission upon request.
- B. A claimant shall provide to the Commission a copy of a medical report supporting the disability or condition justifying the reopening of the claim.
- C. If the Commission does not receive the medical report described in subsection (B) within 14 days of receipt of a petition to reopen, the Commission shall notify all parties, in writing, that it has received a petition to reopen without the required medical report. A carrier or self-insured employer is not required to act on a petition to reopen that is received without the required medical report.
- D. If the Commission receives a medical report in support of a petition to reopen and a claimant does not file a petition to reopen within 14 days of receipt of the medical report, the Commission shall forward the medical report to the carrier or self-insured employer for information purposes only. A carrier or self-insured employer is not required to take any action upon receipt of the medical report.

- E. If the Commission receives a medical report in support of a petition to reopen from an out-of-state physician and a party objects to the report at least 20 days before a scheduled hearing, the Commission shall not consider the report or place the report in evidence unless the party submitting the report produces the author of the report for cross-examination either at the hearing or at a deposition. The party submitting into evidence the medical report prepared by an out-of-state physician shall pay the expenses of a deposition under this subsection.

Historical Note

Former Rule 33. Amended subsections (A), (C), (D) and (E) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-133 recodified from R4-13-133 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-134. Petition for Rearrangement or Readjustment of Compensation Based Upon Increase or Reduction of Earning Capacity

- A. A petition for rearrangement or readjustment of compensation filed with the Commission under A.R.S. § 23-1044(F) shall be in writing. A form is available from the Commission upon request.
- B. A party or a party's authorized representative shall sign a petition for rearrangement or readjustment and include in the petition:
 1. A statement of the basis upon which the rearrangement or readjustment of compensation is sought, and
 2. Documentation in support of the petition.
- C. The petition shall be signed by the employee or the employee's authorized representative, the employer, or, in the case of an insurance carrier, by its authorized representative, and shall include a statement of the basis upon which the rearrangement of compensation is sought accompanied by supportive documentary evidence.
- D. If a self-insured employer, carrier, special fund division, or uninsured employer requests a hearing protesting the Commission's determination under A.R.S. § 23-1044(F) and the claimant resides outside of Arizona, the Commission may order the self-insured employer, carrier, special fund division, or uninsured employer to pay the claimant's transportation and living expenses to attend any scheduled hearing.

Historical Note

Former Rule 34. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-134 recodified from R4-13-134 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-135. Requests for Hearing; Form

- A. Any interested party or the party's authorized representative, except as otherwise provided by law or this Article, may request a hearing on a claim. A request for hearing shall be in writing.
- B. A Request for Hearing form is available upon request from the Commission and requests the following:
 1. Employee, employer, insurance carrier, authorized representative, and claim identification;
 2. Issue upon which the request for hearing is filed;
 3. Requests for subpoenas of witnesses;
 4. Desired location and length of time for the hearing;
 5. Signature and address of requesting party.

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Historical Note

Former Rule 35. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-135 recodified from R4-13-135 (Supp. 95-1).

R20-5-136. Expired**Historical Note**

Former Rule 36. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-136 recodified from R4-13-136 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

R20-5-137. Service of a Request for Hearing

A party filing a request for hearing shall serve a copy of the party's request for hearing upon all other parties at the same time that the party files the request for hearing with the Commission. The failure to serve a copy of a request for hearing upon other parties does not affect the validity of the hearing request.

Historical Note

Former Rule 37. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-137 recodified from R4-13-137 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-138. Hearing Calendar and Assignment to Administrative Law Judge; Notification of Hearing

- A. The chief administrative law judge shall maintain a hearing calendar. The chief administrative law judge shall ensure that a request for hearing filed in accordance with this Article is:
 1. Placed on the hearing calendar, and
 2. Assigned to an administrative law judge who is designated as the presiding administrative law judge.
- B. A presiding administrative law judge may hold a hearing at an earlier date than required under A.R.S. § 23-941(D), if all parties to the proceeding agree.

Historical Note

Former Rule 38. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-138 recodified from R4-13-138 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-139. Administrative Resolution of Issues by Stipulation Before Filing a Request for Hearing

- A. At any time before the filing of a request for hearing, parties may resolve issues by written stipulation. The parties shall file the stipulation with the Commission for approval or other action as may be appropriate.
- B. If the Commission determines that a written stipulation is reasonably supported by the facts, the Commission may approve the stipulation or enter an appropriate award without a request for hearing or hearing.

Historical Note

Former Rule 39. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-139 recodified from R4-13-139 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-140. Informal Conferences

- A. A presiding administrative law judge may hold an informal conference to:
 1. Resolve and dispose of disputed issues;
 2. Narrow or limit the scope of the issues to be considered at a subsequent hearing;
 3. Simplify the method of proof at a hearing; or
 4. Eliminate the need for hearing if the facts appear to be uncontested.
- B. A party may request that a pending hearing be disposed of by an informal conference, by filing a written request that:
 1. Specifies the purpose for the conference consistent with subsection (A), and
 2. Does not contain any argument regarding the merits of the case.
- C. If the presiding administrative law judge determines that an informal conference is appropriate, the judge shall give notice to the parties of the time and place of the conference. The presiding administrative law judge may, without a request from a party, schedule an informal conference by giving five days notice to the parties of the time, place, and subject matter of the informal conference. The parties may waive the five day notice requirement of this subsection.
- D. If a presiding administrative law judge disposes of issues in controversy at an informal conference, the presiding administrative law judge may enter an award without convening a hearing.
- E. If a presiding administrative law judge disposes of, narrows, or limits some, but not all issues in controversy, the presiding administrative law judge shall prepare and mail to the parties a statement setting forth the issues to be resolved at a hearing. The presiding administrative law judge shall limit the hearing to the issues contained in the statement unless at the hearing all parties and, the presiding administrative law judge agree that the judge may consider issues beyond the scope of the statement.
- F. Upon request by a party or upon a presiding administrative law judge's own motion, the presiding administrative law judge may order the parties to file a joint statement listing the disputed issues to be considered at formal hearing. The presiding administrative law judge shall give the parties at least 10 days to file the statement and shall order the parties to file the statement three to 10 days before the first scheduled hearing.

Historical Note

Former Rule 40. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-140 recodified from R4-13-140 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-141. Subpoena Requests for Witnesses; Objection to Documents or Reports Prepared by Out-of-State Witness

- A. Subpoena requests for witnesses.
 1. Subpoena request for non-medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of a non-medical witness by filing a written request with the presiding administrative law judge at least 10 days before the date of the first scheduled hearing.
 2. Subpoena request for expert medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of an expert medical witness by filing a written request with the presiding administrative law judge at least 20 days before the date of the first scheduled hearing.

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3. Statement of expected testimony. In the discretion of the presiding administrative law judge, the judge may order the party requesting a subpoena to file within five days of the order a written statement summarizing the substance of the testimony expected of the witness.
 4. Issuance of Subpoena. A presiding administrative law judge shall issue a subpoena requested under this Section if the judge determines that the testimony of the witness is material and necessary and, if applicable:
 - a. The party files a timely statement under subsection (A)(3); or
 - b. The party shows at or before the first scheduled hearing that good cause exists for the party's failure to respond timely to the judge's order under subsection (A)(3).
 5. Service of a subpoena. The Commission may serve a subpoena by mail unless the party requesting the subpoena requests personal service. If a party requests personal service of a subpoena, the Commission shall prepare the subpoena and the party requesting personal service shall:
 - a. Ensure that the subpoena is served in the same manner as in a civil action; and
 - b. Pay all expenses of the service.
- B.** A presiding administrative law judge shall not grant a party a continued hearing because a subpoenaed witness fails to appear at hearing unless the party filed a timely request for subpoena as required by subsection (A). If a party timely requested a subpoena for a witness who fails to appear at a scheduled hearing, the presiding administrative law judge may grant a continued hearing if the party requesting the subpoena demonstrates that:
1. The testimony of the witness is material and necessary, and
 2. Good cause is shown as to why the witness failed to appear.
- C.** Witness Fees.
1. If a non-medical witness requests a witness fee, the party requesting the subpoena shall pay the non-medical witness fees and mileage provided for witnesses in civil actions in the Superior Court. If more than one party subpoenas the same witness, the parties shall divide the witness fee equally.
 2. The Commission shall pay the witness fee to a medical witness under the Commission's medical fee schedule after the presiding administrative law judge approves the fee.
- D.** Objection to an out-of-state physician's report.
1. A presiding administrative law judge shall not consider or place into evidence a timely filed physician's report authored by a physician residing outside Arizona if a party files an objection to that report at least 20 days before the scheduled hearing, unless the party submitting the report produces the author for cross-examination either at the hearing or at a deposition.
 2. Nothing in R20-5-143(G) precludes a party from taking or submitting into evidence a deposition of a physician taken under this subsection.
 3. The party submitting into evidence a report of an out-of-state physician shall pay the expenses of a deposition taken under this subsection.
- E.** Objection to document prepared by out-of-state non-medical witness.
1. A presiding administrative law judge shall not consider or place into evidence a timely filed document prepared by a non-medical witness who resides outside Arizona if a party files an objection to that document at least seven days before the scheduled hearing unless the party submitting the document produces the author for cross-examination either at the hearing or at a deposition.
 2. Nothing in R20-5-143 precludes a party from taking or submitting into evidence a deposition within the time limits set by a presiding administrative law judge.
 3. The party submitting into evidence a document prepared by an out-of-state non-medical witness shall pay the expenses of a deposition taken under this subsection.
- F.** If a presiding administrative law judge approves, the testimony of a party's out-of-state non-medical or expert medical witness may be taken telephonically.

Historical Note

Former Rule 41. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-141 recodified from R4-13-141 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-142. In-State Oral Depositions

- A.** A party may take the oral deposition of another party or a witness residing in Arizona by serving a Notice of Deposition by Oral Examination upon the deponent and every party at least 10 days before the date of the oral deposition and at least 40 days before the first scheduled hearing.
- B.** A party may file with the presiding administrative law judge a written objection to the taking of an oral deposition within five days after service of the Notice of Deposition. If no request for hearing has been filed, a party shall file the written objection with the chief administrative law judge. The party objecting to the deposition shall:
1. State the basis for objecting to the deposition; and
 2. Serve a copy of the party's objections on all parties.
- C.** The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an oral deposition within seven days after a party files a written objection by:
1. Ordering the deposition to proceed;
 2. Ordering the deposition not be taken; or
 3. Entering any other appropriate protective order.
- D.** The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E.** The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.
- F.** A presiding administrative law judge shall not cancel or continue a hearing because a party fails to take or complete a deposition under this Section.
- G.** A deposition taken under this Section shall only be used to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit a deposition into evidence for another purpose if:
1. The deponent is deceased at the time of the hearing, or
 2. All parties agree.
- H.** A party may take a telephonic deposition under this Section either by agreement of the parties or by order of the presiding administrative law judge in the exercise of the judge's discretion.

Historical Note

Former Rule 42. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-142 recodified from R4-13-142 (Supp. 95-1). Amended by final

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rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-143. Out-of-State Oral Depositions

- A. A party shall obtain permission from a presiding administrative law judge before taking an out-of-state oral deposition of another party or a witness by filing a written request with the presiding administrative law judge that contains:
 1. The name and address of the party or witness to be deposed, and
 2. Each reason why the party's or witness' testimony is necessary.
- B. The party requesting permission to take the out-of-state deposition shall serve a copy of the request upon each party.
- C. If no objection to the request for permission to take the deposition is filed under subsection (D) the presiding administrative law judge shall, within seven days from the date of the request, grant or deny permission to take the deposition.
- D. A party may file with the presiding administrative law judge a written objection to the taking of an out-of-state oral deposition within five days after being served with a request to take the out-of-state deposition. The party objecting to the out-of-state deposition shall:
 1. State the basis for objecting to the deposition; and
 2. Serve a copy of the party's objections on each party.
- E. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an out-of-state oral deposition within seven days after a party files the written objection by:
 1. Ordering the deposition to proceed,
 2. Ordering the deposition not be taken, or
 3. Entering any other appropriate protective order.
- F. A party shall not take more than two depositions per hearing under this Section unless a presiding administrative law judge, upon a showing of good cause, approves the taking of additional depositions.
- G. In the exercise of discretion, the presiding administrative law judge may admit into evidence a deposition taken under this Section if the transcript of the deposition is filed with the Commission at least five days before any scheduled hearing or as otherwise directed by the presiding administrative law judge. If the transcript of the deposition is not timely filed under this subsection, the administrative law judge shall not consider the deposition for any purpose unless the parties and the administrative law judge agree that the deposition may be considered.
- H. Parties may take telephonic depositions under this Section either by agreement of the parties or by order of a presiding administrative law judge in the exercise of the administrative law judge's discretion.
- I. A party taking a deposition taken under this Section shall comply with R20-5-142(A), (D), (E) and (F).

Historical Note

Former Rule 43. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-143 recodified from R4-13-143 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-144. Written Interrogatories

- A. After a party files a request for hearing with the Commission, any party may serve written interrogatories upon another party. A party shall serve written interrogatories at least 40 days before the scheduled hearing.

- B. A party shall not serve more than 25 interrogatories, including subsections.
- C. A party shall serve answers to the interrogatories upon all parties within 10 days after service of the interrogatories. A party shall not file answers to the interrogatories with the Commission.
- D. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to answer interrogatories under this Section.
- E. A party shall only use written interrogatories served under this Section to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit the interrogatory answers into evidence for another purpose if the party answering the interrogatories is deceased at the time of the scheduled hearing.

Historical Note

Former Rule 44. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-144 recodified from R4-13-144 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-145. Refusal to Answer or Attend; Motion to Compel; Sanctions Imposed

- A. If a party or deponent refuses to answer any question asked at a deposition under R20-5-142 or R20-5-143, the party asking the question shall either complete the deposition in other matters or adjourn the deposition. With notice to all persons affected by the deponent's refusal to answer a question, the party asking the question may apply to the presiding administrative law judge for an order compelling the deponent to answer the question.
- B. If a party refuses to answer an interrogatory served under R20-5-144, the party serving the interrogatory may submit the interrogatory to the presiding administrative law judge and apply for an order compelling the answer.
- C. If a presiding administrative law judge issues an order compelling an answer under subsection (A) or (B) and finds that a refusal to answer is without substantial justification, the presiding administrative law judge shall require the party or witness refusing to answer or the authorized representative advising that party or witness not to answer, or both of them, to pay to the party asking the question:
 1. Reasonable attorney's fees incurred to obtain the order compelling the answer, and
 2. Reasonable expenses that will be incurred to obtain the requested answer.
- D. If a presiding administrative law judge denies a motion to compel an answer under subsection (A) or (B), and finds that the motion was made without substantial justification, the presiding administrative law judge shall require the party filing the motion, or the parties' authorized representative advising that party to make the motion, or both of them, to pay to the party or witness refusing to answer, reasonable attorney's fees incurred in opposing the motion.
- E. In addition to the sanctions authorized under R20-5-157, a presiding administrative law judge may, upon a party's motion, impose the following sanctions upon a party if the party, or an officer or managing agent of that party, willfully fails to appear for a deposition after being served with proper notice of the deposition, or fails to serve answers to interrogatories after proper service of the interrogatories:
 1. Strike out all or any part of a document filed by the party;
 2. Dismiss the action or proceeding, or any part of the action or proceeding;

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3. Order the suspension or forfeiture of compensation; or
 4. Preclude the introduction of evidence.
- F. The party filing a motion under subsections (A), (B), or (E) shall attach to the motion:
1. The statement required under R20-5-105(E) and
 2. A proposed order that includes the relief requested and a service page with the names and addresses of all parties served.

Historical Note

Former Rule 45. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-145 recodified from R4-13-145 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-146. Repealed**Historical Note**

Former Rule 46. R20-5-146 recodified from R4-13-146 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-147. Videotape Recordings and Motion Pictures

- A. A party proposing to offer a videotape recording or motion picture into evidence at a Commission hearing shall provide written notice to the Commission and all parties at least 40 days before the first scheduled hearing.
- B. If a party serves a written request to view a videotape recording or motion picture upon the party proposing to submit the videotape recording or motion picture into evidence, the party proposing to offer the videotape recording or motion picture into evidence shall provide the necessary facilities and equipment to allow the other party to view the videotape recording or motion picture no later than 25 days before the first scheduled hearing.
- C. A presiding administrative law judge may admit into evidence a videotape recording or motion picture if the videotape recording or motion picture:
1. Is a reasonable and accurate representation of the scene, person, object, or action portrayed; and
 2. Will aid in the understanding of the issues before the presiding administrative law judge.
- D. The party submitting the videotape recording or motion picture into evidence shall ensure that commentary, interrogation, dialogue, or testimony are not a part of the videotape recording or motion picture.
- E. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to view a videotape recording or motion picture as provided in this Section.
- F. This Section does not apply to:
1. Videotape recordings or motion pictures obtained by surveillance, or
 2. Videotape recordings or motion pictures of medical procedures performed by a physician.

Historical Note

Former Rule 47. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-147 recodified from R4-13-147 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-148. Burden of Presentation of Evidence; Offer of Proof

- A. A party shall rest at the conclusion of the presentation of the party's evidence. If there is a dispute as to which party has the

burden of proof, the presiding administrative law judge shall direct who has the burden of proof.

- B. If a presiding administrative law judge prohibits a witness from answering a question, the presiding administrative law judge shall permit an offer of proof in the form of an avowal or in writing.

Historical Note

Former Rule 48. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-148 recodified from R4-13-148 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-149. Presence of Claimant at Hearing; Notice of a Parties' Non-Appearence at Hearing; Assessment of Hearing Costs for Non-Appearence

- A. A claimant, whether or not represented by an attorney, shall appear personally at any hearing without the necessity of subpoena unless excused by the presiding administrative law judge.
- B. Subject to subsection (A), at least three days before a scheduled hearing a party shall notify the presiding administrative law judge of any non-appearance by a party or party's authorized representative that requires the judge to cancel or reschedule the hearing.
- C. If a party fails to notify the presiding administrative law judge as required under subsection (B), the presiding administrative law judge may order the party or the party's authorized representative to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees.

Historical Note

Former Rule 49. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-149 recodified from R4-13-149 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-150. Joinder of a Party

- A. An administrative law judge may join as a party any person, firm, corporation, or other entity in favor of whom or against whom a right to relief may exist and over whom the Commission may acquire jurisdiction.
- B. Joinder may be made upon application of any party or upon the presiding administrative law judge's own motion.
- C. A party seeking to join another person, firm, corporation, or other entity shall file a motion requesting joinder with the presiding administrative law judge at least 30 days before hearing. The moving party shall serve a copy of the motion upon the person, firm, corporation, or other entity for whom joinder is requested, and upon all other parties.
- D. If the requirements of this Section are met, the presiding administrative law judge shall join as a party the person, firm, corporation, or other entity for whom joinder is requested and shall issue a notice advising the parties of the joinder.

Historical Note

Former Rule 50. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-150 recodified from R4-13-150 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-151. Special Appearance

Any party against whom a claim may exist under the Act, or against whom a contingent liability may exist under the Act, and over

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whom the Commission has not acquired jurisdiction, may enter a special appearance. A special appearance made under this Section does not invoke the jurisdiction of the Commission.

Historical Note

Former Rule 51. R20-5-151 recodified from R4-13-151 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-152. Resolution of Issues by Stipulation After the Filing of a Request for Hearing; Notice of Resolution; Assessment of Hearing Costs

- A. Subject to the requirement of subsection (D), parties may stipulate to any fact or issue after a party files a request for hearing. The stipulation may be in writing or made orally at the time of hearing.
- B. A stipulation is binding upon the parties unless a presiding administrative law judge or the Commission grants the parties permission to withdraw the stipulation.
- C. If a stipulation is not reasonably supported by the evidence, a presiding administrative law judge or the Commission, may set aside or refuse to accept the stipulation and proceed to determine the true facts.
- D. A party shall notify a presiding administrative law judge of any stipulation, compromise or settlement agreement, or withdrawal of a hearing request that makes a hearing unnecessary at least three days before a scheduled hearing.
- E. The presiding administrative law judge may order a party or parties to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees if a party fails to notify the presiding administrative law judge as required under subsection (D).

Historical Note

Former Rule 52. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-152 recodified from R4-13-152 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-153. Exclusion of Witnesses

Any party may request that all other witnesses except the parties be excluded from the hearing until called to testify. The presiding administrative law judge may, in the judge's discretion, grant or deny the request. If the request is granted, the presiding administrative law judge shall admonish each witness not to discuss the witness's testimony with anyone other than attorneys on the case.

Historical Note

Former Rule 53. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-153 recodified from R4-13-153 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-154. Correspondence to Administrative Law Judge

A person submitting correspondence, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence upon all other parties, or if represented, the parties' authorized representatives. The administrative law judge shall not consider correspondence or subpoena requests to be evidence except by agreement of all parties to the matter.

Historical Note

Former Rule 54. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-154 recodified from R4-13-154 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-155. Filing of Medical and Non-Medical Reports Into Evidence; Request for Subpoena to Cross-examine Author of Report Submitted into Evidence; Failure to Timely Request Subpoena for Author

- A. Except as provided in R20-5-114(C), a party filing a medical report or hospital record into evidence ("medical report") that is not already contained in the Commission's claims file, shall file the medical report with the presiding administrative law judge at least 25 days before the first scheduled hearing.
- B. A party filing into evidence a document, report, instrument, or other written matter not described in subsection (A) ("non-medical report") that is not already contained in the Commission's claims file, shall file the non-medical report with the presiding administrative law judge at least 15 days before the first scheduled hearing.
- C. The party filing a medical or non-medical report into evidence shall serve a copy of the report to all other parties.
- D. A presiding administrative law judge shall not receive into evidence any medical or non-medical report that is not filed as required under this Section. If the report has been placed in the Commission's claims file, the presiding administrative law judge shall remove the report from the Commission's claims file and return the report to the filing party.
- E. The presiding administrative law judge may suspend the requirements of this Section;
 1. Upon a showing of good cause; or
 2. If the parties agree that the judge may accept the medical or non-medical report into evidence.
- F. The party filing a medical or non-medical report under this Section shall file a cover letter with the report stating:
 1. The party's identity;
 2. The reports filed; and
 3. Proof of service of the reports upon the other parties.
- G. A party seeking to cross-examine the author of any medical or non-medical report filed into evidence shall request a subpoena under R20-5-141.
- H. If a party fails to timely request a subpoena under this Section and R20-5-141, the party waives the right to cross-examine the author of any medical or non-medical report filed into evidence and the presiding administrative law judge shall admit the medical or non-medical report into evidence.

Historical Note

Former Rule 55. Amended subsections (A) and (D) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-155 recodified from R4-13-155 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-156. Continuance of Hearing

- A. A party may request a continuance of a scheduled hearing. If a party shows good cause, a presiding administrative law judge may grant a request that a hearing be continued.
- B. If at the conclusion of a hearing a party seeks to continue the hearing to introduce additional evidence, the party shall state specifically and in detail:
 1. The nature and substance of the additional evidence,
 2. The names and addresses of additional witnesses, and

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3. The reason the party was unable to produce the evidence or witnesses at the hearing.
- C. A presiding administrative law judge may deny a request for a continuance under subsection (B) if the presiding administrative law judge determines that, with the exercise of due diligence, the evidence or testimony could have been produced or the evidence or testimony would be cumulative, immaterial, or unnecessary.
- D. A presiding administrative law judge may, on the judge's own motion, continue a hearing and order further examinations or investigations that the judge determines are warranted.
- E. If more than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the new hearing date.
- F. If less than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the original hearing date.

Historical Note

Former Rule 56. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-156 recodified from R4-13-156 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-157. Sanctions

- A. A presiding administrative law judge may impose the following sanctions against any party or authorized representative of a party who fails to comply with this Article or fails to comply with an order of the presiding administrative law judge or Commission:
 1. Dismissal of the party's request for hearing;
 2. Refusal to permit the introduction of evidence by the party; or
 3. Assessment of reasonable attorney's fees and costs against the sanctioned party or authorized representative of a party.
- B. If a party shows good cause, a presiding administrative law judge or the Commission may relieve a party of sanctions imposed under subsection (A).

Historical Note

Former Rule 57. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-157 recodified from R4-13-157 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-158. Service of Awards and Other Matters

- A. An award, decision, order, subpoena, notice, document, or other matter required by the Act, this Article, or other law to be served shall be made upon a party or, if represented, the party's authorized representative. Service upon the authorized representative is service upon the party.
- B. Service may be made and is deemed complete by:
 1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission; or
 2. Personal service in the same manner as a summons is served in a civil action.
- C. Proof of service may be made by an affidavit or oral testimony of the person making such service.

Historical Note

Former Rule 58. Amended subsection (C) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-158 recodified from R4-13-158 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-159. Record for Award or Decision on Review

A presiding administrative law judge's award or decision under A.R.S. § 23-942 or award or decision upon review under A.R.S. § 23-943 shall be based upon:

1. The record as it exists at the conclusion of the hearings, and
2. Any memoranda provided under A.R.S. § 23-943(E) or requested by the presiding administrative law judge.

Historical Note

Former Rule 59. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-159 recodified from R4-13-159 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-160. Application to Set Attorney Fees Under A.R.S. § 23-1069

- A. For purposes of A.R.S. § 23-1069, "final disposition of a case" occurs when all compensation benefits have been released to a claimant.
- B. A claimant or attorney filing an application for attorney's fees under A.R.S. § 23-1069 shall serve notice of the application to all parties, including if applicable, the insurance carrier, self-insured employer, or special fund division.
- C. Upon the filing of an application, the attorney and claimant shall, provide information to the Commission to enable the Commission to award reasonable attorney's fees.
- D. Attorney's fees awarded under this Section shall be set by the Commission, an administrative law judge, or other authorized representative of the Commission.

Historical Note

Former Rule 60. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-160 recodified from R4-13-160 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-161. Stipulations for Extensions of Time

Stipulations for extensions of time in which to file papers or briefs in the various courts shall be received and signed by the Chief Counsel or other members of the Legal Department.

Historical Note

Former Rule 61. R20-5-161 recodified from R4-13-161 (Supp. 95-1).

R20-5-162. Legal Division Participation

The chief counsel and other members of the legal staff of the Commission who participate in proceedings or matters under the Act and this Article do so on behalf of the Commission.

Historical Note

Former Rule 62. R20-5-162 recodified from R4-13-162 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-163. Bad Faith and Unfair Claim Processing Practices

- A. For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representa-

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tive commits “bad faith” if the employer, self-insured employer, insurance carrier, or claims processing representative:

1. Institutes a proceeding or interposes a defense that is not:
 - a. Well-grounded in fact;
 - b. Warranted by existing law; or
 - c. A good faith argument for the extension, modification, or reversal of existing law;
 2. Unreasonably delays:
 - a. Payment of benefits; or
 - b. Authorization for, or receipt of, medical benefits or treatment;
 3. Unreasonably underpays benefits;
 4. Unreasonably terminates benefits;
 5. Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article; or
 6. Unreasonably interferes with or obstructs the claimant’s right to choose the claimant’s attending physician, except in cases involving a self-insured employer under A.R.S. § 23-1070.
- B.** For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits “unfair claim processing practices” if the employer, self-insured employer, insurance carrier, or claims processing representative:
1. Unreasonably issues a notice of claim status without adequate supporting information in its possession or available to it;
 2. Unreasonably fails to acknowledge communications from the Commission, an unrepresented claimant, or a claimant’s attorney with respect to a claim;
 3. Fails to act reasonably and promptly upon communications from the Commission, an unrepresented claimant, or a claimant’s attorney with respect to a claim;
 4. Directly advises a claimant not to consult or obtain the services of an attorney; or
 5. Communicates directly, for an improper purpose, with a claimant represented by an attorney.
- C.** A person alleging bad faith or unfair claim processing practices (“complainant”) shall file a written complaint with the claims manager of the Commission. The complainant, or the complainant’s authorized representative, shall sign the complaint.
- D.** The complaint shall describe the specific actions of the employer, self-insured employer, insurance carrier, or claims processing representative, that are alleged to constitute bad faith or unfair claim processing practices. A complaint form is available upon request from the Commission.
- E.** Upon receipt of a complaint under this subsection, the claims manager of the Commission shall serve the complaint upon all parties.
- F.** If the Commission acts on its own motion under A.R.S. § 23-930(A), the claims manager shall mail a notice of alleged bad faith or unfair claim processing practices to the claimant or the claimant’s authorized representative and the:
1. Employer;
 2. Self-insured employer;
 3. Insurance carrier; or
 4. Claims processing representative.
- G.** The person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section shall file with the claims manager a written response to the complaint or notice, within 30 days after service by the Commission of the complaint or notice.
- H.** The person or entity filing a written response shall serve a copy of the response upon the complainant, or the complainant’s authorized representative, if represented.
- I.** If the person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section fails to file a written response, the Commission shall consider the absence of a response a denial of the allegations of the complaint or notice.
- J.** Upon receipt of a written response, or upon the expiration of 30 days if no response is filed, the Commission shall enter an award as it deems, in its discretion, appropriate under A.R.S. §§ 23-930(B) or (C).

Historical Note

Adopted as an emergency effective February 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Amended and readopted as an emergency effective April 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Readopted without change as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Readopted without change as an emergency effective November 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended and readopted as an emergency effective July 11, 1989 (Supp. 89-3). Adopted as a permanent rule effective October 4, 1989 (Supp. 89-4). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-164. Human Immunodeficiency Virus, Hepatitis C, Methicillin-resistant *Staphylococcus Aureus*, Spinal Meningitis and Tuberculosis; Significant Exposure; Employee Notification; Reporting; Documentation; Forms

- A.** An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled “Work Exposure to Bodily Fluids” and “Work Exposure to methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)” in a conspicuous place immediately next to the “Notice to Employees” notice required under A.R.S. § 23-906(D).
- B.** Properly posted “Work Exposure to Bodily Fluids” and “Work Exposure to Methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)” notices constitute sufficient notice to employees of the requirements of a prima facie case under A.R.S. §§ 1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- C.** An employer’s insurance carrier, claims processor, or workers’ compensation pool shall provide the notices specified in subsection (A) to the employer. These notices are also available from the Commission upon request.
- D.** An employer shall make readily available to its employees the Commission form described in R20-5-106 titled “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material.” An employer’s insurance carrier, claims processor, or workers’ compensation pool shall provide the “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” to the employer. This form is also available from the Commission upon request.
- E.** If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” form. The employee or employee’s authorized representative shall give to the employer the com-

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pleted, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee's authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.

- F. If an employee submits a written report of a significant exposure to an employer, but does not use the Commission form titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material," the employer shall provide the employee the Commission form within five calendar days after receiving the employee's initial written report.
- G. The date of the receipt by the employer or its authorized representative of the employee's initial report is the date used to compute the time period prescribed in A.R.S. §§ 23-1043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:
 1. The initial report contains the information required in the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form, or
 2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee's receipt of the Commission form.
- H. Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- I. In investigating the circumstances and facts surrounding an employee's report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 23-1043.04(C), the employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant *Staphylococcus aureus*, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:
 1. Direct an agent to investigate the employee's report of significant exposure, and
 2. Communicate with the investigating agent about the conduct and results of the investigation.
- J. As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 23-1043.02.

Historical Note

Adopted effective April 9, 1992 (Supp. 92-2). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2).

R20-5-165. Calculation of Maximum Average Monthly Wage
In using the Bureau of Labor Statistics Employment Cost Index to adopt the amount of an increase to the maximum average monthly wage under A.R.S. § 23-1041(E), the Commission shall use the *Bureau of Labor Statistics, Employment Cost Index for Wages and Salaries, for Civilian Workers, by Occupational Group and Industry, All Workers*, available at <http://www.bls.gov/>.

Historical Note

New Section made by final rulemaking at 19 A.A.R. 1925, effective July 10, 2013 (Supp. 13-3).

ARTICLE 2. REPEALED**R20-5-201. Repealed****Historical Note**

Former Rule I. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-201 recodified from R4-13-201 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-202. Repealed**Historical Note**

Former Rule II. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-202 recodified from R4-13-202 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-203. Repealed**Historical Note**

Former Rule III. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-203 recodified from R4-13-203 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-204. Repealed**Historical Note**

Former Rule IV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-204 recodified from R4-13-204 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-205. Repealed**Historical Note**

Former Rule V. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-205 recodified from R4-13-205 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-206. Repealed**Historical Note**

Former Rule VI; Amended effective February 27, 1975 (Supp. 75-1). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-206 recodified from R4-13-206 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-207. Repealed

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Historical Note

Former Rule VII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-207 recodified from R4-13-207 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-208. Repealed**Historical Note**

Former Rule VIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-208 recodified from R4-13-208 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-209. Repealed**Historical Note**

Former Rule IX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-209 recodified from R4-13-209 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-210. Repealed**Historical Note**

Former Rule X. R20-5-210 recodified from R4-13-210 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-211. Repealed**Historical Note**

Former Rule XI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-211 recodified from R4-13-211 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-212. Repealed**Historical Note**

Former Rule XII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-212 recodified from R4-13-212 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-213. Repealed**Historical Note**

Former Rule XIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-213 recodified from R4-13-213 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-214. Repealed**Historical Note**

Former Rule XIV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-214 recodified

from R4-13-214 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-215. Repealed**Historical Note**

Former Rule XV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-215 recodified from R4-13-215 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-216. Repealed**Historical Note**

Former Rule XVI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-216 recodified from R4-13-216 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-217. Repealed**Historical Note**

Former Rule XVII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-217 recodified from R4-13-217 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-218. Repealed**Historical Note**

Former Rule XVIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-218 recodified from R4-13-218 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-219. Repealed**Historical Note**

Former Rule XIX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-219 recodified from R4-13-219 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-220. Repealed**Historical Note**

Former Rule XX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-220 recodified from R4-13-220 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-221. Repealed**Historical Note**

Former Rule XXI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-221 recodified from R4-13-221 (Supp. 95-1). Section repealed by final

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rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-222. Repealed**Historical Note**

Former Rule XXII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-222 recodified from R4-13-222 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-223. Repealed**Historical Note**

Former Rule XXIII. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-223 recodified from R4-13-223 (Supp. 95-1). New Section adopted October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-224. Repealed**Historical Note**

Former Rule XXIV. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-224 recodified from R4-13-224 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

ARTICLE 3. EXPIRED**R20-5-301. Expired****Historical Note**

Former Rule I. R20-5-301 recodified from R4-13-301 (Supp. 95-1). Section R20-5-301 repealed; new Section R20-5-301 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-302. Expired**Historical Note**

Former Rule II; Amended effective March 9, 1981 (Supp. 81-2). R20-5-302 recodified from R4-13-302 (Supp. 95-1). Section R20-5-302 repealed; new Section R20-5-302 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-303. Expired**Historical Note**

Former Rule III; Amended effective March 9, 1981 (Supp. 81-2). R20-5-303 recodified from R4-13-303 (Supp. 95-1). Section R20-5-303 repealed; new Section R20-5-303 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-304. Expired**Historical Note**

Former Rule IV; Amended effective March 9, 1981 (Supp. 81-2). R20-5-304 recodified from R4-13-304 (Supp. 95-1). Section R20-5-304 repealed; new Section R20-5-304 adopted effective September 9, 1998 (Supp. 98-3).

98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-305. Expired**Historical Note**

Former Rule V; Former Section R4-13-305 renumbered and amended as Section R4-13-306, new Section R20-5-305 adopted effective March 9, 1981 (Supp. 81-2). R20-5-305 recodified from R4-13-305 (Supp. 95-1). Section R20-5-305 repealed; new Section R20-5-305 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-306. Expired**Historical Note**

Former Rule VI. Former Section R4-13-306 renumbered and amended as Section R4-13-307, former Section R4-13-305 renumbered and amended as Section R4-13-306 effective March 9, 1981 (Supp. 81-2). R20-5-306 recodified from R4-13-306 (Supp. 95-1). Section R20-5-306 repealed; new Section R20-5-306 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-307. Expired**Historical Note**

Former Rule VII. Former Section R4-13-307 renumbered as Section R4-13-309, former Section R4-13-306 renumbered and amended as Section R4-13-307 effective March 9, 1981 (Supp. 81-2). R20-5-307 recodified from R4-13-307 (Supp. 95-1). Section R20-5-307 repealed; new Section R20-5-307 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-308. Expired**Historical Note**

Former Rule VIII. Former Section R4-13-308 renumbered as Section R4-13-310, new Section R4-13-308 adopted effective March 9, 1981 (Supp. 81-2). R20-5-308 recodified from R4-13-308 (Supp. 95-1). Section R20-5-308 repealed; new Section R20-5-308 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-309. Expired**Historical Note**

Former Rule IX. Former Section R4-13-309 repealed, former Section R4-13-307 renumbered as Section R4-13-309 effective March 9, 1981 (Supp. 81-2). R20-5-309 recodified from R4-13-309 (Supp. 95-1). Section R20-5-309 repealed; new Section R20-5-309 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-310. Expired**Historical Note**

Former Rule X. Former Section R4-13-310 renumbered and amended as Section R4-13-312, former Section R4-

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13-308 renumbered as Section R4-13-310 effective March 9, 1981 (Supp. 81-2). R20-5-310 recodified from R4-13-310 (Supp. 95-1). Section R20-5-310 repealed; new Section R20-5-310 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-311. Expired**Historical Note**

Former Rule XI. Former Section R4-13-311 repealed, new Section R4-13-311 adopted effective March 9, 1981 (Supp. 81-2). R20-5-311 recodified from R4-13-311 (Supp. 95-1). Section R20-5-311 repealed; new Section R20-5-311 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-312. Expired**Historical Note**

Former Rule XII. Former Section R4-13-312 renumbered as Section R4-13-314, former Section R4-13-310 renumbered and amended as Section R4-13-312 effective March 9, 1981 (Supp. 81-2). R20-5-312 recodified from R4-13-312 (Supp. 95-1). Section R20-5-312 repealed; new Section R20-5-312 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-313. Expired**Historical Note**

Former Rule XIII. Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-313 recodified from R4-13-313 (Supp. 95-1). New Section adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-314. Expired**Historical Note**

Former Section R4-13-312 renumbered as Section R4-13-314 effective March 9, 1981 (Supp. 81-2). R20-5-314 recodified from R4-13-314 (Supp. 95-1). Section R20-5-314 repealed; new Section R20-5-314 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-315. Expired**Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-315 recodified from R4-13-315 (Supp. 95-1). Section R20-5-315 repealed; new Section R20-5-315 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-316. Expired**Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-316 recodified from R4-13-316 (Supp. 95-1). Section R20-5-316 repealed; new Section R20-5-316 adopted

effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-317. Expired**Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-317 recodified from R4-13-317 (Supp. 95-1). Section R20-5-317 repealed; new Section R20-5-317 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-318. Expired**Historical Note**

Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-318 recodified from R4-13-318 (Supp. 95-1). Section R20-5-318 repealed; new Section R20-5-318 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-319. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-320. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-321. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-322. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-323. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-324. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-325. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297,

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effective January 3, 2017 (Supp. 17-1).

R20-5-326. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-327. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-328. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-329. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

ARTICLE 4. ARIZONA BOILERS AND LINED HOT WATER HEATERS**R20-5-401. Applicability**

This Article applies to all Boilers, Lined Hot Water Heaters, and Pressure Vessels operated in Arizona, except the following:

1. Boilers, Lined Hot Water Heaters, and Pressure Vessels regulated by the United States Government;
2. Boilers, Lined Hot Water Heaters, and Pressure Vessels operated in private residences or Apartment Complexes of not more than six units; and
3. Boilers, Lined Hot Water Heaters, and Pressure Vessels operated on Indian reservations.
4. A Lined Hot Water Heater that does not exceed any of the following:
 - a. Heat input of 200,000 BTU/hr;
 - b. Water temperature of 210° F; or
 - c. Nominal water containing capacity of 120 gallons.
5. An electric Boiler that does not exceed either of the following:
 - a. Tank volume of one-and-a-half cubic feet; or
 - b. MAWP of 100 pounds per square inch or less, with a pressure relief system to prevent excess pressure.

Historical Note

Former Rules B-1.1 and B-1.2. Former Section R4-13-401 repealed, new Section R4-13-401 adopted effective April 12, 1979 (Supp. 79-2). Section R4-13-401 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-401 recodified from R4-13-401 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-402. Definitions

In addition to the definitions provided in A.R.S. § 23-471, the following definitions apply to this Article:

“Act” means A.R.S. Title 23, Chapter 2, Article 11.

“Alteration” means any change in the item described on the original manufacturer’s data report which affects the pressure-containing capability of the Boiler or Pressure Vessel, including but not limited to:

Nonphysical changes such as an increase in the MAWP either internal or external, or

A reduction in minimum design temperature of a Boiler or Pressure Vessel requiring additional mechanical tests.

“ANSI” means American National Standards Institute, Inc.

“Apartment Complex” means a building with multiple family dwelling units, not used for commercial purposes, including condominiums and townhouses, where Boilers are located in a common area outside of the individual dwelling units, such as a Boiler room.

“Applicant” means an individual requesting permission to act as a Special Inspector under A.R.S. § 23-485.

“ASME” means the American Society of Mechanical Engineers.

“Authorized Inspector” means an Authorized Representative under A.R.S. § 23-471(1) or a Special Inspector under A.R.S. § 23-485.

“Blowdown Tank” or “Blowdown Separator” means an ASME-stamped vessel designed to receive discharged steam or hot water from a Boiler blowoff or blowdown piping system.

“BTU” means British thermal units.

“Condemned” means a Boiler or Lined Hot Water Heater that has been inspected and found to be unsafe by an Authorized Inspector and has been stamped or tagged with the code XXX AZ8 XXX.

“CSD-1” means Controls and Safety Devices for Automatically Fired Boilers, published by ASME, incorporated by reference in R20-5-404(A)(4).

“Direct Fired Jacketed Steam Kettle” means a jacketed steam kettle having its own source of energy, such as gas or electricity for generating steam within the jacket’s walls.

“External Inspection” means an examination of a Boiler or Lined Hot Water Heater performed by an Authorized Inspector when the Boiler or Lined Hot Water Heater is in operation.

“Forced Circulation Lined Hot Water Heater” means a Lined Hot Water Heater used for potable water, a Lined Hot Water Heater requiring movement of water to prevent overheating and failure of the tubes or coils, and has no definitive waterline.

“Fully Attended Power Boiler” means a Power Boiler that is operated by an individual who meets the requirements of R20-5-408(D), and whose primary function is the care, maintenance, and operation of the Boiler and the equipment associated with the Boiler system.

“Historical Boilers” means steam Boilers preserved, restored, or maintained for hobby or demonstration use.

“HS” means heating surface.

“Inspection Certificate” means a document issued by the Division for the operation of a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle when a Certificate Inspection has been successfully completed.

“Internal Inspection” means a complete examination of the internal and external surfaces of a Boiler or Lined Hot Water Heater by an Authorized Inspector after the Boiler or Lined Hot Water Heater is shut down.

“Kw” means kilowatt.

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“MAWP” means maximum allowable working pressure.

“National Board Commissioned Inspector” means an individual who holds a valid and current National Board Commission issued by the National Board of Boiler and Pressure Vessel Inspectors.

“National Board Registration Number” means a unique number issued to a Boiler, Lined Hot Water Heater, or Pressure Vessel by the manufacturer and recorded with the National Board of Boiler and Pressure Vessel Inspectors.

“NFPA” means National Fire Protection Association.

“Non-Standard Boiler” means any Boiler, Lined Hot Water Heater, or Pressure Vessel that is not constructed or maintained to the standards incorporated by reference of this Article.

“Out of Service” means to either: (1) physically sever or disconnect all sources of energy (water, gas, fuel, electricity, etc.); cap all fuel lines; and disconnect or remove all electrical lines from the Boiler, Lined Hot Water Heater, or Pressure Vessel; or (2) to lock out and tag out the Boiler, Hot Water Heater, or Pressure Vessel per 29 C.F.R. §1910.147, OSHA, General Industry Regulations.

“Portable Boiler” means a Boiler permanently affixed to a trailer with wheels, that is totally self-contained while operating, and not attached to any other object either by pipe, hose, or wire.

“PVHO” means Pressure Vessels for Human Occupancy.

“Relief Valve” means an ASME-stamped automatic pressure relieving device designed for liquid service which is actuated by the pressure upstream of the valve and opens further with an increase in pressure above the stamped pressure.

“Repairs” means work necessary to restore a Boiler, Lined Hot Water Heater, or Pressure Vessel to operating condition that complies with this Article.

“Safety Relief Valve” means an ASME-stamped automatically pressure-actuated relieving device designed for use either as a Safety Valve or as a Relief Valve.

“Safety Valve” means an ASME-stamped automatic pressure relieving device designed for steam or vapor service which is actuated by the pressure upstream of the valve and characterized by full opening pop-action.

“Secondhand” means a Boiler, Lined Hot Water Heater, or Pressure Vessel that has changed both location and ownership since original installation.

“Serves” means either mailing to the last known address of the receiving party, or transmitting by other means, including electronic transmission, with the written consent of the receiving party.

“Shelter” means a permanent structure that provides protection from the weather.

“Special Inspector” means an inspector who is issued a Special Inspector Certificate under R20-5-420.

“State Identification Number” means a unique number assigned by the Division to a Boiler, Lined Hot Water Heater, or Pressure Vessel installed in Arizona.

“User” means a person or entity that does not have legal title to a Boiler, Lined Hot Water Heater, or Pressure Vessel, but has control and responsibility for the operation of a Boiler, Lined Hot Water Heater, or Pressure Vessel.

Historical Note

Former Rules B-2.1 through B-2.6. Former Section R4-13-402 repealed, new Section R4-13-402 adopted effective April 12, 1979 (Supp. 79-2). Amended effective March 31, 1981 (Supp. 81-2). Amended effective May

11, 1981 (Supp. 81-3). Amended effective May 31, 1985 (Supp. 85-3). Section R4-1-402 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-402 recodified from R4-13-402 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-403. Repealed**Historical Note**

Former Rules B-3.1 through B-3.3. Former Section R4-13-403 repealed, new Section R4-13-403 adopted effective April 12, 1978 (Supp. 79-2). Section R4-13-403 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-403 recodified from R4-13-403 (Supp. 95-1). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Repealed by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-404. Standards for Boilers, Lined Hot Water Heaters and Pressure Vessels**A. The following apply to this Article:**

1. An Owner, Operator, or User, of a Boiler, Lined Hot Water Heater or Pressure Vessel installed, repaired, replaced, or reinstalled in Arizona, six months after the effective date of this Article shall comply with the 2019 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VI, VII, VIII Division 1, 2, 3, IX, X, ASME 2020 Code for Pressure Piping B31.1, and 2019 ASME PVHO-1 Safety Standard for Pressure Vessels for Human Occupancy incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the ASME at Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
2. An Owner, Operator, or User, of a Boiler, Lined Hot Water Heater, or Pressure Vessel installed, repaired, replaced, or reinstalled in Arizona, before the effective date of this Article shall comply with subsection (A)(1), or the ASME Boiler and Pressure Vessel Code in effect at the time of the last installation, repair, replacement, or reinstallation of the boiler Boiler, Lined Hot Water Heater, or Pressure Vessel in Arizona.
3. An Owner, Operator, or User of a gas-fired Lined Hot Water Heater installed, operated, repaired, replaced, or reinstalled in Arizona shall comply with the American National Standard for Gas Water Heaters, ANSI Z21.10.3 2017, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
4. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona after the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices

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for Automatically Fired Boilers, ANSI/ASME CSD-1-2018, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.

5. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona before the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers in effect at the time of the last installation, repair, replacement or reinstallation of a Boiler in Arizona. As an alternative, an Owner, Operator, or User, of a Boiler described in this subsection may comply with subsection (A)(4).
 6. A permanent source of outside air shall be provided for each Boiler and Lined Hot Water Heater room to assure complete combustion of the fuel as required by ANSI Z223.1- 2018, NFPA 54, National Fuel Gas Code incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, at Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
 7. All new Power Boilers installed after the effective date of this subsection, having power piping, welded or mechanically assembled, (pipe, valves, and fittings) falling within the scope of ASME Code, Section I, shall be designed, constructed and listed on the appropriate ASME Code, Section I, manufacturer's data report, P-2A, P-4A, P-4B, P-6 as applicable, incorporated by reference in R20-5-404(A)(1).
 8. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona having a capacity equal to or greater than 12,500,000 BTU/hr input after the effective date of this subsection shall comply with ANSI NFPA 85, Boiler and Combustion Systems Hazards Code, 2019 edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, at Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
- B.** The following registration requirements apply to this Article;
1. All Boilers, Lined Hot Water Heaters, and Pressure Vessels, including reinstalled and Secondhand Boilers, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors except for:
 - a. Non-Standard Boilers installed up to six months after the effective date of this Section,
 - b. Cast iron Boilers, and
 - c. Cast aluminum Boilers.
 2. All fired and unfired Pressure Vessels installed or reinstalled on or after July 1, 2009, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors.
- C.** The following installation, maintenance, and repair requirements apply to this Article.
1. An Owner, Operator, or User shall maintain a signed copy of the Manufacturer's Data Report, and Manufacturer's/Installing Contractors Report for ASME CSD-1, if applicable for a Boiler, Lined Hot Water Heater, or Pressure Vessel at the location of the Boiler Lined Hot Water Heater, or Pressure Vessel and make the reports available for review upon request from an Authorized Inspector.
 2. A Boiler shall have masonry or structural supports of sufficient strength and rigidity to safely support the Boiler and its contents without any vibration in the Boiler or its connecting piping.
 3. There shall be at least 36 in. (915 mm) of clearance on each side of the Boiler or Lined Hot Water Heater. Alternative clearances according to the manufacturer's recommendations are subject to approval by an Authorized Inspector prior to installation of a Boiler, Lined Hot Water Heater or Pressure Vessel.
 4. A Boiler with a manhole shall have at least five feet clearance between the Boiler manhole and any wall, ceiling, or piping.
 5. A newly constructed Boiler room in excess of 500 square feet of floor area and containing one or more Boilers with a fuel capacity of 1,000,000 BTU /hr or a heating capacity greater than 285 Kw (electric), shall have at least two exits on each level of the Boiler or Boilers. The Owner, Operator, or User shall ensure each exit is remotely located from other exits.
 6. An Owner, Operator, or User shall keep a Boiler, Lined Hot Water Heater, or Pressure Vessel room clean and with no obstructions to the Boiler, Lined Hot Water Heater, or Pressure Vessel.
 7. An Owner, Operator, or User shall not store flammable or explosive materials in a Boiler or Lined Hot Water Heater room.
 8. An Owner, Operator, or User shall not store combustibles any less than three feet from any part of a Boiler, Lined Hot Water Heater, or Pressure Vessel.
 9. If a Boiler, Lined Hot Water Heater, or Pressure Vessel is moved outside Arizona for temporary use or Repairs, the Owner, Operator, or User shall not reinstall the Boiler, Lined Hot Water Heater, or Pressure Vessel in Arizona until receiving verbal or written approval from the Division under R20-5-419. If the Division grants approval the Owner, Operator, or User shall not operate the reinstalled Boiler, Lined Hot Water Heater, or Pressure Vessel until receiving an Inspection Certificate under this Article.
 10. Before a new Power Boiler or Secondhand Boiler or Pressure Vessel is installed, an inspection in accordance with R20-5-408 shall be made by an Authorized Inspector or by a National Board Commissioned Inspector. This inspection is to assess the integrity of the vessel and evaluate the original design specification. Prior to installation, an application shall be filed by the Owner, Operator, or User of the Boiler or Pressure Vessel with the Division for approval. This application shall contain the following information:
 - a. Name of the Owner, Operator, or User;
 - b. Mailing address of Owner, Operator, or User;
 - c. Business telephone number of Owner, Operator, or User;
 - d. Installation name and address;
 - e. Installation date;
 - f. Start up date;

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- g. Name and address of Boiler or Pressure Vessel insurance company;
 - h. Arizona serial number of the Boiler or Pressure Vessel being replaced, if applicable;
 - i. Description of the new, or Secondhand Power Boiler or Pressure Vessel to include:
 - i. Manufacture's name,
 - ii. Date manufactured,
 - iii. MAWP or temperature of Boiler or Pressure Vessel, and
 - iv. National Board registration number;
 - j. Name, address, business phone number, cell phone number, fax number and state contractor's license number of company or individual that will be installing the Boiler or Pressure Vessel;
 - k. Name, title, and phone number of the contact person on the site of installation; and
 - l. Signature, title, and date of the person submitting the application.
11. Before the Owner, Operator, or User installing a Secondhand Boiler or Pressure Vessel, the Boiler or Pressure Vessel shall pass a hydrostatic test that is witnessed by an Authorized Inspector or by any National Board Commissioned inspector in accordance with R20-5-411.
12. An Owner, Operator, or User of a Portable Boiler shall notify an Authorized Inspector before installing the Portable Boiler and shall not operate the Portable Boiler until the Owner, Operator, or User receives an Inspection Certificate from the Division.

Historical Note

Former Rules B-4.1 through B-4.3. Former Section R4-13-404 repealed, new Section R4-13-404 adopted effective April 12, 1979 (Supp. 79-2). Amended subsection (P) by adding paragraph (7) and amended subsection (Q) effective October 3, 1980 (Supp. 80-5). Section R4-13-404 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-404 recodified from R4-13-404 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-405. Repealed**Historical Note**

Former Section R4-13-405 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-405 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-405 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-405 recodified from R4-13-405 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-406. Repairs and Alterations

- A. If Repairs or Alterations may affect the working pressure or safety of a Boiler, Lined Hot Water Heater, or Pressure Vessel, an Owner, Operator, or User shall consult with an Authorized Inspector before having the Repairs or Alterations made. The Authorized Inspector shall provide the Owner, Operator, or User information regarding the best method to repair or alter the Boiler, Lined Hot Water Heater, or Pressure Vessel. The Owner, Operator, or User shall ensure that an Authorized Inspector inspects and approves the Repairs and Alterations after the Repairs or Alterations are made.

- B. Repairs and Alterations to Boilers, Lined Hot Water Heaters, or Pressure Vessels shall conform to the applicable provisions of the National Board Inspection Code, ANSI/NB-23-2019, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- C. An Owner, Operator, or User shall not permit an individual to remove or repair a safety appliance of a Boiler, Lined Hot Water Heater, or Pressure Vessel in operation. An Owner, Operator, or User shall not permit a person to remove or repair a safety appliance of a Boiler, Lined Hot Water Heater, or Pressure Vessel not in operation except as provided under the ASME Code. If an Owner, Operator, or User permits a person to remove a safety appliance from a Boiler, Lined Hot Water Heater, or Pressure Vessel as provided under the ASME Code, then the Owner, Operator, or User shall ensure that the safety appliance is reinstalled in proper working order before the Boiler, Hot Water Heater, or Pressure Vessel is placed back into operation.
- D. No person shall alter in any manner a Safety Valve, Relief Valve, or Safety Relief Valve, except by an organization qualified in accordance with The National Board Inspection Code, ANSI/NB-23-2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- E. Repairs of fittings or appliances shall comply with the requirements of the National Board Inspection Code, ANSI/NB-23 2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- F. On or after the effective date of this subsection, replacement of fittings or appliances shall comply with the requirements of the 2019 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VI, VII, VIII, Division 1, 2, 3, IX, X and 2018 ASME Code for Pressure Piping B31.1, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007. A copy of the incorporated material may also be obtained from ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org>.

Historical Note

Former Section R4-13-406 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-406 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-406 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-406 recodified from R4-13-406 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496,

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effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-407. Inspection of Boilers, Lined Hot Water Heaters, Direct Fired Jacketed Steam Kettles and Issuance of Inspection Certificates

- A. An Authorized Inspector shall comply with the guidelines set forth in The National Board Inspection Code, ANSI/NB-23-2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. If an Owner, Operator, or User fails to comply with the requirements for an inspection or pressure test under this Article, the Division shall withhold the Inspection Certificate until the Owner, Operator, or User complies with the requirements.
- C. An Authorized Inspector shall not engage in the sale of any object or device relating to, or equipment associated with, Boilers, Lined Hot Water Heaters, or Direct Fired Jacketed Steam Kettles.
- D. Under A.R.S. § 23-485(D), the Special Inspector shall file an inspection report within 30 days of an inspection by entering data into the Division's Web-based inspection entry form, by submitting a paper inspection report issued by the Division, or by electronic transfer of data. Whatever form of data transfer a Special Inspector chooses, there shall be no cost to the Division. The inspection report shall contain the following:
 1. Whether it is a Certificate or non-Certificate Inspection;
 2. Whether it is an Internal Inspection, External Inspection, or both;
 3. Name of location, address and phone number of the object;
 4. Name, address and phone number of owner or responsible party;
 5. Contact person's name and phone number at the inspection location;
 6. State Identification Number;
 7. Inspection Certificate due date;
 8. Inspection Certificate duration;
 9. Install/reinstall date, if known;
 10. Whether the object is active, inactive, Out-of-Service, standby, or scrapped;
 11. MAWP permitted or allowed;
 12. National Board registration number;
 13. Name of the manufacturer and the year the object was built;
 14. Special location in plant, if applicable;
 15. Boiler type;
 16. Purpose of the Boiler;
 17. Specify type of fuel used;
 18. Whether the firing method is automatic, manual, or unknown;
 19. Whether the fuel train is in compliance with CSD-1, NFPA 85, Z21.10.3 or other;
 20. Whether the Boiler is fully attended as per R20-5-408(C);
 21. Size/input rate, as applicable;
 22. Size classification (HS/BSU/Kw);
 23. Whether the heating surface type is stamped, computed, or unknown;
 24. Minimum Safety Valve relief capacity required;
 25. Whether the minimum Safety Valve relief capacity type is BTU/Hr, lbs/Hr or unknown;
 26. Number of temperature/pressure controls, as applicable;
 27. Owner number assigned by the Owner to specifically identify object's location;
 28. Inspection date;
 29. Whether the Inspection Certificate is posted;
 30. Safety Valve total capacity;
 31. Safety Valve total capacity type (PPH/Hr or BTU/Hr);
 32. Safety Valve #1 set pressure;
 33. Safety Valve #2 set pressure;
 34. Safety Valve #3 set pressure;
 35. Safety Valve code stamping (Example: V, HV, UV, UV3.TV, TD, OR NV);
 36. Whether the object has been hydro tested;
 37. Hydro Test (psi), if applicable;
 38. Whether Pressure/Altitude Gage was tested;
 39. Whether the condition of the object is okay to issue an Inspection Certificate;
 40. Inspection comments, condition of Boiler;
 41. Violations noted;
 42. Inspector name and Special Inspector number; and
 43. National Board Commission number.
- E. The Division shall issue to an Owner, Operator, or User an Inspection Certificate within 30 calendar days of receipt of an inspection report that documents a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle that complies with the Act and this Article. An Owner, Operator, or User of a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle shall post the Inspection Certificate in the establishment where the Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle is located.
- F. An Owner, Operator, or User shall ensure that an Authorized Inspector tags or stamps a steam Boiler with an identification number immediately after installing, but before operating, a new steam Boiler, or when an Authorized Inspector performs an initial Certificate Inspection of an existing steam Boiler. The identification number shall be at least 5/16" in height and in the following format: AZ-# # # #.
- G. The Division shall mark with a metal dye stamp a Boiler or Lined Hot Water Heater identified by the Division as not safe for further service, with the code "XXX AZ8 XXX" which shall designate that the Boiler or Lined Hot Water Heater is Condemned.
- H. For any conditions not covered by this Article, the applicable provisions of the ASME Code that was in effect in Arizona at the time of the installation of the Boiler or Lined Hot Water Heater shall apply.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-407 recodified from R4-13-407 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-408. Frequency of Inspection

- A. An Owner, Operator, or User, of an existing Power Boiler or High Temperature Water Boiler shall ensure that an Authorized Inspector performs a Certificate Inspection and/or an External Inspection prior to operating the Power Boiler or

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High Temperature Water Boiler. A Certificate Inspection shall also be performed every 12 months thereafter and an External Inspection of the Power Boiler or High Temperature Water Boiler shall be performed every 12 months thereafter. An Authorized Inspector shall perform the External Inspection while the Power Boiler or High Temperature Water Boiler is in operation to ensure that safety devices are operating properly.

- B.** An Authorized Inspector shall perform an Internal Inspection and pressure test on a Boiler, Lined Hot Water Heater, or Pressure Vessel if the Authorized Inspector determines from an External Inspection of the Boiler, Lined Hot Water Heater, or Pressure Vessel that continued operation is a danger to the public or worker safety.
- C.** The Division shall issue a 12-month Inspection Certificate to an Owner, Operator, or User to operate a Fully Attended Power Boiler if:
1. An Owner, Operator, or User ensures that an Authorized Inspector performs an External Inspection and audit of the operational methods and logs of the Fully Attended Power Boiler at least every 12 months and performs an Internal Inspection of the Fully Attended Power Boiler at least every 36 months; and
 2. Continuous boiler water treatment is under the direct supervision of persons trained and experienced in water treatment for the purpose of controlling and limiting corrosion and deposits; and
 3. Records are available for review, that indicate:
 - a. The date, time, and reason the Boiler is Out of Service; and
 - b. Daily analysis of water samples that adequately show the conditions of the water and elements or characteristics that are capable of producing corrosion or other deterioration to the Boiler or its parts; and
 4. Controls, safety devices, instrumentation, and other equipment necessary for safe operation are current, in service, calibrated, and meet the requirements of an appropriate safety code for the size Boilers, such as NFPA 85, ASME CSD-1 Controls and Safety Devices for Automatically Fired Boilers, National Board Inspection Code ANSI/NB-23, and state requirements; and
 5. Inspection reports of an Authorized Inspector document that the Fully Attended Power Boiler complies with the Act and this Article.
- D.** An Owner, Operator, or User of a Direct-Fired Jacketed Steam Kettle shall ensure that an Authorized Inspector performs a Certificate Inspection at the time of installation, and every 24 months thereafter.
- E.** An Owner, Operator, or User of a steam heating or process Boiler, not exceeding 15 p.s.i. MAWP, steam or vapor, shall ensure that an Authorized Inspector performs a Certificate Inspection and an External Inspection of the heating or process boiler every 24 months.
- F.** An Owner, Operator, or User of a hot water heating, hot water supply Boiler, or Lined Hot Water Heater shall ensure that an Authorized Inspector performs a Certificate Inspection and External Inspection of the hot water heating or hot water supply Boiler or Lined Hot Water Heater at installation. An inspection certificate issued by the Division following an inspection under this subsection shall not state an expiration date.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-408 recodified from R4-13-408 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-409. Notification and Preparation for Inspection

- A.** An Authorized Inspector shall perform a Certificate Inspection at a time mutually agreeable to the Authorized Inspector and the Owner, Operator, or User.
- B.** Before an Authorized Inspector performs an Internal Inspection of a Boiler, an Owner, Operator, or User shall:
1. Cool the furnace and combustion chambers;
 2. Drain the water from the Boiler;
 3. Remove the manhole and handhole plates, wash-out plugs, inspection plugs in water column connections, and disassemble all low-water fuel cutoff float chambers or bowls;
 4. Remove insulation or brickwork if necessary to determine the condition of the Boiler, headers, furnace, supports, and other parts;
 5. Remove the pressure gauge for testing;
 6. Prevent any leakage of steam or hot water into the boiler by disconnecting the involved pipe or valve;
 7. Close, tag, and padlock the non-return and steam stop valves before opening the manhole or handhole covers and entering any part of the steam generating unit that is connected to a common header with other Boilers. Open the free blow drain or cock between the non-return and steam stop valves;
 8. Close, tag, and padlock the blowoff valves after draining the Boiler; and
 9. Open all drains and vent lines.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-409 recodified from R4-13-409 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-410. Report of Accident

An Owner, Operator, or User shall notify the Division within 24 hours of an explosion, severe overheating, or personal injury involving a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle. A person shall not remove or disturb the involved Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle or parts of the Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle before an investigation by an Authorized Inspector, except for the purpose of preventing personal injury or limiting consequential damage.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-410 recodified from R4-13-410 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-411. Hydrostatic Tests

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The Owner, Operator, or User of a Boiler shall perform a hydrostatic or pneumatic pressure test in accordance with the code incorporated by reference in R20-5-404(A) and R20-5-406(B).

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-411 recodified from R4-13-411 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-412. Automatic Low-water Fuel Cutoff Devices or Combined Water Feeding and Fuel Cutoff Devices

- A. An Owner, Operator, or User shall ensure that low-water fuel cutoff devices or combined water feeding and fuel cutoff devices do not interfere with an Operator's or Authorized Inspector's ability to safely clean, repair, or inspect a Boiler, Lined Hot Water Heater, or Pressure Vessel.
- B. A low-water fuel cutoff device shall have a pressure rating not less than the set pressure of the Safety Valve or Safety Relief Valve.
- C. In addition to the requirements of subsections (A) and (B), all low-water fuel cutoffs and flow sensing devices shall be constructed and installed in accordance with applicable ASME Code and standards for Boilers and Direct Fired Jacketed Steam Kettle in R20-5-404(A).

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-412 recodified from R4-13-412 (Supp. 95-1).

Amended effective October 9, 1998 (98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-413. Safety and Safety Relief Valves

- A. A valve shall not be placed between a Safety Valve, Relief Valve, or a Safety Relief Valve and the Boiler, Lined Hot Water Heater, or Pressure Vessel, or between a Safety Valve, Relief Valve, or a Safety Relief Valve and the discharge pipe attached to the Boiler, Lined Hot Water Heater, or Pressure Vessel.
- B. When a Power Boiler is supplied with feed-water directly from a water main without the use of a feeding apparatus, Safety Valves shall not be set at a pressure greater than 94% of the lowest pressure obtained in the water main feeding the Boiler;
- C. Safety Valves, Safety Relief Valves, and Relief Valves shall conform to the requirements of the 2019 ASME Boiler and Pressure Vessel Code, Section I, IV or VIII, July, incorporated by reference as applicable. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ and may be obtained from ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
- D. The resetting, repairing, and restamping of Safety Valves, Relief Valves, and Safety Relief Valves shall be done by a qualified valve repair organization holding a valid "VR" Certificate of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors. ASME valve manufac-

turers holding a valid "V," "HV," and "UV" Certificate or Certificates of Authorization may also do this work provided they also have a valid "VR" Certificate of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors.

- E. With jurisdictional approval, Owner, Operators, and Users of Boilers, Lined Hot Water Heaters, and Pressure Vessels may authorize external adjustments to bring installed Safety Valves, Relief Valves, and Safety Relief Valves back to the stamped set pressure when performed by the Owner's, Operator's, or User's trained, qualified, regular, and full-time employees. Refer to Supplement 7.10 of the National Board Inspection Code for guidelines regarding training, documentation, and the implementation of a quality system for the Owner, Operator, or User employees. All such external adjustments shall be resealed with a metal tag showing the identification of the organization making the adjustments and the date. If any valve repairs are required, they shall be done by a qualified "VR" certificate holder.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-413 recodified from R4-13-413 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-414. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-414 recodified from R4-13-414 (Supp. 95-1).

Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-415. Boiler Blowdown, Blowoff Equipment and Drains

- A. Except as provided in this Section, an Owner, Operator, or User of blowdown and blowoff equipment shall comply with the National Board of Boiler and Pressure Vessel Inspectors, A Guide for Blowoff Vessels, NB-27, Revision 1 (1/13), 2012 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. Blowdown from a Boiler is a hazard to life and property.
- C. Blowdown from a Boiler shall pass through blowdown equipment that reduces pressure and temperature to levels not exceeding 5 p.s.i.g. and 140° F.
- D. The thickness of a blowdown vessel shall be at least 3/16".
- E. All blowdown equipment shall be fitted with openings that allow cleaning and inspection of the equipment.
- F. Blowdown Separators may be used with Boilers instead of Boiler Blowdown Tanks, provided that Blowdown Separators are operated with a temperature gauge and water cooler to prevent drain water temperature from exceeding 140° F.
- G. In addition to the requirements of subsections (A) through (F), the following requirements apply to blowdown piping, valves and drains for Power Boilers: Each Power Boiler and High

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Temperature Water Boiler shall be installed and maintained according to ASME Code, Section 1 and B31.1, incorporated by reference in R20-5-404, at the time of installation.

H. In addition to the requirements of subsections (A) through (F), the following requirements apply to bottom blowdown or drain valves for heating Boilers and Lined Hot Water Heaters:

1. A hot water heating Boiler or Lined Hot Water Heater shall have a bottom blowdown or drain pipe connection fitted with a valve or cock connected with the lowest available water space with the minimum size of blowdown piping and valves as required by ASME Code, Section IV, incorporated by reference, in R20-5-404(A).
2. Discharge outlets of blowdown pipes, Safety Valves, Relief Valves, or Safety Relief Valves, and other piping shall be located and structurally supported to prevent injury to individuals.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-415 recodified from R4-13-415 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-416. Maximum Allowable Working Pressure

- A.** The ASME Code under which a Boiler, Lined Hot Water Heater, or Pressure Vessel was constructed and stamped shall determine the MAWP.
- B.** If components in the Boiler, or hot water system such as valves, pumps, expansion tanks, storage tanks or piping have a lesser working pressure rating than the Boiler or Lined Hot Water Heater, the pressure setting for the Safety Valve Relief Valve, or Safety Relief Valve on the Boiler or Lined Hot Water Heater shall be based upon the component with the lowest MAWP rating.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-416 recodified from R4-13-416 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-417. Maintenance and Operation of Boilers, Lined Hot Water Heaters and Direct Fired Jacketed Steam Kettles

- A.** An Owner, Operator, or User of a lined Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle constructed under the ASME Code, Sections I, IV or VIII Division 1, incorporated by reference in R20-5-404(A) shall comply with the manufacturer's maintenance and operation instructions.
- B.** In addition to the requirements of subsection (A), an Owner, Operator, or User of a Boiler constructed under the ASME Code, Sections I, or IV shall comply with the following preventive maintenance schedule if the boiler contains the component or system listed.
 1. On a daily basis, the Owner, Operator, or User shall:
 - a. Test the low-water fuel cutoff and alarm, and
 - b. Check the burner flame for proper combustion.

2. On a weekly basis, the Owner, Operator, or User shall:
 - a. Check for proper ignition, and
 - b. Check the flame failure detection system.
3. On a monthly basis, the Owner, Operator, or User shall:
 - a. Test all fan and air pressure interlocks,
 - b. Check the main burner safety shutoff valve,
 - c. Check the low fire start switch,
 - d. Test fuel pressure and temperature interlocks of oil-fired units, and
 - e. Test the high and low fuel pressure switch of gas-fired units.
4. Every six months, the Owner, Operator, or User shall:
 - a. Inspect burner components;
 - b. Check flame failure system components, such as vacuum tubes, amplifier and relays;
 - c. Check wiring of all interlocks and shutoff valves; and
 - d. Check steam and blowdown piping and valves.
5. Annually, the Owner, Operator, or User shall:
 - a. Replace vacuum tubes, scanners, or flame rods in the flame failure system according to the manufacturer's instructions;
 - b. Check all coils and diaphragms; and
 - c. Test operating parts of all safety shutoff and control valves.
 - d. Unless there is other information to assess their accuracy or reliability, all pressure gages shall be removed, tested, and their readings compared to the readings of a calibrated standard test gage or a dead weight tester.
- C.** An Owner, Operator, or User of a Power Boiler or High Temperature Water Boiler shall designate an individual who meets the requirements of subsection (D) to operate the Boiler. An Owner, Operator, or User may operate the Boiler if the Owner, Operator, or User meets the requirements of subsection (D).
- D.** An Operator or User of a Power Boiler or High Temperature Water Boiler shall meet the following minimum requirements:
 1. Knowledge of and an ability to explain the function and operation of all safety controls of the Boiler,
 2. Ability to start the Boiler in a safe manner,
 3. Knowledge of all safe methods of feeding water to the Boiler,
 4. Knowledge of and the ability to blow down the Boiler in a safe manner,
 5. Knowledge of safety procedures to follow if water exceeds or drops below permissible safety levels, and
 6. Knowledge of and the ability to safely shut down the Boiler.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-417 recodified from R4-13-417 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-418. Non-standard Boilers

An Owner, Operator, or User shall remove from service a Boiler, Lined Hot Water Heater, or Pressure Vessel that does not bear an ASME stamp unless a variance is requested under R20-5-429.

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Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-418 recodified from R4-13-418 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-419. Request to Reinstall Boiler or Lined Hot Water Heater

- A. The Division shall grant or deny approval to reinstall a Boiler or Lined Hot Water Heater within three business days after an Owner, Operator, or User requests approval. The order of the Division granting or denying approval shall be in writing.
- B. The Division shall grant approval if the Boiler or Lined Hot Water Heater complies with the Act and this Article. The Division shall deny approval if the Boiler or Lined Hot Water Heater does not comply with the Act and this Article.
- C. An order of the Division denying approval shall be final unless an Owner, Operator, or User requests a hearing under A.R.S. § 23-479 within 15 days after the Division Serves the order. The Owner, Operator, or User requesting a hearing shall have the burden to prove that a Boiler or Lined Hot Water Heater meets the requirements of the Act and this Article.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-419 recodified from R4-13-419 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-420. Special Inspector Certificate under A.R.S. § 23-485

- A. The Division shall administratively review an Applicant's application for a Special Inspector Certificate under A.R.S. § 23-485 within seven days of receipt of the application to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this Article.
- B. The Division shall deem an application withdrawn if the Applicant fails to file a complete application within ten days of being notified by the Division that the application is incomplete pursuant to subsection A, unless the Applicant obtains an extension to provide the missing information. An Applicant may obtain an extension to submit the missing information by filing a written request with the Division no later than ten days after the Division Serves notice that the application is incomplete, stating the reasons why the Applicant is unable to meet the ten-day deadline.
- C. An application for a Special Inspector Certificate under A.R.S. § 23-485 is deemed complete under subsection (A) when the following is filed with the Division:
 1. Written documentation demonstrating that the Applicant holds a current commission issued by the National Board of Boiler and Pressure Vessel Inspectors; and
 2. Proof of employment as a full-time inspector for a company conducting business in Arizona with a certificate of accreditation as outlined in A.R.S. § 23-485 and whose

duties as an inspector include making inspections of Boilers or Lined Hot Water Heaters to be used or insured by such company and not for resale.

- D. If an Applicant meets the criteria of A.R.S. § 23-485 and subsection (C) of this Section, the Division shall issue a Special Inspector Certificate to the Applicant within 15 calendar days. If an Applicant fails to meet the criteria of A.R.S. § 23-485 and subsection (C) of this Section, the Division shall issue a written notice denying eligibility to the Applicant. The Commission shall deem the notice denying eligibility final if an Applicant does not request a hearing within 15 calendar days after the Division Serves the notice.
- E. A Hearing on the denial of eligibility for a Special Inspector Certificate shall be governed by the following provisions:
 1. A request for hearing protesting a denial of eligibility shall be in writing and signed by the Applicant or the Applicant's legal representative and filed with the Division.
 2. The Commission shall hold a hearing under A.R.S. § 41-1065. The hearing shall be recorded.
 3. The chair of the Commission or designee shall preside over hearings held under this Section. The chair shall apply the provisions of A.R.S. § 41-1062 et seq. to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
 4. A decision of the Commission to deny or grant eligibility for a Special Inspector Certificate shall be based upon the criteria set forth in A.R.S. § 23-485 and this Section and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated. An order of the Commission denying a Special Inspector Certificate is final unless an applicant files a request for review within 15 days after the Commission Serves its order.
 5. A request for review shall be based upon one or more of the following grounds which have materially affected the rights of an Applicant:
 - a. Irregularities in the hearing proceedings or any order or abuse of discretion whereby the Applicant seeking review was deprived of a fair hearing;
 - b. Misconduct by the Division;
 - c. Accident or surprise which could not have been prevented by ordinary prudence;
 - d. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
 - e. Excessive or insufficient sanctions or penalties imposed at hearing;
 - f. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
 - g. Bias or prejudice of the Division; and
 - h. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
 6. The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
 7. The Commission's decision upon review is final unless an Applicant seeks judicial review as provided in A.R.S. § 23-483.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-

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420 recodified from R4-13-420 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-421. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-421 recodified from R4-13-421 (Supp. 95-1).

R20-5-422. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-422 recodified from R4-13-422 (Supp. 95-1).

R20-5-423. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-423 recodified from R4-13-423 (Supp. 95-1).

R20-5-424. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-424 recodified from R4-13-424 (Supp. 95-1).

R20-5-425. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-425 recodified from R4-13-425 (Supp. 95-1).

R20-5-426. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-426 recodified from R4-13-426 (Supp. 95-1).

R20-5-427. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-427 recodified from R4-13-427 (Supp. 95-1).

R20-5-428. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-428 recodified from R4-13-428 (Supp. 95-1).

R20-5-429. Variance

- A. Any Owner, Operator, or User may apply to the Director for a variance from the requirements of this Article, upon demonstrating the construction, installation, and operation of the Boiler, Lined Hot Water Heater, or Pressure Vessel will maintain the same level of safety as prescribed by this Article. The Director shall issue a variance if the Director determines that the proponent of the variance has demonstrated the construction, installation, and operation of the Boiler, Lined Hot Water Heater, or Pressure Vessel will maintain the same level of safety as prescribed by this Article. The variance issued shall prescribe the construction, installation, operation, maintenance, and repair conditions that the Owner, Operator, or User shall maintain.
- B. A variance may be modified or revoked upon application by an Owner, Operator, or User or the Director, on the Director's own motion at any time after six months from issuance if the

owner or user Owner, Operator, or User has not complied with the variance or if the variance does not protect the health and safety of employees or general public.

- C. The application for a variance shall be made on the form issued by the Division and contains the following information:
 1. Owner, Operator, or User name and company name;
 2. Mailing address;
 3. Telephone number;
 4. Fax number;
 5. Contact person;
 6. Contact person's telephone number;
 7. Address or location of proposed variance;
 8. Type of facility to include;
 - a. Variance description,
 - b. Justification for variance,
 - c. Component or system involved,
 - d. Supporting documentation for variance,
 - e. Identify the statute, rule, code or standard to justify the variance; and
 9. Printed name and title of Owner, Operator, or User, signature of Owner, Operator, or User, and date.
- D. If an Owner, Operator, or User does not agree with the variance issued or revoked by the Director, a request for a hearing under A.R.S. § 23-479 can be made with the Commission.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-430. Forced Circulation Lined Hot Water Heaters

- A. All water tube or coil-type Lined Hot Water Heaters that require forced circulation to prevent overheating and failure of the tubes or coils shall have a safety control, to prevent burner operation at a flow rate inadequate to protect the Lined Hot Water Heater unit against overheating, at all allowable firing rates. The safety control shall shut down the burner and prevent restarting until an adequate flow is restored. The flow sensing device shall be labeled and listed by a nationally recognized testing agency as a standard for limit controls complying with UL 353. This safety control shall be independent of any other operating controls.
- B. All water tube or coil-type Lined Hot Water Heaters that require forced circulation to prevent overheating and failure of the tubes or coils, shall have a manually operated remote shutdown switch or circuit breaker and shall be located just outside the Lined Hot Water Heater's room door and marked for easy identification. The shutdown switch shall be installed in a manner to safeguard against tampering. If a Lined Hot Water Heater's room door is on the building exterior, the switch shall be located just inside the door. If there is more than one door to the Lined Hot Water Heater's room, there shall be a switch located at each door. The remote shutdown switch or circuit breaker shall disconnect all power to the burner controls.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-431. Code Cases

Code cases approved for use by ASME are allowed to be used in the design, fabrication and testing of Boilers, Lined Hot Water

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Heaters, and Pressure Vessels provided approval from the boiler chief is obtained prior to use.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-432. Historical Boilers

Historical boilers shall require an initial Certificate Inspection by an Authorized Inspector in accordance with The National Board Inspection Code, followed by a Certificate Inspection every three years thereafter if stored inside a shelter, or annually if stored outdoors. The initial Certificate Inspection shall include ultrasonic thickness testing of all pressure boundaries. Thinning of the pressure retaining boundary shall be monitored and recorded on the inspection report.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

ARTICLE 5. ELEVATOR AND CONVEYANCE SAFETY**R20-5-501. Repealed****Historical Note**

Former Rule E-1. Amended effective November 9, 1979 (Supp. 79-6). R20-5-501 recodified from R4-13-501 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

R20-5-502. Definitions

In addition to the definitions provided in A.R.S. § 23-491, the following definitions apply to this Article:

“Alteration” or “altered” means work performed to any conveyance that is not routine maintenance or repair.

“ASME” means American Society of Mechanical Engineers.

“ANSI” means American National Standard Institute.

“AZFS key” means Arizona Firefighters Service Key, a universal key used by a firefighter to operate a conveyance during an emergency.

“Chief” means the head inspector of the Elevator Safety Section of the Division of Occupational Safety and Health.

“Conveyance” defined in A.R.S. § 23-491, also includes employee elevators for construction and demolition operations, material lifts, platform lifts, orchestra lifts and stairway chairlifts.

“Elevator Safety Section” means the Elevator Safety Section of the Division of Occupational Safety and Health of the Commission.

“Employee elevator for construction and demolition operations” means an elevator that is not an integral part of a building, is installed inside or outside buildings or structures during construction, alteration, or demolition operations, and is used to raise and lower workers and other personnel.

“Inspection” means the official determination by an inspector of the condition of all parts of the equipment on which the safe operation of a conveyance depends.

“Orchestra lift” means a lift operating at a speed of 15 (4.6 meters) per minute or less, not designed for passenger use, not for moving during performances, providing an extension of the stage, and providing an extension of the auditorium floor.

“Platform lift” means a powered hoisting and lowering mechanism designed to transport mobility-impaired persons on a guided platform that travels on an incline or vertically.

“Stairway chairlift” means a powered hoisting and lowering mechanism that is guided and equipped with a seat to transport seated passengers along stairways.

“State Serial Number” is a unique number assigned by the Chief Elevator Inspector to a conveyance.

Historical Note

Former Rule E-2. R20-5-502 recodified from R4-13-502 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-503. Repealed**Historical Note**

Former Rule E-3. R20-5-503 recodified from R4-13-503 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

R20-5-504. Safety Standard for Platform Lifts and Stairway Chairlifts

- A. Every owner or operator of a platform lift or stairway chairlift installed, repaired, or altered on or after January 1, 2023, shall comply with ASME A18.1-2020 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2020, which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a platform lift or stairway chairlift installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ASME A18.1-2005 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2005; or (2) ASME A18.1-2020 (Safety Standard for Platform Lifts and Stairway Chairlift), with amendments as of November 29, 2020, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

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Historical Note

Former Rule E-4. R20-5-504 recodified from R4-13-504 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-505. Certificate of Inspection

The owner or operator of a conveyance shall maintain the Commission's certificate at the same location as the conveyance or related equipment and make the certificate available for inspection and copying upon request. The State Serial Number or certificate shall be posted or displayed in or within close proximity to the conveyance in a location that is easily accessible.

Historical Note

Former Rule E-5. R20-5-505 recodified from R4-13-505 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-506. Recordkeeping

- A. The Elevator Safety Section shall assign a State Serial Number to every conveyance for recordkeeping purposes. The State Serial Number shall be on a tag that is affixed to the controller or mainline disconnect of the conveyance.
- B. The owner or operator of a conveyance shall notify the Elevator Safety Section at least 90 days before installation, relocation, or alteration of a conveyance.
- C. The owner or operator of a conveyance shall notify the Elevator Safety Section within 24 hours of every accident resulting in injury to a person or disabling damage to a conveyance. For purposes of this subsection, disabling damage means any damage to a conveyance that impairs normal operations.

Historical Note

Former Rule E-6. Amended effective November 9, 1979 (Supp. 79-6). R20-5-506 recodified from R4-13-506 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, Special Purpose Personnel Elevators, and Dumbwaiters with Automatic Transfer Devices

- A. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered on or after January 1, 2023, shall comply with the ASME A17.1-2019 (Safety Code for Elevators and Escalators) or ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) as referenced in ASME A17.1-2019, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not

include any later amendments or editions of the incorporated matter.

- B. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered between May 5, 2009, and December 31, 2022, shall comply with either: (1) ASME A17.1-2019 (Safety Code for Elevators and Escalators); (2) ASME A17.1-2007 (Safety Code for Elevators and Escalators); or (3) ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators), as referenced in ASME A17.1-2019 and ASME A17.1-2007, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered before May 5, 2009, shall comply with either: (1) ASME A17.1-2019 (Safety Code for Elevators and Escalators); (2) ASME A17.1-2007 (Safety Code for Elevators and Escalators); (3) ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators), as referenced in ASME A17.1-2019 and A17.1-2007; or (4) the version of ASME A17.1 (Safety Code for Elevators and Escalators) in effect at the time of installation, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- D. For installations of a residential elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed after February 6, 2020, the distance between the hoistway face of the hoistway doors and the hoistway edge of the landing sill shall not exceed 19 mm (0.75 in.) for swinging doors and 57 mm (2.25 in.) for sliding doors.
- E. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and may be obtained from ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

Historical Note

Former Rule R4-13-507 repealed, new Section R4-13-507 adopted effective November 9, 1979 (Supp. 79-6). Amended effective March 30, 1981 (Supp. 81-2). Amended effective June 23, 1983 (Supp. 83-3). Amended effective July 24, 1985 (Supp. 85-4). Amended effective September 5, 1989 (Supp. 89-3). Amended effective March 20, 1992 (Supp. 91-2). R20-5-507 recodified from R4-13-507 (Supp. 95-1). Amended effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2935, effective August 4, 1999 (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 2182, with an immediate effective date of August 6, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 311, with an immediate effective date of February 6, 2020 (Supp. 20-1). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective

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date of January 9, 2023 (Supp. 23-1).

R20-5-508. Safety Standard for Manlifts

- A. Every owner or operator of a manlift installed, repaired, or altered on or after January 1, 2023, shall comply with ASME A90.1-2015 (Safety Standard for Belt Manlifts), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a manlift installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ASME A90.1-2015 (Safety Standard for Belt Manlifts); or (2) ASME A90.1-2003 (Safety Standard for Belt Manlifts), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). R20-5-508 recodified from R4-13-508 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-509. Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations

- A. Every owner or operator of a personnel hoist or employee elevator for construction and demolition operation installed, repaired, or altered on or after January 1, 2023, shall comply with ANSI A10.4-2016 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a personnel hoist or employee elevator for construction and demolition operation installed prior to January 1, 2023, shall comply with either: (1) ANSI A10.4-2016 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites); or (2) ANSI A10.4-2007 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd

Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-509 recodified from R4-13-509 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-510. Safety Requirements for Material Hoists

- A. Every owner or operator of a material hoist installed, repaired, or altered on or after January 1, 2023, shall comply with ANSI A10.5-2020 (Safety Requirements for Material Hoists), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a material hoist installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ANSI A10.5-2020 (Safety Requirements for Material Hoists); or (2) ANSI A10.5-2006 (Safety Requirements for Material Hoists), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-510 recodified from R4-13-510 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-511. Repealed**Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-511 recodified from R4-13-511 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Repealed by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-512. Expired**Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-512 recodified from R4-13-512 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 2320,

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effective May 19, 2005 (Supp. 05-2).

R20-5-513. Firefighters' Emergency Operation

All conveyances equipped with firefighters' emergency operation shall utilize the AZFS key.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-514. Standard for Elevator Suspension, Compensation, and Governor Systems

- A. Every owner or operator of an elevator with elevator suspension, compensation, or governor systems installed, repaired, or altered on or after the effective date of this subsection shall comply with ASME A17.6-2017 (Standard for Elevator Suspension, Compensation, and Governor Systems), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-515. Safety Requirements for Stage and Orchestra Lifts

- A. Every owner or operator of a stage lift installed, repaired, or altered on or after the effective date of this section shall comply with ANSI E1.42-2018 (Entertainment Technology - Design, Installation, and Use of Orchestra Pit Lifts), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. A copy of the reference material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS**R20-5-601. The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Construction, as published in 29 CFR 1926, with amendments as of February 24, 2021, incorporated by reference. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing

Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to construction activity by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1926 published after February 24, 2021.

Historical Note

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-601 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended effective November 14, 1984 (Supp. 84-6). Amended effective March 3, 1987 (Supp. 87-1). Amended effective April 22, 1988; amended effective May 26, 1988 (Supp. 88-2). Amended effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; R20-5-601 recodified from R4-13-601 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 851, effective February 5, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 1391, effective May 10, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3).

R20-5-601.01. Expired

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Historical Note

New Section made by exempt rulemaking at 18 A.A.R. 1144, effective May 25, 2012 (Supp. 12-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 290, effective January 15, 2020 (Supp. 20-1).

R20-5-602. The Federal Occupational Safety and Health Standards for General Industry, 29 CFR 1910

Each employer shall comply with the standards in Subparts B through Z inclusive of the Federal Occupational Safety and Health Standards for General Industry, as published in 29 CFR 1910, with amendments as of July 14, 2020, incorporated by reference. Copies of these reference materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to general industry activity by all employers, both public and private, in the state of Arizona; provided that this Section shall not apply to those conditions and practices which are the subject of R20-5-601. This incorporation by reference does not include amendments or editions to 29 CFR 1910 published after July 14, 2020.

Historical Note

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). New Section R4-13-602 adopted effective July 30, 1980 (Supp. 80-4). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-602 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended subsection (A) effective October 1, 1981 (Supp. 81-5). Amended subsection (A) effective March 5, 1982 (Supp. 82-2). Amended subsection (A) effective May 6, 1983 (Supp. 83-3). Amended subsection (A) effective April 6, 1984 (Supp. 84-2). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective October 18, 1984 (Supp. 84-5). Editorial correction, amendment October 18, 1984, withdrawn for subsequent certification. Amended effective November 14, 1984, and December 14, 1984 (Supp. 84-6). Amended subsection (A) effective June 9, 1986 (Supp. 86-3). Amended subsection (A) effective March 3, 1987 (Supp. 87-1). Amended subsection (A) effective June 26, 1987 (Supp. 87-2). Amended subsection (A) effective April 22, 1988; amended subsection (A) effective May 26, 1988 (Supp. 88-2). Amended subsection (A) effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective March 20, 1992 (Supp. 91-2). Amended effective June 16, 1992 (Supp. 92-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective May 14, 1993 (Supp. 93-2). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective July 19, 1994 (Supp. 94-3). Amended effective November 18, 1994 (Supp. 94-4). Amended effective

January 12, 1995; Amended effective February 10, 1995; R20-5-602 recodified from R4-13-602 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 5137, effective October 19, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 576, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 2927, effective July 31, 2007 (07-3). Amended by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 14 A.A.R. 4337, effective December 30, 2008 (Supp. 08-4). Amended by final rulemaking at 15 A.A.R. 1564, effective August 31, 2009 (Supp. 09-3). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 109, effective January 12, 2011 (Supp. 11-1). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3).

R20-5-602.01. Subpart T, Commercial Diving Operations

Each employer shall comply with the standards in Subpart T of the Federal Occupational Safety and Health Standards for the General Industry as published in 29 CFR 1910, with amendments as specified in R20-5-602, except that the exemption set forth in 29 CFR 1910.401(a)(2)(ii) shall not apply. Subpart T shall apply to any diving operation performed solely for search, rescue, or related public safety purposes by or under the control of a governmental agency.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1).

R20-5-602.02. Subpart U; COVID-19 Healthcare Standards

Unless expired or withdrawn by the Federal Occupational Safety and Health Administration and except as otherwise provided in Arizona Revised Statutes (A.R.S.), Title 23, Chapter 2, Articles 8 and 8.1 and A.R.S. § 23-425, each covered employer shall comply with the standards in Subpart U of the Federal Occupational Safety and Health Standards for the General Industry, as published in 29 CFR 1910(U). For purposes of this Section, a “covered employer” means an employer subject to Subpart U, as set forth in 29 CFR 1910.502. Copies of the referenced material is available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Doc-

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uments, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1910(U) published after June 21, 2021.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 589 (March 31, 2022), with an immediate effective date of February 16, 2022 (Supp. 22-1).

R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928

Each employer shall comply with the standards in Subparts A through D inclusive of the Federal Occupational Safety and Health Standards for Agriculture, as published in 29 CFR 1928, with amendments as of March 7, 1996, incorporated by reference and on file with the Office of the Secretary of State. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1928 published after March 7, 1996.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Former Section R4-13-603 repealed, new Section R4-13-603 adopted as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-603 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective April 22, 1988 (Supp. 88-2). Amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective February 10, 1995. R20-5-603 recodified from R4-13-603 (Supp. 95-1). Amended effective April 1, 1997 (Supp. 97-2).

R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913

Each employer pursuant to A.R.S. § 23-403(B) shall comply with Federal Regulations, Title 29, Part 1913, with amendments as of May 23, 1980 (amendments of May 23, 1980 on file with the Secretary of State), which are hereby adopted and incorporated by reference as if set forth fully herein. This regulation applies to OSHA Access to Employee Medical Records.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New rule adopted effective November 14, 1984 (Supp. 84-6). R20-5-604 recodified from R4-13-604 (Supp. 95-1).

R20-5-605. Hoes for Weeding or Thinning Crops

- A. The use of a hoe with a handle less than four feet in length for weeding or thinning crops is prohibited. This prohibition is based upon the existence of other practical and adequate alternatives to the use of these short-handle hoes.
- B. This rule does not apply to greenhouse or nursery operations.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-605 adopted effective September 7, 1984 (Supp. 84-5). R20-5-605 recodified from R4-13-605 (Supp. 95-1).

R20-5-606. State Definition of Terms Used in Adopting Federal Standards Pursuant to R20-5-601, R20-5-602, R20-5-603 and R20-5-604

For the purposes of the standards enumerated in the federal occupational safety and health standards incorporated into R20-5-601, R20-5-602, R20-5-603, and R20-5-604:

1. "Agency" means the Industrial Commission of Arizona.
2. "Assistant Secretary" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
3. "Assistant Secretary of Labor for Occupational Safety and Health" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
4. "Office of the Solicitor of Labor" means Legal Counsel for the Industrial Commission of Arizona.
5. "OSHA" means Arizona Division of Occupational Safety and Health.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-606 adopted effective May 31, 1985 (Supp. 85-3). R20-5-606 recodified from R4-13-606 (Supp. 95-1).

R20-5-607. Expired**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-607 repealed, former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-607 recodified from R4-13-607 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

R20-5-608. Definitions

In addition to the definitions provided in A.R.S. § 23-401, the following definitions apply to this Article:

"Act" means the Arizona Occupational Safety and Health Act of 1972.

"Compliance Safety and Health Officer" means a person authorized by the Occupational Safety and Health Division, Industrial Commission of Arizona, to conduct inspections.

"Establishment" means a single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, stores, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities from the same physical location as a lumber yard), each activity shall be treated as a separate

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rate physical establishment, and a separate notice or notices shall be posted in each such establishment, to the extent that such notices have been furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health. Where employers are engaged in activities which are physically dispersed, such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, the notice or notices required by this Section shall be posted at the location to which employees report each day. Where employees do not usually work at, or report to, a single establishment, such as traveling salesmen, technicians, engineers, etc., such notice or notices shall be posted at the location from which the employees operate to carry out their activities. In all cases, such notice or notices shall be posted in accordance with requirements of R20-5-609.

“Working days” means Mondays through Fridays but shall not include Saturdays, Sundays, or state holidays. In computing 15 working days, the day of the receipt of any notice shall not be included, and the last day of the 15 working days shall be included.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-608 repealed, new Section R4-13-608 adopted effective March 2, 1981 (Supp. 81-2). R20-5-608 recodified from R4-13-608 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-609. Posting of Notice: Availability of the Act, Regulations and Applicable Standards

- A. Each employer shall post and keep posted a notice or notices, to be furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health, informing employees of the protections and obligations provided for in the Act, and that for assistance and information, including copies of the Act and of specific safety and health standards, employees should contact the employer or the nearest office of the Industrial Commission. Such notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced, or covered by other material.
- B. Copies of the Act, all regulations published in this Chapter and applicable standards will be available at all offices of the Arizona Division of Occupational Safety and Health. If an employer has obtained copies of these materials, the employer shall make them available upon request to any employee or the employee’s authorized representative for review in the establishment where the employee is employed on the same day the request is made or at the earliest time mutually convenient to the employee or the employee’s authorized representative and the employer.
- C. Any employer failing to comply with the provisions of this Section shall be subject to citation and penalty in accordance with the provisions of A.R.S. § 23-418.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days

(Supp. 80-5). Former Section R4-13-609 repealed, former Section R4-13-608 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-609 effective March 2, 1981 (Supp. 81-2).

R20-5-609 recodified from R4-13-609 (Supp. 95-1).

Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-610. Authority for Inspection

- A. The Director of the Division of Occupational Safety and Health or the Director’s authorized representative upon presentation of credentials shall be permitted to enter without delay and at reasonable times any factory, plant, establishment, construction site, or other area, or place of environment where work is performed by an employee of an employer; to inspect and investigate during regular working hours and in a reasonable manner, any such place of employment, and all pertinent conditions, structures, machines, apparatus, devices, equipment and materials therein; to question privately any employer, owner, operator, agent or employee and to review records required by the Act and regulations published in this Article and other records which are directly related to the purpose of the inspection.
- B. Representatives of the Secretary of Health, Education, and Welfare are authorized to make inspections and to question employers and employees in order to carry out the functions of the Secretary of Health, Education, and Welfare under the Williams-Steiger Occupational Safety and Health Act. Inspections conducted by Department of Labor Compliance Safety and Health Officers and representatives of the Secretary of Health, Education and Welfare under Section 8 of the Williams-Steiger Occupational Safety and Health Act and pursuant to 29 CFR Part 1903 shall not affect the authority of any state to conduct inspections in accordance with agreements and plans under Section 18 of the Williams-Steiger Occupational Safety and Health Act.
- C. Prior to inspecting areas containing information which is classified by an agency of the United States government in the interests of national security, Compliance Safety and Health Officers shall have obtained the appropriate security clearance.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-610 repealed, former Section R4-13-609 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-610 effective March 2, 1981 (Supp. 81-2). R20-5-610 recodified from R4-13-610 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-611. Objection to Inspection

- A. Upon a refusal to permit a Compliance Safety and Health Officer, in the exercise of official duties, to enter without delay and at reasonable times any place of employment or any place therein, to inspect, to review records, or to privately question any employer, owner, operator, agent, or employee, in accordance with R20-5-610, or to permit a representative of employees to accompany the Compliance Safety and Health Officer during the physical inspection of any workplace in accordance with R20-5-615, the Compliance Safety and Health Officer shall terminate the inspection or confine the

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inspection to other areas, conditions, structures, machines, apparatus, devices, equipment, materials, records, or interviews concerning which no objection is raised. The Compliance Safety and Health Officer shall endeavor to ascertain the reason for such refusal and shall immediately report the refusal and the reason therefore to the Director of the Division. The Director shall immediately consult with the Industrial Commission and its legal counsel, who shall promptly take appropriate action, including compulsory process if necessary.

- B. Compulsory process may be sought in advance of an inspection or reinvestigation if, in the judgment of the Director of the Division and the Industrial Commission Chief Legal Counsel, circumstances exist including but not limited to specific evidence of an existing violation or reasonable legislative or administrative standards for conducting an inspection which make pre-inspection process desirable or necessary.
- C. With the approval of the Industrial Commission, and the Industrial Commission Chief Legal Counsel, compulsory process may also be obtained by the Director of the Division or the Director's designee.
- D. For purposes of this Section, the term compulsory process shall mean the institution of any appropriate action, including ex parte application for an inspection warrant or its equivalent.

Historical Note

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-611 repealed, former Section R4-13-610 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-611 effective March 2, 1981 (Supp. 81-2). R20-5-611 recodified from R4-13-611 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-612. Entry Not a Waiver

Any permission to enter, inspect, review records, or question any person shall not imply or be conditioned upon a waiver of any cause of action, citation, or penalty under the Act. Compliance Safety and Health Officers are not authorized to grant any such waiver.

Historical Note

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-612 repealed, former Section R4-13-611 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-612 effective March 2, 1981 (Supp. 81-2). R20-5-612 recodified from R4-13-612 (Supp. 95-1).

R20-5-613. Advance Notice of Inspections

- A. Advance notice of inspections may not be given except in the following situations:
 - 1. In cases of apparent imminent danger, to enable the employer to abate the danger as quickly as possible;
 - 2. In circumstances where the inspection can most effectively be conducted after regular business hours or where special preparations are necessary for an inspection;

- 3. Where necessary to ensure the presence of representatives of the employer and employees or the appropriate personnel needed to aid in an inspection; and
- 4. In other circumstances where the Division Director determines that the giving of advance notice would enhance the probability of an effective and thorough inspection.

- B. In the situations described in subsection (A) of this Section, advance notice of inspections may be given only if authorized by the Division Director. When advance notice is given, it shall be the employer's responsibility promptly to notify the authorized representative of employees of the inspection, if the identity of such representative is known to the employer. (See rule R20-5-615(B) as to situations where there is no authorized representative of employees.) Upon the request of the employer, the Compliance Safety and Health Officer will inform the authorized representative of employees of the inspection, provided that the employer furnishes the Compliance Safety and Health Officer with the identity of such representative and with such other information as is necessary to enable the Compliance Safety and Health Officer promptly to inform such representative of the inspection. An employer who fails to comply with the obligation under this subsection promptly to inform the authorized representative of the employees of the inspection or to furnish such information as is necessary to enable the Compliance Safety and Health Officer to promptly inform such representative of the inspection may be subject to citation and penalty under A.R.S. § 23-408. Advance notice in any of the situations described in subsection (A) of this Section shall not be given more than 24 hours before the inspection is scheduled to be conducted, except in apparent imminent danger situations and other unusual circumstances.

Historical Note

Adopted effective July 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-613 repealed, former Section R4-13-612 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-613 effective March 2, 1981 (Supp. 81-2). R20-5-613 recodified from R4-13-613 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-614. Conduct of Inspections

- A. At the beginning of an inspection, Compliance Safety and Health Officers shall present their credentials to the owner, operator, or agent in charge at the establishment; explain the nature and purpose of the inspection; and indicate generally the scope of the inspection and the records specified in R20-5-610 which they wish to review.
- B. Compliance Safety and Health Officers shall have authority to take environmental samples and to take or obtain photographs related to the purpose of the inspection, employ other reasonable investigative techniques, and question privately any employer, owner, operator, agent or employee of an establishment.
- C. In taking photographs and samples, Compliance Safety and Health Officers shall take reasonable precautions to ensure that such actions with flash, spark producing, or other equipment would not be hazardous. Compliance Safety and Health Officers shall comply with all employer safety and health rules and practices at the establishment being inspected, and they

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shall wear and use appropriate protective clothing and equipment.

- D. The conduct of inspections shall be such as to preclude unreasonable disruption to the operations of the employer's establishment.
- E. At the conclusion of an inspection, a Compliance Safety and Health Officer shall confer with the employer or employer representative and informally advise the employer or employer representative of any apparent safety or health violations disclosed by the inspection. During such conference, the employer shall be afforded an opportunity to bring to the attention of the Compliance Safety and Health Officer any pertinent information regarding conditions in the workplace.
- F. Small business inspections, qualifying under the Small Business Bill of Rights A.R.S. § 41-1009, shall be subject to the provisions in A.R.S. § 41-1009.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-614 repealed, former Section R4-13-613 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-614 effective March 2, 1981 (Supp. 81-2).

R20-5-614 recodified from R4-13-614 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-615. Representatives of Employers and Employees

- A. Compliance Safety and Health Officers shall be in charge of inspections and questioning of persons. A Compliance Safety and Health Officer may permit additional employer representatives and additional representatives authorized by employees if it is determined that such additional representatives will further aid the inspection. A different employer and employee representative may accompany the Compliance Officer during each different phase of an inspection if this will not interfere with the conduct of the inspection.
- B. Compliance Safety and Health Officers shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees for the purpose of this Section. If there is no authorized representative of employees, or if the Compliance Safety and Health Officer is unable to determine with reasonable certainty who is such representative, the Compliance Safety and Health Officer shall consult with a reasonable number of employees concerning matters of safety and health in the workplace.
- C. The representative(s) authorized by employees shall be an employee(s) of the employer. However, if in the judgment of the Compliance Safety and Health Officer, good cause has been shown why accompaniment by a third party who is not an employee is reasonably necessary to the conduct of an effective and thorough physical inspection of the workplace, such third party may accompany the Compliance Safety and Health Officer during the inspection.
- D. Compliance Safety and Health Officers are authorized to deny the right of accompaniment under this Section to any person whose conduct interferes with a fair and orderly inspection. The right of accompaniment in areas containing trade secrets shall be subject to the provisions of R20-5-616(B). With regard to information classified by an agency of the United States government in the interest of national security, only per-

sons authorized to have access to such information may accompany a Compliance Safety and Health Officer in areas containing such information.

- E. An employee of the division or the commission may not:
 1. Before, during or after an inspection or investigation, communicate to an employer that the employer should not be represented by an attorney or that the employer may be treated more favorably by the division or the commission if the employer is not represented by an attorney.
 2. Conduct an audio recording of an oral statement provided during an interview without the knowledge and consent of the person being interviewed. The employee of the division or the commission shall inform the person being interviewed of the person's right to receive a copy of the recorded oral statement within a reasonable time.
 3. Obtain a written statement during an interview without informing the person of the person's right to receive a copy of the written statement within a reasonable time.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-615 repealed, former Section R4-13-614 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-615 effective March 2, 1981 (Supp. 81-2).

R20-5-615 recodified from R4-13-615 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-616. Trade Secrets

- A. At the commencement of an inspection, the employer may identify areas in the establishment which contain or which might reveal a trade secret. If the Compliance Safety and Health Officer has no clear reason to question such identification, information obtained in such areas, including all negatives and prints of photographs, environmental samples, shall be labeled "confidential-trade secret" and shall not be disclosed except in accordance with provisions of A.R.S. § 23-426.
- B. Upon the request of an employer, any authorized representative of employees under R20-5-615 in an area containing trade secrets shall be an employee in that area or an employee authorized by the employer to enter that area. Where there is no such representative or employee, a Compliance Safety and Health officer shall consult with a reasonable number of employees who work in that area concerning matters of safety and health.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-616 repealed, former Section R4-13-615 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-616 effective March 2, 1981 (Supp. 81-2). R20-5-616 recodified from R4-13-616 (Supp. 95-1).

R20-5-617. Consultation with Employees

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Compliance Safety and Health Officers may privately consult with employees concerning matters of occupational safety and health to the extent they deem necessary for the conduct of an effective and thorough inspection. During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of the Act, which the employee has reason to believe exists in the workplace, to the attention of the Compliance Safety and Health Officer.

Historical Note

Adopted effective January 21, 1976 (Supp. 76-1).
Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-617 repealed, former Section R4-13-616 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-617 effective March 2, 1981 (Supp. 81-2).
R20-5-617 recodified from R4-13-617 (Supp. 95-1).
Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-618. Complaints by Employees

- A. A copy of a complaint submitted pursuant to A.R.S. § 23-408 shall be provided to the employer or the employer's agent by the Director of the Division of Occupational Safety and Health or the employers' representative no later than the time of inspection, except that, upon the request of the person giving such notice, the person's name shall not appear in such copy or in any record published, released, or made available by the Arizona Division of Occupational Safety and Health.
- B. If upon receipt of such notification the Division Director determines that the complaint meets the requirements set forth in subsection (A), and that there are reasonable grounds to believe that the alleged violation exists, the Division Director shall cause an inspection to be made as soon as practicable, to determine if such alleged violation exists. Inspections under this Section shall not be limited to matters referred to in the complaint.

Historical Note

Adopted effective January 21, 1976 (Supp. 76-1).
Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-618 repealed, former Section R4-13-617 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-618 effective March 2, 1981 (Supp. 81-2).
R20-5-618 recodified from R4-13-618 (Supp. 95-1).
Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-619. Inspection Not Warranted; Informal Review

If the Division Director determines that an inspection is not warranted because there are no reasonable grounds to believe that a violation or danger exists with respect to a complaint in accordance with A.R.S. § 23-408, the Division Director shall notify the complaining party in writing of such determination. The complaining party may obtain review of such determination by submitting a written statement of position with the Industrial Commission and, at the same time, providing the employer with a copy of such statement by certified mail. The employer may submit an opposing writ-

ten statement of position with the Industrial Commission and, at the same time, provide the complaining party with a copy of such statement by certified mail. Upon the request of the complaining party or the employer, the Industrial Commission, at their discretion, may hold an informal conference in which the complaining party and the employer may orally present their views. After considering all written and oral views presented, the Industrial Commission shall affirm, modify, or reverse the determination of the Division Director and furnish the complaining party and the employer a written notification of their decision and the reasons therefore. The decision of the Industrial Commission shall be final and not subject to further review. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of A.R.S. § 23-408.

Historical Note

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-619 repealed, former Section R4-13-618 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-619 effective March 2, 1981 (Supp. 81-2).
R20-5-619 recodified from R4-13-619 (Supp. 95-1).
Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-620. Expired**Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 repealed, former Section R4-13-619 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-620 effective March 2, 1981 (Supp. 81-2).
R20-5-620 recodified from R4-13-620 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

R20-5-621. Citations: Notices of De Minimis Violations

- A. The Division Director shall review the inspection reports of the Compliance Safety and Health Officer. If, on the basis of the report, the Division Director believes that the employer has violated a requirement of A.R.S. § 23-403, of any standard, rule or order promulgated pursuant to A.R.S. § 23-410 of the Act, or of any substantive rule published in these rules, the Division Director shall, if appropriate, consult with the Industrial Commission's counsel and shall issue to the employer either a citation or notice of de minimis violations. An appropriate citation or notice of de minimis violation shall be issued even though after being informed of an alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Any citation or notice of de minimis violations shall be issued with reasonable promptness after termination of the inspection. No citation may be issued under this rule after the expiration of six months following the occurrence of any alleged violation.
- B. If a citation or notice of de minimis violation issued for a violation alleged in a request for inspection under A.R.S. § 23-

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408, a copy of the citation or notice of de minimis violation shall also be sent to the employee or representative of employees who made such request or notification.

- C. After an inspection, if the Division Director determines that a citation is not warranted with respect to a danger or violation alleged to exist in a request for inspection under A.R.S. § 23-408, the informal review procedures prescribed in rule R20-5-619 shall be applicable. After considering all views presented, the Industrial Commission shall affirm the determination of the Division Director, order a reinspection, or issue a citation if the Industrial Commission believes that the inspection disclosed a violation. The Industrial Commission shall furnish the complaining party and the employer with a written notification of their determination and the reasons therefore. The determination of the Industrial Commission shall be final and not subject to review.
- D. Every citation shall state that the issuance of a citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless a citation is affirmed by the Office of Administrative Hearings or the Review Board.

Historical Note

Adopted as an emergency effective May 24, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-621 effective March 2, 1981 (Supp. 81-2). R20-5-621 recodified from R4-13-621 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-622. Proposed Penalties

- A. All employers shall be notified of any proposed penalties, issued pursuant to A.R.S. § 23-418 and A.R.S. § 23-418.01, by certified mail or by a signed verification in person.
- B. The Division Director shall determine the amount of any proposed penalty, giving due consideration to the appropriateness of penalty with respect to the size of the business of the employer being charged, the gravity of the violation, the good faith of the employer, quick-fix abatement, and the history of previous violations in accordance with the provisions of A.R.S. § 23-418.
- C. Appropriate penalties may be proposed with respect to an alleged violation even though after being informed of such alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Penalties shall not be proposed for de minimis violations which have no direct or immediate relationship to safety or health.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-621 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-622 effective March 2, 1981 (Supp. 81-2). R20-5-622 recodified from R4-13-622 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R.

2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-623. Posting of Citations

- A. Upon receipt of any citation under the Act, the employer shall immediately post such citation, or a copy thereof, unedited, at or near each place an alleged violation referred to in the citation occurred, except as provided below. Where, because of the nature of the employer's operations, it is not practicable to post the citation at or near each place of alleged violation, such citation shall be posted, unedited, in a prominent place where it will be readily observable by all affected employees. For example, where employers are engaged in activities which are physically dispersed, the citation may be posted at the location to which the employees report each day. Where employees do not primarily work at or report to a single location, the citation may be posted at the location from which the employees operate to carry out their activities. The employer shall take steps to ensure that the citation is not altered, defaced, or covered by other material. Notices of de minimis violations need not be posted.
- B. Each citation, or a copy thereof, shall remain posted until the violation has been abated, or for three working days, whichever is later. The filing by the employer of a notice of intention to contest under A.R.S. § 23-420 shall not affect the posting responsibility under this rule unless and until the Office of Administrative Hearings and/or Review Board issues a final order vacating the citation.
- C. An employer to whom a citation has been issued may post a notice in the same location where such citation is posted indicating that the citation is being contested before the Office of Administrative Hearings and/or Review Board, and such notice may explain the reasons for such contest. The employer may also indicate that specified steps have been taken to abate the violation.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-622 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-623 effective March 2, 1981 (Supp. 81-2). R20-5-623 recodified from R4-13-623 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-624. Employer and Employee Contests before the Office of Administrative Hearings

- A. All notices to contest citations and/or penalties shall be submitted to the Division Director and immediately transmitted to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- B. Any affected employee or employee representative appealing the period allowed an employer to abate a particular violation shall submit the notice of contest to the Division Director who shall immediately transmit such notice to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-623 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-624 effective March 2, 1981 (Supp. 81-2). R20-5-624 recodified from R4-13-624

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(Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-625. Failure to Abate a Violation for Which a Citation Has Been Issued

- A. All employers failing to abate an alleged violation for which a citation has been issued, within the period permitted for its abatement, shall be notified of such failure and any proposed penalties issued pursuant to A.R.S. § 23-418 by certified mail or by signed verification in person.
- B. All notices to contest a notification of failure to abate a violation and of proposed additional penalty shall be submitted to the Division Director and immediately transmitted to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- C. Each notification of failure to abate a violation and of proposed additional penalty shall state that it shall be deemed to be the final order of the Industrial Commission and not subject to review by any court or agency unless within fifteen working days from the receipt of such notification, the employer notifies the Division Director in writing of the intent to contest the notification or the proposed additional penalty before the Office of Administrative Hearings.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-624 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-625 effective March 2, 1981 (Supp. 81-2). R20-5-625 recodified from R4-13-625 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-626. Informal Conferences

At the request of an affected employer, employee, or representative of employees, the Industrial Commission, or their designee, may hold an informal conference for the purpose of discussing any issues raised by an inspection, citation, notice of proposed penalty, or notice of intention to contest. The settlement of any issue at such conference shall be subject to rules and procedures prescribed by the Industrial Commission. If the conference is requested by the employer, an affected employee or an affected employee's representative shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. If the conference is requested by an employee or representative of employees, the employer shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. Any party may be represented by counsel in such conference. No such conference or request for such conference shall operate as a stay of any fifteen working day period for filing a notice of intention to contest as prescribed in A.R.S. § 23-417(A).

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-625 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-626 effective March 2, 1981 (Supp. 81-2). R20-5-626 recodified from R4-13-626 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-627. Abatement Verification

- A. Scope and application. This Section applies to employers, as defined in A.R.S. § 23-401, who receive a citation for a violation of the Arizona Occupational Safety and Health Act.
- B. Definitions
 - 1. Abatement means action by an employer to comply with a cited standard or rule or to eliminate a recognized hazard, as defined in A.R.S. § 23-401, identified by the Division during an inspection.
 - 2. Abatement date means:
 - a. For an uncontested citation item, the later of:
 - i. The date in the citation for abatement of the violation;
 - ii. The date approved by the Division as a result of a petition for modification of the abatement date (PMA); or
 - iii. The date for abatement completion as established in a citation by an informal conference agreement.
 - b. For a contested citation item for which an administrative law judge has issued a final decision affirming the violation, the later of
 - i. The date identified in the final decision for completion of abatement;
 - ii. The date computed by adding the original period allowed for abatement in the citation to begin 15 days from the final decision date of an administrative law judge; or
 - iii. The date established by a formal settlement agreement.
 - 3. Affected employee means an employee who is exposed to the hazard identified as a violation in a citation.
 - 4. Final order date means:
 - a. The date on which an uncontested citation is deemed final under A.R.S. § 23-417(A); or
 - b. For a contested citation item: The date on which a decision or order of an administrative law judge becomes final under A.R.S. §§ 23-421 or 23-423.
 - 5. Movable equipment means a hand-held or non-hand-held machine or device, powered or unpowered, that is used to do work and is moved within or between workplaces.
- C. Abatement certification.
 - 1. Within 10 calendar days after the abatement date, an employer shall certify to the Division that the employer has abated each cited violation except as provided in subsection (C)(2). An employer may use Appendix A to certify abatement.
 - 2. An employer is not required to certify abatement if a Compliance Safety and Health Officer, during an onsite inspection:
 - a. Observes, within 24 hours after a violation is identified, that abatement has occurred; and
 - b. Notes the abatement action on the citation.
 - 3. An employer's certification that abatement is complete shall include, for each cited violation, in addition to the information required by subsection (H), the completion date and method of abatement and a statement that affected employees and their representatives have been informed of the completed abatement.
- D. Abatement documentation.
 - 1. Within 10 days after the abatement date, an employer shall submit to the Division, documents which evidence that abatement is complete for each willful or repeat violation and for any serious violation for which abatement documentation is required.

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2. Documents which evidence that abatement is complete may include documents for purchase or repair of equipment, photographs or videos of the abatement, or other written records.
- E. Abatement plans.**
1. The Division may require an employer to submit an abatement plan, except for a nonserious violation, when the time permitted for abatement is more than 90 days. The citation shall state that an abatement plan is required. An employer may use Appendix B for an abatement plan.
 2. An employer shall submit an abatement plan for each cited violation within 25 days from the date of a final order when the citation states that a plan is required. In the abatement plan, the employer shall identify:
 - a. The violation,
 - b. The steps necessary to achieve abatement,
 - c. A schedule for completing abatement, and
 - d. How the employer will protect employees from the violative condition until abatement is complete.
- F. Progress reports.**
1. The Division may require an employer who submits an abatement plan under subsection (E), to submit periodic progress reports for each cited violation. If the Division requires a periodic progress report, the citation shall include the following information:
 - a. Periodic progress reports are required and the cited violations for which periodic progress reports are required;
 - b. The date on which an initial progress report must be submitted. The date of the initial progress report shall be no sooner than 30 days after the submission date required for abatement;
 - c. Whether additional progress reports are required; and
 - d. The date on which additional progress reports shall be submitted.
 2. For each violation, the employer shall summarize in the progress report, the action taken to achieve abatement and the date the action was taken.
- G. Employee notification.**
1. An employer shall inform affected employees and the employees' representative of abatement activities covered by this Section by posting a copy of each document submitted to the Division or a summary of the document at the location of the cited violation.
 2. For employers who have mobile work operations, the employer shall:
 - a. Post each document or a summary of the document submitted to the Division in a conspicuous place where it can be readily seen by employees and the employee representative; or
 - b. Take other steps to communicate fully to affected employees and the employees' representative about abatement actions.
 3. The employer shall inform employees and the employees' representative of the right to examine and copy all abatement documents submitted by the employer to the Division.
 - a. An employee or an employee representative shall submit a written request to examine and copy all abatement documents within three working days of receiving notice that the documents have been submitted to the Division.
 - b. An employer shall comply with an employee's or employee representative's written request to examine and copy abatement documents within five working days of receiving the request.
- H. Transmitting abatement documents.**
1. An employer shall include, in each submission required by this Section, the following information:
 - a. The employer's name and address;
 - b. The inspection number to which the submission relates;
 - c. The citation, item number, and location to which the submission relates;
 - d. A statement that the information submitted is accurate; and
 - e. The signature of the employer or the employer's authorized representative.
 2. The date of postmark is the date of submission for mailed documents. For documents transmitted by other means, the date the Division receives the document is the date of submission.
- I. Movable equipment.**
1. For serious, repeat, and willful violations involving movable equipment, an employer shall attach a warning tag or a copy of the citation to the operating controls or to the cited component of equipment that is moved within or between workplaces. The Division shall deem attaching a copy of the citation to the equipment to meet the tagging requirement of subsection (I)(3) and the posting requirement of R20-5-623.
 2. The employer shall use a warning tag to warn employees about the nature of the violation involving the movable equipment and identifies the location of the violation. An employer may use the tag in Appendix C to meet this requirement.
 3. If a violation has not been abated, an employer shall attach a warning tag or a copy of the citation to the equipment as follows:
 - a. For hand-held equipment, the employer shall attach a warning tag or copy of the citation within eight hours after the employer receives the citation; and
 - b. For non-hand-held equipment, the employer shall attach a warning tag or copy of the citation before moving the equipment within or between workplaces.
 4. For the construction industry, a tag that is designed and used in accordance with 29 CFR 1926.20(b)(3) and 29 CFR 1926.200(h) is deemed by the Division to meet the requirements of this Section when the information required by subsection (I)(2) is included on the tag.
 5. An employer shall ensure that the tag or copy of the citation attached to movable equipment is not altered, defaced, or physically covered by other material.
 6. An employer shall ensure that the tag or copy of the citation attached to movable equipment remains attached until:
 - a. The employer has abated the violation and all abatement verification documents required by this Section have been submitted to the Division;

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- b. The employer has permanently removed the cited equipment from service or the cited equipment is no longer within the employer's control; or
- c. The Division, administrative law judge, or Review Board vacates the citation.

Historical Note

Adopted effective June 26, 1998 (Supp. 98-2). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

Appendix A. Sample Abatement - Certification Letter (Non-mandatory)

[Name], Director
The Industrial Commission of Arizona
Division of Occupational Safety and Health
P. O. Box 19070
Phoenix, Arizona 85005

[Company's Name]
[Company's Address]
The hazard referenced in Inspection Number [Insert 9-digit #] for violation identified as:
Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

I attest that the information contained in this document is accurate.

Signature

Typed or Printed Name

Historical Note

Appendix A adopted effective June 26, 1998 (Supp. 98-2).

Appendix B. Sample Abatement Plan or Progress Report (Nonmandatory)

(Name), Director
The Industrial Commission of Arizona
Division of Occupational Safety and Health
P. O. Box 19070
Phoenix, Arizona 85005

[Company's Name]
[Company's Address]

Check one:
Abatement Plan ☐
Progress Report ☐
Inspection Number _____
Page _____ of _____
Citation Number(s)* _____

Item Number(s)* _____

Action	Proposed Completion Date (for abatement plans only)	Completion Date (for progress reports only)
1.
2.
3.
4.
5.

Date required for final abatement: _____
I attest that the information contained in this document is accurate.

Signature

Typed or Printed Name

Name of primary point of contact for questions: (optional)

Telephone number: _____
*Abatement plans or progress reports for more than one citation item may be combined in a single abatement plan or progress report if the abatement actions, proposed completion dates, and actual completion dates (for progress reports only) are the same for each of the citation items.

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Historical Note

Appendix B adopted effective June 26, 1998 (Supp. 98-2).

Appendix C. Sample Warning Tag (Nonmandatory)

<p>O</p> <p>WARNING:</p> <p>EQUIPMENT HAZARD BY ADOSH</p> <p>EQUIPMENT CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>HAZARD CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>FOR DETAILED INFORMATION: SEE ADOSH CITATION POSTED AT:</p> <p>_____</p> <p>_____</p>

BACKGROUND COLOR--ORANGE

MESSAGE COLOR--BLACK

Historical Note

Appendix C adopted effective June 26, 1998 (Supp. 98-2).

R20-5-628. Safe Transportation of Compressed Air or Other Gases

An employer shall not use Polyvinyl Chloride (PVC) piping in a place of employment for the transportation and distribution of compressed air or other compressed gases in an above-ground installation.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 1161, effective March 11, 2003 (Supp. 03-1).

R20-5-629. The Occupational Injury and Illness Recording and Reporting Requirements, 29 CFR 1904

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Recordkeeping, as published in 29 CFR 1904, with amendments as of July 21, 2023, incorporated by reference. Copies of the incorporated materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to recordkeeping by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1904 published after July 21, 2023.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 874, effective February 19, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 318, effective January 1, 2004 (Supp. 03-4). Amended by final rulemaking at 22 A.A.R. 775, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2263, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-630. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-640 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-630 effective March 2, 1981 (Supp. 81-2). R20-5-630 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-631. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-631 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-632. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-632 recodified from R4-13-632 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-633. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-633 recodified from R4-13-633 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-634. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-634 recodified from R4-13-634 (Supp. 95-1).

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Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-635. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-635 recodified from R4-13-635 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-636. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-636 recodified from R4-13-636 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-637. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective December 14, 1994 (Supp. 94-4). R20-5-637 recodified from R4-13-637 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-638. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-638 recodified from R4-13-638 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-639. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-639 recodified from R4-13-639 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-640. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-641 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-640 effective March 2, 1981 (Supp. 81-2). R20-5-640 recodified from R4-13-640

(Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-641. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-642 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-641 effective March 2, 1981 (Supp. 81-2). R20-5-641 recodified from R4-13-641 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-642. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-643 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-642 effective March 2, 1981 (Supp. 81-2). R20-5-642 recodified from R4-13-642 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-643. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-644 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-643 effective March 2, 1981 (Supp. 81-2). R20-5-643 recodified from R4-13-643 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-644. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-645 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-644 effective March 2, 1981 (Supp. 81-2). R20-5-644 recodified from R4-13-644 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-645. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-645 effective March 2, 1981 (Supp. 81-2). R20-5-645 recodified from R4-13-645 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-646. Emergency Expired**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days

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(Supp. 80-5). Emergency expired. R20-5-646 recodified from R4-13-646 (Supp. 95-1).

R20-5-647. Reserved**R20-5-648. Reserved****R20-5-649. Reserved****R20-5-650. Definitions**

As used in Sections R20-5-650 through R20-5-669 inclusive, unless the context clearly requires otherwise:

“Act” means the Arizona Occupational Safety and Health Act of 1972 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).

“Affected employee” means an employee or authorized employee representatives, such as the employee’s collective bargaining agent, who would be affected by the granting or denial of a variance.

“Commission” means the Industrial Commission of Arizona.

“Party” means a person admitted to participate in a hearing conducted in accordance with subsection (3) R20-5-624. An applicant for relief and any affected employee shall be entitled to be named as parties.

“Person” means an individual, partnership, association, corporation, business trust, legal representative, an organized group of individuals, or political subdivision.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-651 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-650 effective March 2, 1981 (Supp. 81-2). R20-5-650 recodified from R4-13-650 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-651. Petitions for Amendments

Any person may at any time petition the Commission in writing to revise, amend, or revoke any provisions of rules R20-5-650 through R20-5-669 inclusive. The petition should set forth either the terms or the substance of the rule desired, with a concise statement of the reasons therefor and the effects thereof.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-652 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-651 effective March 2, 1981 (Supp. 81-2). R20-5-651 recodified from R4-13-651 (Supp. 95-1).

R20-5-652. Effects of Variances

All variances granted hereunder shall have only future effect. In their discretion, the Commission may decline to entertain an application for variance on the subject or issue concerning which a citation has been issued to the employer involved and a proceeding on the citation or a related issue concerning a proposed penalty or period of abatement is pending before the Federal Occupational Safety and Health Review Commission, Office of Administrative Hearings or the Arizona Review Board until the completion of such proceeding.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-654 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-652 effective March 2, 1981 (Supp. 81-2). R20-5-652 recodified from R4-13-652 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-653. Public Notice of a Granted Variance

Every final action granting a variance, shall be published in state-wide newspapers. Every such final action shall specify the alternative to the standard involved which the particular variance permits.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-655 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-653 effective March 2, 1981 (Supp. 81-2). R20-5-653 recodified from R4-13-653 (Supp. 95-1).

R20-5-654. Variances; Form of Documents; Subscription; Copies

- A. No particular form is prescribed for applications and other papers which may be filed in proceedings pursuant to R20-5-655 and R20-5-656. However, any applications and other papers shall be clearly legible. An original and six copies of any application and other papers shall be filed. The original shall be typewritten. Clear carbon copies or printed or processed copies are acceptable copies.
- B. Each application or other paper which is filed in proceedings hereunder shall be signed by the person filing the same or by an attorney or other authorized representative and where required by these regulations shall be verified by the applicant.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-654 effective March 2, 1981 (Supp. 81-2). R20-5-654 recodified from R4-13-654 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-655. Variances under A.R.S. § 23-411

- A. Any employer, or class of employers, desiring a variance from a standard or regulation or any portion thereof, authorized by A.R.S. § 23-411(B) may file a written application containing the information specified in A.R.S. § 23-411(C) with the Industrial Commission of Arizona, 800 West Washington, Phoenix, Arizona 85007.
- B. In accordance with A.R.S. § 23-411(B)(3), an application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
- C. If an application for a variance is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.

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- D. If an interim order is granted, a copy of the order shall be served upon the applicant for the order and other parties and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for variance.
- E. Renewal of rules or orders. Any final rule or order issued under A.R.S. § 23-411 may be renewed or extended as permitted by the applicable Section and in the manner prescribed for its issuance.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-657 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-655 effective March 2, 1981 (Supp. 81-2). R20-5-655 recodified from R4-13-655 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-656. Variances under A.R.S. § 23-412

- A. Any employer, or class of employers, desiring a variance authorized by A.R.S. § 23-412 may file a written application with the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007.
- B. An application shall contain the information specified in A.R.S. § 23-412.
- C. An application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
- D. If an application is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
- E. If an interim order is granted, a copy of the order shall be served upon the applicant and other parties, and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for a variance.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-658 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-656 effective March 2, 1981 (Supp. 81-2). R20-5-656 recodified from R4-13-656 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-657. Federal Multi-state Variances

Where a federal variance has been granted with multi-state applicability, including applicability in this state operating under a state plan approved under Section 18 of the Federal Williams-Steiger Occupational Safety and Health Act of 1970, from a standard or portion thereof identical to this state's standard or rule or portion thereof such variance shall likewise be deemed an authoritative interpretation of the employer(s)' compliance obligation with regard to the state standard or portion thereof provided no objections of substance are found to be interposed by the Commission.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-659 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-657 effective March 2, 1981 (Supp. 81-2). R20-5-657 recodified from R4-13-657 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-658. Action on Applications

- A. If an application filed pursuant to R20-5-655, R20-5-656, or R20-5-657 does not conform to the applicable Section, the Commission may deny the application.
- B. The Commission shall cause to be published in statewide newspapers a notice of the filing of an approved application which shall include:
 1. The terms, or an accurate summary, of the application;
 2. A reference to the Section of the Act under which the application has been filed;
 3. An invitation to interested persons to submit within a stated period of time written data, views, or arguments regarding the application; and
 4. Information to affected employers, employees, of any right to request a hearing on the application.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-660 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-658 effective March 2, 1981 (Supp. 81-2). R20-5-658 recodified from R4-13-658 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-659. Request for Hearings on Petition

- A. Any employer, employee, authorized employee representative, representative, or other person interested in or affected by an order of the Commission may petition for a hearing on the reasonableness and lawfulness of an order issued under A.R.S. §§ 23-411 or 23-412, by a verified petition filed with the Commission.
- B. A request for a hearing filed shall include:
 1. The name and address of the applicant;
 2. A concise statement of facts showing how the employer, employee, authorized employee representative, representative, or other person would be affected by the relief applied for;
 3. A petition shall set forth specifically and in detail the order upon which a hearing is desired;
 4. The reasons why the order is unreasonable or unlawful;
 5. The issue to be considered by the Commission on the hearing. Objections other than those set forth in the petition are deemed finally waived.
 6. If the applicant is an employer, a certification that the applicant has informed the affected employees of the application by:
 - a. Giving a copy thereof to their authorized representative;
 - b. Posting at the place or places where notices to employees are normally posted, a statement giving a summary of the petition specifying where a copy of

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the full petition may be examined (or, in lieu of the summary, posting the application itself); and

c. Other appropriate means.

7. If the applicant is an affected employee, a certification that a copy of the petition has been furnished to the employer.

- C. The Commission may on its own motion proceed to modify or revoke a rule or order issued under A.R.S. §§ 23-411 or 23-412. In such event, the Commission shall cause to be published in statewide newspapers a notice of its intention, affording interested persons an opportunity to submit written data, views, or arguments regarding the proposal and informing the affected employer and employees of their right to request a hearing and shall take such other action as may be appropriate to give actual notice to the affected employees. Any request for a hearing shall include a short and plain statement of:
1. How the proposed modification or revocation would affect the requesting party; and
 2. What the requesting party would seek to show on the subjects or issues involved.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-661 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-659 effective March 2, 1981 (Supp. 81-2). R20-5-659 recodified from R4-13-659 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-660. Consolidation of Proceedings

The Commission on its own motion or that of any party may consolidate or contemporaneously consider two or more proceedings which involve the same or closely related issues.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-662 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-660 effective March 2, 1981 (Supp. 81-2). R20-5-660 recodified from R4-13-660 (Supp. 95-1).

R20-5-661. Notice of Hearing

Upon request for a hearing as provided in this Section, or upon its own initiative, the Commission shall serve, or cause to be served, a reasonable notice of hearing which shall include:

1. The time, place, and nature of the hearing;
2. The legal authority under which the hearing is to be held;
3. A specification of issues of fact and law.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-663 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-661 effective March 2, 1981 (Supp. 81-2). R20-5-661 recodified from R4-13-661 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-662. Manner of Service

Service of any document upon any party may be made by personal delivery of, or by mailing, a copy of the document to the last known

address of the party. The person serving the document shall certify to the manner and the date of the service.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-664 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-662 effective March 2, 1981 (Supp. 81-2). R20-5-662 recodified from R4-13-662 (Supp. 95-1).

R20-5-663. Commission; Powers and Duties

- A. The Commissioners shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the following:
1. To administer oaths and affirmations;
 2. To rule upon offers of proof and receive relevant evidence;
 3. To provide for discovery and to determine its scope;
 4. To regulate the course of the hearing and the conduct of the parties and their counsel therein;
 5. To consider and rule upon procedural requests;
 6. To hold conferences for the settlement or simplification of the issues by consent of the parties;
 7. To make, or to cause to be made, an inspection of the employment or place of employment involved;
 8. To make decisions in accordance with A.R.S. §§ 23-405(5), 23-411, 23-412, and 23-945; and
 9. To take any other appropriate action authorized by the Act, this Section, or A.R.S. § 23-945.
- B. Insubordinate conduct at any hearing before the Commission shall be grounds for exclusion from the hearing.
- C. If a witness or a party refuses to answer a question after being directed to do so, or refuses to obey an order to provide or permit discovery, the Commission may make such orders with regard to the refusal as are just and appropriate, including an order denying an application of an applicant or regulating the contents of the record of the hearing.
- D. On any procedural question not regulated by this Section, the Act, or A.R.S. § 23-945, Commission shall be guided to the extent practicable by any pertinent provisions of the Occupational Safety and Health Rules of Procedure.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-665 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-663 effective March 2, 1981 (Supp. 81-2). R20-5-663 recodified from R4-13-663 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-664. Prehearing Conferences

- A. Upon its own motion or the motion of a party, the Commission may direct the parties or their counsel to meet with them for a conference to consider:
1. Simplification of the issues;
 2. Necessity or desirability of amendments to documents for purposes of clarification, simplification, or limitation;
 3. Stipulations, admissions of fact, and of contents and authenticity of documents;
 4. Limitation of the number of parties and of expert witnesses; and

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5. Such other matters as may tend to expedite the disposition of the proceeding and to assure a just conclusion thereof.

- B. The Commission shall make an order which recites the action taken at the conference, the amendments allowed to any documents which have been filed, and the agreements made between the parties as to any of the matters considered, and which limits the issues for hearings to those not disposed of by admission or agreements; and such order when entered controls the subsequent course of the hearing, unless modified at the hearing, to prevent manifest injustice.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-666 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-664 effective March 2, 1981 (Supp. 81-2). R20-5-664 recodified from R4-13-664 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-665. Consent Findings and Rules or Orders

- A. At any time before the reception of evidence in any hearing, or during any hearing, a reasonable opportunity may be afforded to permit the negotiation by the parties of an agreement containing consent findings and a rule or order disposing of the whole or any part of the proceeding. The allowance of such opportunity and the duration thereof shall be in the discretion of the Commission, after consideration of the nature of the proceeding, the requirements of the public interest, the representations of the parties, and the probability of an agreement which will result in a just disposition of the issues involved.
- B. Any agreement containing consent findings in rule or other disposing of a proceeding shall also provide:
1. That the rule or order shall have the same force and effect as if made after a full hearing;
 2. That the entire record on which any rule or order may be based shall consist solely of the application and the agreement;
 3. A waiver of any further procedural steps before the Commission; and
 4. A waiver of any right to challenge or contest the validity of the findings and of the rule or order made in accordance with the agreement.
- C. On or before the expiration of the time granted for negotiations, the parties or their counsel may:
1. Submit the proposed agreement to the Commission for its consideration; or
 2. Inform the Commission that agreement cannot be reached.
- D. In the event an agreement containing consent findings and rule or order is submitted within the time allowed therefor, the Commission may accept such agreement by issuing its decision based upon the agreed findings.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-667 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-665 effective March 2, 1981 (Supp. 81-2). R20-5-665 recodified from R4-13-665 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R.

2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-666. Discovery

- A. For reasons of unavailability or for other good cause shown, the testimony of any witness may be taken by deposition.
1. Depositions may be taken orally or upon written interrogatories before any person designated by the Commission and having power to administer oaths.
 2. Any party desiring to take the deposition of a witness may make application in writing to the Commission, setting forth:
 - a. The reasons why such deposition should be taken;
 - b. The time when, the place where, and the name and post office address of the person before whom the deposition is to be taken;
 - c. The name and address of each witness; and
 - d. The subject matter concerning which each witness is expected to testify.
 3. Such notice as the Commission may order shall be given by the party taking the deposition to every other party.
 4. Each witness testifying upon deposition shall be sworn, and the parties not calling the witness shall have the right to cross-examine the witness. The questions propounded and the answers thereto, together with all objections made, shall be reduced to writing, read to the witness, subscribed by the witness, and certified by the officer before whom the deposition is taken. Thereafter, the officer shall seal the deposition, with two copies thereof, in an envelope and mail the same by registered mail to the presiding hearing examiner. Subject to such objections to the questions and answers as were noted at the time of taking the deposition and would be valid were the witness personally present and testifying, such deposition may be read and offered in evidence by the party taking it as against any party who was present, represented at the taking of the deposition, or who had due notice thereof. No part of a deposition shall be admitted in evidence unless there is a showing that the reasons for the taking of the deposition in the first instance exist at the time of the hearing.
- B. Whenever appropriate to a just disposition of any issue in a hearing, the Commission may allow discovery by any other appropriate procedure, such as by written interrogatories upon a party, production of documents by a party, or by entry for inspection of the employment or place of employment involved.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-668 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-666 effective March 2, 1981 (Supp. 81-2). R20-5-666 recodified from R4-13-666 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-667. Variance Hearings

- A. Except as may be ordered otherwise by the Commission, the party applying for relief shall proceed first at a hearing.
- B. The party applying for relief shall have the burden of proof.
- C. A party shall be entitled to present its case or defense by oral or documentary evidence, to submit rebuttal evidence, and to

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conduct such cross-examination as may be required for a full and true disclosure of the facts.

1. Any oral or documentary evidence may be received, but the Commission shall exclude evidence which is irrelevant, immaterial, or unduly repetitious.
 2. The testimony of a witness shall be upon oath or affirmation administered by the Commission.
- D.** Official notice may be taken of any material fact not appearing in evidence in the record, which is among the traditional matters of judicial notice: provided that the parties shall be given adequate notice, at the hearing or by reference in the Commission's decision, of the matters so noticed and shall be given adequate opportunity to show the contrary.
- E.** Minutes shall be taken of the Commission hearings. Copies of the minutes may be obtained by the parties upon written application filed with the secretary of the Commission and upon the payment of fees at the rate provided in the agreement with the Commission.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-669 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-667 effective March 2, 1981 (Supp. 81-2). R20-5-667 recodified from R4-13-667 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-668. Decisions of the Commission

- A.** Proposed findings of fact, conclusions, and rules or orders. Within 10 days after completion of the hearing or such additional time as the Commission may allow, each party may file with the Commission proposed findings of fact, conclusions of law, and rule or order, together with a supporting brief expressing the reasons for such proposals. Such proposals and brief shall be served on all other parties and shall refer to all portions of the record and to all authorities relied upon in support of each proposal.
- B.** Decisions of the Commission. Within a reasonable time after the time allowed for the filing of proposed findings of fact, conclusions of law, and rule or order, the Commission shall make and serve upon each party its decision, which shall become final upon the 30th day after service thereof, unless exceptions are filed thereto, as provided in rule R20-5-669. The decision of the Commission shall include:
1. A statement of findings and conclusions, with reasons and basis therefor, upon each material issue of fact, law, or discretion presented on the record, and
 2. The appropriate rule, order, relief, or denial thereof. The decision of the hearing examiner shall be based upon a consideration of the whole record and shall state all facts officially notice and relied upon. It shall be made on the basis of a preponderance of reliable and probative evidence.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-670 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-668 effective March 2, 1981 (Supp. 81-2). R20-5-668 recodified from R4-13-668 (Supp. 95-1).

R20-5-669. Judicial Review

Any employer, employee, authorized employee representative, representative, or any person in interest is dissatisfied with an order of the Commission may appeal in accordance with A.R.S. § 23-413.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-674 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-670 effective March 2, 1980 (Supp. 81-2). R20-5-669 recodified from R4-13-669 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-670. Field Sanitation

- A.** This Section applies to any agricultural establishment where a crew of five or more employees are engaged on any given day in hand-labor operations in one location.
- B.** As used in this Section:
1. "Agricultural establishment" means a business operation that uses paid employees in the production of food, fiber or other material such as seed, seedlings, plants or parts of plants.
 2. "Crew of employees" means a group of persons who are employed to perform hand-labor operations as a unit at an agricultural establishment. "Crew of employees" does not include the employer and the employer's immediate family members.
 3. "Hand-labor operations" means agricultural activities or operations performed in the field by hand or with hand tools. Hand-labor operations include the hand-harvest of vegetables, nuts and fruits, hand-weeding of crops and hand-planting of seedlings. Hand-labor operations do not include such activities as logging operations, irrigation operations, the care or feeding of livestock or hand-labor operations in permanent structure, such as canning facilities or packing houses. Hand-labor operations do not include activities in which persons are acting as equipment operators.
 4. "Handwashing facility" means a facility providing either a basin, container or outlet with an adequate supply of potable water, soap and single-use towels.
 5. "Potable water" means water that meets the standards for drinking purposes prescribed by the state or local authority having jurisdiction or water that meets the quality standards prescribed by the United States Environmental Protection Agency's National Interim Primary Drinking Water Regulations, published in 40 CFR Part 141 (July 1983), incorporated by reference and on file in the Office of the Secretary of State.
 6. "Toilet facility" means a facility designed for the purpose of both defecation and urination, including biological or chemical toilets, combustion toilets or sanitary privies, which is supplied with toilet paper adequate for employee needs. Toilet facilities may be either fixed or portable.
- C.** Employers shall provide the following for employees engaged in hand-labor operations at an agricultural establishment without cost to the employee:
1. Potable drinking water as follows:
 - a. Potable water shall be provided and shall be placed in locations readily accessible to all employees.
 - b. The water shall be suitably cool, no more than 80°F, and in sufficient amounts, a minimum of two gallons per employee, taking into account the air temperature.

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ture, humidity and the nature of the work performed, to meet employees' need.

- c. The water shall be dispensed in single-use drinking cups or by fountains. The use of common drinking cups or dippers is prohibited.
2. Toilet and handwashing facilities as follows:
 - a. One toilet facility and one handwashing facility shall be provided for each 40 employees or fraction thereof, except as provided in subsection (D) of this Section.
 - b. Toilet facilities shall have doors that can be closed and latched from the inside and shall be constructed to ensure privacy.
 - c. Toilet and handwashing facilities shall be accessibly located, in close proximity to each other and within 1/4 mile of each employee's place of work in the field. If it is not feasible to locate facilities accessibly and within the required distance due to the terrain, facilities shall be located at the point of closest vehicular access.
- D. Toilet and handwashing facilities are not required for employees who perform field work for a period of three hours or less (including transportation time to and from the field) during the day.
- E. Potable drinking water and toilet and handwashing facilities shall be maintained in accordance with appropriate public health sanitation practices, including all of the following:
 1. Drinking water containers shall be covered, cleaned and refilled daily.
 2. Toilet facilities shall be operational and maintained in clean and sanitary condition and shall be supplied with toilet paper adequate for employee needs.
 3. Handwashing facilities shall be maintained in clean and sanitary condition.
 4. Disposal of wastes from facilities shall not cause unsanitary conditions.
- F. Employees shall be allowed reasonable opportunities during the workday to use the facilities.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Adopted effective May 2, 1986 (Supp. 86-3). R20-5-670 recodified from R4-13-670 (Supp. 95-1).

R20-5-671. Reserved

R20-5-672. Reserved

R20-5-673. Reserved

R20-5-674. Emergency Expired

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-674 recodified from R4-13-674 (Supp. 95-1).

R20-5-675. Reserved

R20-5-676. Reserved

R20-5-677. Reserved

R20-5-678. Reserved

R20-5-679. Reserved

R20-5-680. Protected Activity

- A. All complaints pursuant to A.R.S. § 23-425 shall relate to conditions at the workplace. The filing of complaints need not be

in writing for purposes of this subsection except that those complaints filed pursuant to R20-5-682 shall comply with R20-5-682. The term "filed any complaint" as used in A.R.S. § 23-425(A) includes:

1. Employee requests for inspection pursuant to A.R.S. § 23-408;
 2. Complaints registered with other state, local or federal governmental agencies which have the authority to regulate or investigate occupational safety and health conditions;
 3. Complaints lodged with employers; or
 4. Complaints filed as specified in R20-5-682.
- B. The term "instituted or caused to be instituted any proceeding" as used in A.R.S. § 23-425(A) includes:
 1. Inspections of worksites under A.R.S. § 23-408(A);
 2. Employee contest of abatement date under A.R.S. § 23-417(D);
 3. Employee initiation of proceedings for promulgation of an occupational safety and health standard under A.R.S. § 23-410(A);
 4. Employee application for modification or revocation of a variance under A.R.S. § 23-413;
 5. Employee judicial challenge to a standard under A.R.S. § 23-410(E);
 6. Employee appeal of an Administrative Law Judge order under A.R.S. § 23-421(C);
 7. Exercise of rights by any employee pursuant to A.R.S. § 23-418.01;
 8. Any other employee action authorized by the Arizona Occupational Safety and Health Act of 1972; or
 9. Setting into motion the activities of others which result in the proceedings specified in subsections (B)(1) through (8).
 - C. The term "testified or is about to testify in any such proceeding" as used in A.R.S. § 23-425(A) includes:
 1. Testimony in proceedings instituted or caused to be instituted by the employee; or
 2. Any statements given in the course of judicial, quasi-judicial or administrative proceedings. For this purpose, administrative proceedings include inspections, investigations and administrative rulemaking or adjudicative functions.
 - D. The term "the exercise by such employee on behalf of himself or others of any right afforded by this Article" as used in A.R.S. § 23-425(A) includes:
 1. The right to participate as a party in enforcement proceedings pursuant to A.R.S. § 23-408;
 2. The right to request information from the Industrial Commission; or
 3. To cooperate with inspections or investigations by the Industrial Commission.
 - E. If the employee, with no reasonable alternative, refuses in good faith to be exposed to a dangerous condition, the employee is engaged in protected activity. The condition causing the employee's apprehension of death or injury must be of such a nature that a reasonable person, under the circumstances then confronting the employee, would conclude there is a real danger of death or serious injury and that there is insufficient time, due to the urgency of the situation, to eliminate the dangers through resort to regular statutory enforcement channels. In addition, in such circumstances, the employee, where possible, must also have sought from the employer and been unable to obtain a correction of the dangerous condition.

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- F. Employees who refuse to comply with valid occupational safety and health standards or valid safety rules implemented by the employer are not protected by A.R.S. § 23-425.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-680 recodified from R4-13-680 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-681. Elements of a Violation of A.R.S. § 23-425

To establish a violation of A.R.S. § 23-425(A), the employee shall prove all of the following:

1. The employee was engaged in protected activities as defined in R20-5-680.
2. The employer had actual or implied knowledge of the employee's protected activities prior to the adverse action which the employee claims to be a discharge or discrimination.
3. The action claimed to be discharge or discrimination was adverse to the employee.
4. The alleged discharge or discrimination would not have taken place but for the employee's engagement in the protected activity.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-681 recodified from R4-13-681 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-682. Procedure

- A. A complaint of A.R.S. § 23-425(A) discharge or discrimination shall be filed with the Division of Occupational Safety and Health by the employee or by a representative authorized by A.R.S. § 23-408 to do so on the employee's behalf. The complaint shall be written and shall be signed by the person filing the complaint.
- B. The date of filing a complaint under A.R.S. § 23-425(B) is the date of receipt of the complaint by the Division. The date of receipt is the date of postmark, date of facsimile transmittal, date of email communication, date of telephone call, date of hand-delivery to a third-party commercial carrier, or date of in-person filing at the Division. If the post-mark is absent or illegible, the date filed is the date the complaint is received by the Division.
- C. The Division will accept or deny an employee's withdrawal of a complaint; however the Industrial Commission's investigatory jurisdiction shall not be foreclosed by unilateral action of the employee.
- D. The Industrial Commission may resolve an A.R.S. § 23-425 complaint with the employer without the consent of the employee.
- E. The Industrial Commission's jurisdiction to investigate and determine A.R.S. § 23-425 complaints is independent of the jurisdiction of other agencies or bodies. The Industrial Commission may defer to the results of other such proceedings where:
 1. The rights asserted in those other proceedings are substantially the same as the rights pursuant to A.R.S. § 23-425;
 2. The factual issues in such proceedings are substantially the same as the factual issues before the Industrial Commission;
 3. The proceedings were fair and regular; and
 4. The outcome of the proceedings was not inconsistent with the purposes of this Chapter and the Act.

- F. A determination pursuant to A.R.S. § 23-425(C) includes:
1. A decision to not proceed with the case;
 2. To defer the case to another forum; or
 3. To proceed to litigation in Superior Court.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-682 recodified from R4-13-682 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-683. Reconsideration of Initial Determination

- A. In cases where ADOSH issues an initial determination to not proceed with a complaint filed under A.R.S. § 23-425, the employee can request reconsideration of the initial determination.
- B. The request for reconsideration must be filed with, and received by, the ADOSH Director within 15 calendar days from the receipt of the initial determination letter.
- C. The reconsideration will be placed upon the agenda for a meeting of the Industrial Commission of Arizona Commissioners.
- D. The employee, and the employer will be notified of the reconsideration date, and may appear at the Commissioners' meeting to provide testimony. The employee, and the employer will not be allowed to present documentary evidence.
- E. Upon hearing the testimony, and review of the file, the Commissioners may:
 1. Affirm the initial determination;
 2. Remand the file back to ADOSH for further investigation; or
 3. Reverse the initial determination and have a lawsuit filed in the appropriate Superior Court.
- F. The decision of the Commissioners will constitute the final determination of the Division.

Historical Note

New Section made by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

ARTICLE 7. REPEALED**R20-5-701. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-702. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-703. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-704. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435

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(October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-705. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-706. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-707. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-708. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-709. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-710. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-711. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-712. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-713. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435

(October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-714. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-715. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 22 A.A.R. 2782, effective September 7, 2016 (Supp. 16-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-716. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-717. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-718. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-719. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-720. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-721. Repealed

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-722. Repealed

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Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435

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ARTICLE 8. OCCUPATIONAL SAFETY AND HEALTH RULES OF PROCEDURE**R20-5-801. Notice of Rules**

This Article applies to all actions and proceedings before an administrative law judge pertaining to those issues arising out of Title 23, Chapter 2, Article 10. In the event of a conflict between A.R.S. §§ 23-401 through 23-433 or this Article and the rules of procedure pertaining to OAH, A.R.S. §§ 23-401 through 23-433 and this Article control.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-801 recodified from R4-13-801 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-802. Repealed**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-802 recodified from R4-13-802 (Supp. 95-1). Repealed by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-803. Definitions

In addition to the definitions provided in A.R.S. § 23-401, the following definitions apply to this Article:

“Act” means the Arizona Occupational Safety and Health Act of 1972.

“Affected employee” means an employee of a cited employer who is exposed to the alleged hazard described in a citation, as a result of assigned duties.

“Authorized employee representative” means a labor organization which has a collective bargaining relationship with the cited employer and which represents affected employees.

“Citation” means a written communication issued by the Division of Occupational Safety and Health of the Industrial Commission of Arizona pursuant to A.R.S. § 23-415.

“OAH” means the Arizona Office of Administrative Hearings.

“Party” shall have the same meaning as “interested party,” as defined in A.R.S. § 23-401.

“Representative” means any person, including an authorized employee representative, authorized by a party to represent the party under A.R.S. § 23-429 in a proceeding.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-803 recodified from R4-13-803 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-804. Computation of Time

In computing any period of time prescribed or allowed in this Article, the day from which the designated period begins to run shall not be included. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-804 recodified from R4-13-804 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-805. Record Address

The initial pleading filed by any interested party shall contain the party’s name, address, email address, and telephone number. Any change in such information must be communicated promptly in writing to the Commission, OAH, and all other interested parties. An interested party who fails to furnish such correct and current information shall be deemed to have waived the right to object to the validity of any notice and/or service which has been made to the last known address of the party as shown by the records of the Commission.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-805 recodified from R4-13-805 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-806. Service and Notice

- A. At the time of filing pleadings or other documents a copy thereof shall be served by the filing party on every other interested party.
- B. Service upon an interested party who has appeared through a representative shall be made only upon such representative.
- C. Unless otherwise herein indicated, service may be accomplished by (1) postage prepaid first class mail; (2) by personal delivery; or (3) with an interested party’s consent, transmission by email. Service is deemed effected at the time of mailing or emailing (if by mail or email) or at the time of personal delivery (if by personal delivery).
- D. Proof of service shall be accomplished by a written statement of the same which sets forth the date and manner of service. Such statement shall be filed with the pleading or document.
- E. Service and notice to employees represented by an authorized employee representative shall be deemed accomplished by serving the authorized employee representative in the manner prescribed in subsection (C).
- F. In the event that there are any affected employees who are not represented by an authorized employee representative, the employer shall, immediately upon receipt of notice of the time and place of hearing, post, where the citation is required to be posted, a copy of the notice of the time and place of hearing and a notice informing such affected employees of their right to appear at the hearing and state their position and of the availability of all pleadings for inspection and copying at reasonable times. A notice in the following form shall be deemed to comply with this subsection:

(Name of employer)

Your employer has been cited by the Arizona Division of Occupational Safety and Health for violating the Arizona Occupational Safety and Health Act of 1972. The citation has been contested and will be the subject of a hearing before the Arizona Office of Administrative Hearings. Affected employees are entitled to appear in this hearing under the terms and conditions established by the Industrial Commission and the Arizona Office of Administrative Hearings in published rules of procedure. Notice of Intent to Participate should be sent to:

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Arizona Office of Administrative Hearings
1740 West Adams Street, Lower Level,
Phoenix, Arizona 85007.

All papers relevant to this matter may be inspected at:

(Place reasonably convenient to employees, preferably at or near workplace.)

Where appropriate, the second sentence of the above Notice may be deleted and the following sentence will be substituted:

The reasonableness of the period prescribed by the Industrial Commission for abatement of the violation has been contested and will be the subject of a hearing before the Arizona Office of Administrative Hearings.

- G. Where service is accomplished by posting, proof of such posting shall be filed with OAH not later than five days following the posting.
- H. The authorized employee representative, if any, shall be served with the proof of posting set forth in subsection (G) and with a copy of the notice of time and place of hearing.
- I. A copy of the notice of time and place of hearing shall be served by the employer on the authorized employee representative of affected employees in the manner prescribed in subsection (C) of this Section, if the employer has not been informed that the authorized employee representative has entered an appearance with OAH as of the date such notice is received by the employer.
- J. Where a request for hearing is filed by an affected employee who is not represented by an authorized employee representative and there are other affected employees who are represented by an authorized employee representative, the unrepresented employee shall, upon receipt of the notice of time and place of hearing, serve a copy thereof on such authorized employee representative in the manner prescribed in subsection (C) of this Section and shall file proof of such service with OAH.
- K. Where a request for hearing is filed by an affected employee or an authorized employee representative, a copy of the request for hearing shall be provided to the employer for posting by the employer at the place the citation is required to be posted.
- L. An authorized employee representative who files a request for hearing shall be responsible for serving any other authorized employee representative whose members are affected employees.
- M. Where posting is required by this Section, such posting shall be maintained until the commencement of the hearing or until earlier disposition.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-806 recodified from R4-13-806 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-807. Consolidation

Cases may be consolidated on the motion of any interested party, or on the administrative law judge's own motion, where there exist common parties, common questions of law or fact, or both, or in such other circumstances as justice and the administration of the Act require.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-807 recodified from R4-13-807 (Supp. 95-1). Amended

by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-808. Severance

Upon an administrative law judge's own motion, or upon motion of any party, the administrative law judge may, for good cause, order any part of a proceeding severed with respect to some or all issues or parties.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-808 recodified from R4-13-808 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-809. Election to Appear

- A. Affected employees may elect to appear at a hearing for the purpose of testifying or stating their position concerning the subject matter of a hearing.
- B. An affected employee desiring to appear at a hearing must notify the administrative law judge in writing.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-809 recodified from R4-13-809 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-810. Employee Representatives

- A. Affected employees may appear in person or through a representative.
- B. An authorized employee representative shall be deemed to control all matters respecting the interest of represented employees during the proceedings.
- C. Affected employees who are represented by an authorized employee representative may appear only through the authorized employee representative.
- D. Any representative may withdraw from representation by filing a written notice of withdrawal with the administrative law judge and by serving a copy thereof on all interested parties.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-810 recodified from R4-13-810 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-811. Form of Pleadings

- A. Except as provided in A.R.S. § 23-420 and this Article, there are no specific requirements as to the form of any pleading or filing. All pleading and filings shall contain a caption sufficient to identify the parties in accordance with R20-5-812. All pleadings and motions shall include the citation number and a clear and plain statement of the relief that is sought, together with the grounds therefor.
- B. Pleadings and other filings (other than exhibits and petitions for hearing) shall be typewritten and double spaced, on standard letter size paper.
- C. Pleadings and motions shall be signed or electronically signed by the party filing or by the representative. Such signing constitutes a representation by the signer that the signer has read the pleading or motion, that to the best of the signer's knowledge, information and belief the statements made therein are true, and that it is not interposed for delay.

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- D. OAH may refuse for filing any pleading or document which does not comply with the requirements of subsections (A), (B), and (C) of this Section.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-811 recodified from R4-13-811 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-812. Caption; Titles of Cases

- A. Cases initiated by a cited employer filing a request for hearing contesting citations and/or proposed penalties shall be titled: Arizona Division of Occupational Safety and Health, Complainant, vs. (name of employer), Respondent.
- B. Cases initiated by a cited employer filing a request for hearing for modification of the abatement period shall be titled: (name of employer), Petitioner vs. Arizona Division of Occupational Safety and Health, Respondent.
- C. Cases initiated by an affected employee filing a request for hearing for modification of the abatement period shall be titled: (name of affected employee or authorized employee representative), Petitioner vs. Arizona Division of Occupational Safety and Health, Respondent, and (employer), Respondent.
- D. The case titles listed in subsections (A), (B), and (C) of this Section shall appear in the left upper portion of the initial page of any pleading, motion, or filing (other than exhibits).
- E. The initial page of any pleading, motion, or filing (other than exhibits and requests for hearing) shall show the citation number at the upper right of the page, opposite the title.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-812 recodified from R4-13-811 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-813. Requests for Hearing

- A. Requests for hearing shall be filed with the Arizona Division of Occupational Safety and Health.
- B. Requests for hearing shall be in writing and contain a clear and plain statement of the relief that is sought, together with the grounds thereof.
- C. The Commission shall, after receipt of a request for hearing, refer the file to OAH for hearing and determination.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-813 recodified from R4-13-813 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-814. Pre-hearing Conference

- A. At any time before a hearing, the administrative law judge, sua sponte or on motion of an interested party, may direct the parties, or their representatives, to exchange information or to participate in a pre-hearing conference for the purpose of considering matters which will tend to simplify the issues or expedite the proceedings.
- B. The administrative law judge may issue a pre-hearing order which includes the agreements reached by the parties. Such order shall be served on all parties and shall be part of the record.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-814 recodified from R4-13-814 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-815. Payment of Witness Fees and Mileage

Witnesses summoned before OAH shall be paid the same fees and mileage that are paid to witnesses in the courts of Arizona. Witness fees and mileage shall be paid by the party at whose request the witness appears.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-815 recodified from R4-13-815 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-816. Expired**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-816 recodified from R4-13-816 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

R20-5-817. Failure to Appear -- Withdrawal of Request for Hearing

- A. The failure of an interested party who has requested a hearing to appear at such scheduled hearing shall be deemed to be an admission of the validity of any citation, abatement period, or penalty issued pursuant to A.R.S. § 23-417(A), and additionally a waiver of all rights except the right to be served with a copy of the decision of the administrative law judge and to request review.
- B. Withdrawal of a request for hearing shall be construed as an admission of the validity of any citation, abatement period or penalty issued pursuant to A.R.S. § 23-417(A). No decision need be issued in this case, as the subject instrument is deemed to be admitted.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-817 recodified from R4-13-817 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-818. Duties and Powers of Administrative Law Judges

It shall be the duty of the administrative law judge to conduct a fair and impartial hearing, to assure that the facts are fully elicited, to adjudicate all issues and avoid delay. The administrative law judge shall have authority with respect to assigned cases, between the time a case is assigned and the time a decision is issued, subject to the rules and regulations of the Commission and OAH, to:

1. Administer oaths and affirmations;
2. Rule upon admissibility of exhibits;
3. Rule upon applications for depositions;
4. Regulate the course of the hearing and, if appropriate or necessary, exclude persons or counsel from the hearing for contemptuous conduct and strike all related testimony of witnesses refusing to answer any proper questions;
5. Call and examine witnesses;
6. Request the parties at any time during the hearing to state their respective positions concerning any issue in the case or theory in support thereof;

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7. Adjourn the hearing as the needs of justice and good administration require;
8. Issue appropriate orders for protection of trade secrets;
9. Take any other action necessary under the foregoing and authorized by the rules and regulations of the Commission and OAH.

Historical Note

Adopted effective August 27, 1975 (Supp. 75-1). R20-5-818 recodified from R4-13-818 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-819. Witness Deposition; In State

- A. After a request for hearing has been filed with the Commission, any party desiring to take the deposition of any other interested party or witness residing within the State of Arizona shall file with the administrative law judge, a notice of deposition. Copies of such notice shall be served at least five days prior to the date of the deposition upon the deponent and upon every interested party by the party desiring to take the deposition.
- B. If any interested party or the deponent has any objection to the taking of a deposition, the objecting party shall file with the administrative law judge and serve on all interested parties written objections thereto setting forth the basis of the opposition to the deposition. Such objection shall be filed with the administrative law judge within two days after the notice of deposition by is received.
- C. If objections to the taking of the deposition are filed with the administrative law judge as provided in subsection (B), the administrative law judge shall rule on the objections within five days of the filing of the objections. The taking of the deposition shall be held in abeyance pending the ruling of the administrative law judge. The administrative law judge shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate.
- D. The party taking a deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.
- F. A scheduled hearing shall not be cancelled or continued for failure to timely take or complete a deposition pursuant to the provisions of this Section.
- G. Depositions taken pursuant to the provisions of this Section shall only be used at the time of a hearing for impeachment of a witness, unless the deponent is deceased or a non-party witness is unavailable at the time of the scheduled hearing, in which event the deposition transcript may be admitted into evidence. The transcript shall be filed with the administrative law judge at least 15 days prior to the hearing date if an interested party intends to introduce it into evidence. If the deposition transcript is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the administrative law judge.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-819 recodified from R4-13-819 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024),

with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-820. Witness Deposition; Out-of-State

- A. After a request for hearing is filed with the Commission, any interested party desiring to take the deposition of any other interested party or witness residing outside the State of Arizona shall file with the administrative law judge, a request for permission to take the deposition. The request shall include the name and address of the witness and set forth the reason why the witness's testimony is necessary for an adjudication of the case. Copies of the request shall be served upon each interested party by the party requesting permission to take the deposition. If no objection to the request for permission to take the deposition is filed as provided in subsection (B), the administrative law judge may, within 10 days, in the administrative law judge's discretion, grant or deny the permission to take the deposition. If the administrative law judge permits the taking of the deposition, the requesting party may proceed in the manner provided by and subject to the limitations of R20-5-819, subsections (A), (D), (E), and (F).
- B. If any interested party objects to the taking of the deposition of an interested party or witness, the objecting party shall file with the administrative law judge and serve on all other interested parties written objections thereto setting forth the basis for the opposition to the deposition. Such objection shall be filed with the administrative law judge within five days after the request to take the deposition is served.
- C. If objections to the taking of a deposition are filed with the administrative law judge as provided in subsection (B), the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the deposition shall be held in abeyance pending the ruling of the administrative law judge. The administrative law judge shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate. If the administrative law judge orders that the deposition proceed, the party may proceed to take the deposition in the manner provided by and subject to the limitation of R20-5-819, subsections (A), (D), (E), and (F).
- D. The transcript of any deposition taken pursuant to this Section shall be filed with the administrative law judge at least 15 days prior to the hearing date and may be admitted into evidence. If the transcript is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the administrative law judge.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-820 recodified from R4-13-820 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-821. Written Interrogatories and Request for Production of Documents

- A. After a request for hearing is filed with the Commission, any interested party desiring to issue written interrogatories or a request for production of documents to another interested party shall be limited to 25 in number, inclusive of sub-parts.
- B. Answers to written interrogatories or a request for production of documents shall be served on all interested parties by the answering party within 30 days after service of the interrogatories or a request for production of documents, or within 30 days after a ruling by the administrative law judge that the

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interrogatories must be answered or documents must be produced.

- C. No scheduled hearing shall be cancelled or continued for failure of a party to timely issue interrogatories or a request for production of documents to another interested party.
- D. Written interrogatories issued pursuant to the provisions of this Section may only be used at the time of hearing for impeachment of a witness unless the answering party is deceased at the time of the scheduled hearing in which event the interrogatory answers may be admitted into evidence.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-821 recodified from R4-13-821 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-822. Refusal to Answer; Refusal to Attend

- A. If an interested party or witness refuses to answer any question propounded during deposition pursuant to R20-5-819 and R20-5-820, the deposition shall be completed in other matters, as the proponent of the question may prefer. Thereafter on reasonable notice to all parties and persons affected thereby the proponent of the question may apply to the administrative law judge for an order compelling an answer. Upon the refusal of an interested party to answer any interrogatory submitted under R20-5-821, or produce a document requested under R20-5-821, the proponent of the interrogatory or requestor of the document may on like notice make like application for such an order from the administrative law judge. If the motion is granted and if the administrative law judge finds that the refusal was without substantial justification, the administrative law judge shall require the refusing party, witness, or representative advising the refusal or either of them to pay to the party propounding the interrogatory or requesting the document the amount of the reasonable attorney's fees incurred in obtaining the order and the reasonable expenses which will be incurred to obtain the requested answers or documents. If the motion is denied and if the administrative law judge finds that the motion was made without substantial justification, the administrative law judge shall require the party filing the motion or the representative advising the party to file the motion, or both, to pay to the refusing party or witness the amount of the reasonable attorney's fees incurred in opposing the motion.
- B. If an interested party or a representative of an interested party willfully fails to appear for deposition after being served with the proper notice, or fails to serve answers to interrogatories or produce requested documents after proper service of such interrogatories or request for production of documents, the administrative law judge, on motion and notice, may strike out all or any part of any pleading of that party, dismiss the action or proceeding or any part thereof, or preclude the introduction of evidence.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-822 recodified from R4-13-822 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-823. Burden of Proof

- A. In all proceedings other than those stated in subsection (B) commenced by the filing of a request for hearing, the burden of proof shall rest with the Arizona Division of Occupational Safety and Health.

- B. In proceedings commenced by a request for hearing requesting modification of the abatement period, the burden of establishing the necessity for such modification shall rest with the petitioner.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-823 recodified from R4-13-823 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-824. Intermediary Rulings or Orders by the Administrative Law Judge

No intermediary rulings or orders by the administrative law judge may be appealed to the Review Board, but shall become a part of the record.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-824 recodified from R4-13-824 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-825. Legal Memoranda

Legal memoranda may be filed if authorized by the applicable rules of procedure or the administrative law judge. When authorized, the administrative law judge shall establish reasonable briefing deadlines for all interested parties.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-825 recodified from R4-13-825 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-826. Administrative Law Judge Decisions

- A. The decision of the administrative law judge shall be signed, include findings and conclusions of fact and law, and include an order.
- B. OAH shall retain jurisdiction to require compliance with the order, or to determine a breach of an approved settlement agreement.
- C. A request to determine breach of a settlement agreement shall be filed with the administrative law judge and served upon all interested parties.
- D. A request for review by the Review Board shall be filed with the administrative law judge and served upon all interested parties and the Commission.

Historical Note

Amended effective August 27, 1975 (Supp. 75-1). R20-5-826 recodified from R4-13-826 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-827. Settlement

- A. Settlement is encouraged at any stage of the proceedings where such settlement is consistent with the provisions and objectives of the Act.
- B. A settlement agreement submitted by interested parties shall be accompanied by a proposed order which, if appropriate, shall be approved and signed by the administrative law judge.
- C. Where parties enter into a settlement agreement, the settlement agreement shall be served upon represented and unrepresented affected employees in the manner set forth in R20-5-806.

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Proof of such service shall accompany the proposed settlement when submitted to the administrative law judge.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-827 recodified from R4-13-827 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-828. Special Circumstances; Waiver of Rules

In special circumstances, or for good cause shown, the administrative law judge may, upon application by any interested party, or on sua sponte, waive any rule or make such orders as justice or the administration of the Act requires.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-828 recodified from R4-13-828 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-829. Variances

- A. Any hearing concerning variances shall be filed with the Commission and shall be heard by the Commission at a time set by the Commission.
- B. Such proceeding shall be informal but shall be transcribed at the expense of the person seeking the variance if a written record of the proceeding is requested.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-829 recodified from R4-13-829 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

ARTICLE 9. YOUTH EMPLOYMENT**R20-5-901. Definitions**

In this Article, the definitions of A.R.S. §§ 23-230, 23-231, 23-232, and 23-233 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

“Act” means A.R.S. Title 23, Chapter 2, Article 3.

“Baking” means to cook food with dry heat, especially in an oven.

“Cafeteria” means a restaurant in which the customers are served at a counter and carry their meals on trays to tables.

“Cooking” means to prepare food for eating by applying heat.

“Counter” means a flat surface on which food is prepared or served.

“Department” means the Labor Department of the Industrial Commission of Arizona.

“Director” means the Director of the Department.

“Employee” means every minor in receipt of or entitled to compensation for labor performed for any employer.

“Lunch counter” means a long counter at which lunches are sold.

“Snack bar” means a lunch counter or small restaurant where light meals are served.

“Soda fountain” means a lunch counter in a commercial establishment equipped for preparing and serving soft drinks, ice-cream dishes, or sandwiches.

“Work about” means engage in labor in the area or vicinity.

“Work in” means engage in labor in the occupation or activity.

“Work in connection with” means engage in labor in relation to the occupation or activity.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-901 repealed, new Section R4-13-901 adopted effective May 27, 1977 (Supp. 77-3). R20-5-901 recodified from R4-13-901 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-902. Forms

The following forms, available at <http://www.azica.gov> and upon request from the Division, shall be used when applicable:

1. Application for variation;
2. Request for hearing on cease and desist order form;
3. Request for hearing on denied variation, modification, or renewal of variation form;
4. Youth labor complaint form.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-902 repealed, new Section R4-13-902 adopted effective May 27, 1977 (Supp. 77-3). R20-5-902 recodified from R4-13-902 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-903. Recordkeeping Requirements for Youths Under the Age of 16

An establishment employing youths under the age of 16 must have the following information available:

1. Number of hours the youth is employed in each week,
2. Number of hours the youth is employed in each day,
3. The dates the youth is enrolled in a session of school,
4. The name of the school district in which the youth is enrolled,
5. The specific hours the youth works at the establishment.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-903 repealed, new Section R4-13-903 adopted effective May 27, 1977 (Supp. 77-3). R20-5-903 recodified from R4-13-903 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-904. Findings and Order Issued by the Department

- A. Upon receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination.
- B. If the Department determines that an employer has violated the Act, the Department shall:

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1. Shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, and
 2. Order the employer to pay a civil penalty to the general fund, consistent with A.R.S. § 23-236.
- C. If the Department determines that no violation of the Act has occurred, or if the Department is unable to reach a conclusion based on the evidence submitted, the Department shall notify the parties and shall dismiss the complaint.
- D. The Director of the Department shall sign the written Findings and Order issued by the Department.
- F. Upon the completion of a hearing, the ALJ shall issue an order either affirming, modifying, or reversing the cease and desist order.
 - G. The order issued by the ALJ after the hearing is final unless within 30 days after the date of service of an order a party requests review.
 - H. A party may request review of the ALJ order by filing with the ALJ a written request for review.
 - I. Upon the completion of a review, the ALJ shall issue an order upon review either affirming, modifying, or reversing the ALJ order no later than 30 days after receiving a request for review.
 - J. The order upon review is final unless a party seeks judicial review as provided in A.R.S. § 23-237(C).

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-904 repealed, new Section R4-13-904 adopted effective May 27, 1977 (Supp. 77-3). R20-5-904 recodified from R4-13-904 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-905. Conduct Hindering an Investigation

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-905 repealed, new Section R4-13-905 adopted effective May 27, 1977 (Supp. 77-3). R20-5-905 recodified from R4-13-905 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-906. Hearing Procedure on Cease and Desist Order; Review

- A. A request for hearing on a cease and desist order form must be completed in writing and received by the Director no later than 20 days after the issuance of the cease and desist order.
- B. The Department has the burden of proof to establish a violation of the Act.
- C. An Administrative Law Judge shall preside over hearings held under this Section and shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- D. The Chief Counsel of the Commission, or a designee, shall represent the Division in hearings held under this Section.
- E. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-906 repealed, new Section R4-13-906 adopted effective May 27, 1977 (Supp. 77-3). R20-5-906 recodified from R4-13-906 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-907. Hearing Procedure on Denied Variation, Modification, or Renewal of Variation; Review

- A. A request for hearing on denied variation, modification, or renewal of variation form must be completed in writing and received by the Director no later than 30 days after the issuance of the denied variation request.
- B. The Department has the burden of proof to establish the application, modification, or renewal for variation does not satisfy the requirements established in A.R.S. § 23-241(A).
- C. An Administrative Law Judge shall preside over hearings held under this Section and shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- D. The Chief Counsel of the Commission, or a designee, shall represent the Division in hearings held under this Section.
- E. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.
- F. Upon the completion of a hearing, the ALJ shall issue an order either affirming, modifying, or reversing the denied variation, modification, or renewal of variation.
- G. The order issued by the ALJ after the hearing is final unless within 30 days after the date of service of an order a party requests review.
- H. A party may request review of the ALJ order by filing with the ALJ a written request for review.
- I. Upon the completion of a review, the ALJ shall issue an order upon review either affirming, modifying, or reversing the ALJ order no later than 30 days after receiving a request for review.
- J. The order upon review is final unless an action is commenced pursuant to A.R.S. § 12-904.

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-907 recodified from R4-13-907 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New

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Section made by final rulemaking at 30 A.A.R. 2130
(June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-908. Service

- A.** A determination, order, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B.** Service may be made and is deemed complete by:
1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
 2. With a party's consent, transmission by email to the email address shown in the records of the Department.

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-908 recodified from R4-13-908 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-909. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-909 recodified from R4-13-909 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-910. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-910 recodified from R4-13-910 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-911. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-911 recodified from R4-13-911 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-912. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-912 recodified from R4-13-912 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-913. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-913 recodified from R4-13-913 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-914. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-914 recodified from R4-13-914 (Supp. 95-1). Section expired

pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

ARTICLE 10. WAGE CLAIMS**R20-5-1001. Definitions**

In this Article, unless the context otherwise requires:

1. "Claim" means a wage claim pursuant to A.R.S. § 23-356.
2. "Claimant" means an individual who files a claim.
3. "Day" means calendar day.
4. "Department" means the Labor Department of the Industrial Commission of Arizona.
5. "Determination" means a finding by the Department under A.R.S. § 23-357 that a claim is either valid or invalid or that the Department cannot resolve the dispute.
6. "Director" means the Director of the Department.
7. "Dismissal" means an action by the Department in which the Department dismisses the claim and refers the claimant to other statutory remedies.
8. "Notice" or "notification" when made by the Department or the Director means a written communication served on the employer or claimant, or both.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1001 recodified from R4-13-1001 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1002. Forms

The following forms are available upon request from the Department or from the Industrial Commission of Arizona's website at www.azica.gov:

1. Wage claim. When making a claim, a claimant shall provide the following information to the Department:
 - a. Claimant's name, mailing address, e-mail address, telephone number, and date of birth;
 - b. Employer's name, address, telephone number, and description of business;
 - c. Claimant's dates of employment, position, and pay;
 - d. The amount of the wages owed and the time period worked related to the unpaid wages; and
 - e. Claimant's signature or electronic signature and signature date.
2. Employer response. The employer responding to a claim shall provide the following information to the Department:
 - a. Employer's legal name, including any trade names, legal domicile state, address, telephone number, description of business, and an e-mail address for the designated representative of employer;
 - b. Claimant's dates of employment, position, and pay;
 - c. Whether claimant is owed any wages, and, if so, employer's reason for nonpayment; and
 - d. Employer's signature or electronic signature and signature date.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1002 recodified from R4-13-1002 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

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Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1003. Filing Requirements; Time for Filing; Computation of Time

- A. A claimant shall file a claim with the Department within one year of the date of the accrual of the claim.
- B. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period and Saturdays, Sundays, and legal holidays are included in the computation of time.
- C. The date of filing of the claim is the date the claimant's wage claim form is received by the Department.
- D. The Department shall deem a form, document, instrument, or other written record filed at the Tucson office as filed at the Phoenix office for the purpose of computing time.
- E. An individual filing a form or document related to a claim shall legibly fill out the form or document.
- F. If the wage claim form received from a claimant does not include the information required by R20-5-1002(1), the Department shall return the wage claim form to the claimant with a request that the claimant provide the required information and return the completed wage claim form to the Department within 14 days of the date of service of the Department's request. If the Department does not receive the completed wage claim form within 14 days, the Department shall not initiate an investigation of the claim and the Department shall consider the claim withdrawn without prejudice. The claimant may re-file a withdrawn wage claim with the information required by R20-5-1002(1), if the claim is re-filed within one year of the date of the accrual of the claim.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1003 recodified from R4-13-1003 (Supp. 95-1). Former R20-5-1003 renumbered to R20-5-1004; new R20-5-1003 made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1004. Investigation of Claim

- A. The Department shall serve a copy of a claimant's wage claim form on the employer listed on the wage claim, with a request that the employer complete and file the employer response form within 14 days of the date of service of the Department's request.
- B. If the Department does not receive the employer response form under subsection (A), the Department shall serve written notice on the employer stating that the employer must pay the amount claimed or file a written response to the wage claim within 14 days of the date of service of the Department's written notice.
- C. The Department shall serve a copy of the employer's response on the claimant and offer the claimant the opportunity to file a written reply to the employer's response within 14 days from the date of service. If the Department does not receive claimant's reply within 14 days, the Department shall make a determination of the claim based on the evidence in the file.
- D. If the employer fails or refuses to pay the amount claimed or submit a written response to the claim in accordance with subsection (B), the Department shall make a determination of the claim based on the evidence in the file.
- E. Upon request from the Department, and if necessary to complete the Department's investigation, the claimant, the

employer, or both, shall submit further written information or meet with the Director or the Director's designee. Except for statements made during settlement, mediation, or an informal conference, the Director or the Director's designee may administer oaths for the purpose of taking affidavits and may record the meeting.

- F. Upon completion of its investigation, the Department shall serve the Department's determination in writing on the parties.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1004 recodified from R4-13-1004 (Supp. 95-1). Former R20-5-1004 renumbered to R20-5-1005; new R20-5-1004 renumbered from R20-5-1003 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1005. Mediation of Disputes

- A. During the investigation of a claim, the Department may mediate and conciliate a dispute between the claimant and the employer.
- B. If mediation results in an informal resolution of the claim, the Director or the Director's designee shall prepare and ensure execution of documents providing for the resolution of the claim.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1005 recodified from R4-13-1005 (Supp. 95-1). Former R20-5-1005 renumbered to R20-5-1006; new R20-5-1005 renumbered from R20-5-1004 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1006. Dismissal of Claim

- A. The Department shall dismiss a claim if:
 1. The claim is filed more than one year after the date of the accrual of the claim,
 2. The claimant does not comply with R20-5-1003(F),
 3. The amount of wages owed exceeds \$5,000.00,
 4. The Department's investigation of the claimant's evidence reveals no possible violation of A.R.S. § 23-350 et seq.,
 5. The claimant has filed a civil action regarding the same claim,
 6. The employer listed on the claim is in bankruptcy,
 7. The Department is unable to locate the employer based on the information provided by the claimant, or
 8. The wages in question have been withheld from the claimant pursuant to the claimant's prior written authorization.
- B. The Department shall send a notice of dismissal to the claimant and, except as provided in subsections (A)(1) through (A)(3) and (7), the Department shall send a notice of dismissal to the employer. Notices of dismissal shall notify the claimant of the availability of other remedies.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1006 recodified from R4-13-1006 (Supp. 95-1). Former R20-5-1006 renumbered to R20-5-1007; new R20-5-1006 renumbered from R20-5-1005 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1007. Notice of Right of Review

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A determination issued under A.R.S. § 23-357 shall include a notice informing the parties of their right to seek review under A.R.S. § 23-358 and § 12-901 et seq.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1007 recodified from R4-13-1007 (Supp. 95-1). Former R20-5-1007 renumbered to R20-5-1008; new R20-5-1007 renumbered from R20-5-1006 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1008. Payment of Claim

- A. The Department shall send any payment of a wage claim received by the Department to the claimant by certified mail, return receipt requested, unless the claimant elects to pick up the check in person at the Department.
- B. If the Department discovers that payment of a wage claim is alleged to have been made directly to the claimant, the Department shall verify the payment by serving the claimant with notice that payment of the wage claim is alleged to have been made directly to the claimant. If the claimant confirms that payment of the wage claim was made directly to the claimant or does not respond to the Department's notice within 14 days of the date of service of the Department's notice, the Department shall deem the claim to have been paid and shall dismiss the wage claim.
- C. Payment of a partial amount of a wage claim does not preclude the Department from completing its investigation of the balance of the claim.
- D. In the case of a determination and directive for payment issued by the Department under A.R.S. § 23-357, the Department shall, if the employer agrees and with the written consent of the claimant, enter into a payment agreement with the employer for payment of the amount of wages found to be owed the claimant.

Historical Note

New R20-5-1008 renumbered from R20-5-1007; Section amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1009. Service of Determinations, Notices, and Other Documents

- A. A determination, notice, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B. Service may be made and is deemed complete by:
 1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
 2. With a party's consent, transmission by e-mail to the e-mail address shown in the records of the Department.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by

final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

ARTICLE 11. REPEALED**R20-5-1101. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1102. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1103. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1104. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1105. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1106. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1107. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1108. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section

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repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1125. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1126. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1127. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1128. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1129. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1130. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1131. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1132. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section

repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1133. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1134. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1135. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1136. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

ARTICLE 12. ARIZONA MINIMUM WAGE AND EARNED PAID SICK TIME PRACTICE AND PROCEDURE**R20-5-1201. Notice of Rules**

- A. This Article applies to all actions and proceedings before the Industrial Commission of Arizona arising under A.R.S. Title 23, Articles 8 and 8.1.
- B. The Industrial Commission of Arizona shall provide a copy of this Article upon request to any person free of charge.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1202. Definitions

In this Article, the definitions of A.R.S. §§ 23-362 (version two), 23-371, and 23-364 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

“Act” means A.R.S. Title 23, Chapter 2, Articles 8 and 8.1.

“Affected employee” means an employee or employees on whose behalf a complaint may be filed alleging a violation under the Act.

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“Amount of earned paid sick time available to the employee” means the amount of earned paid sick time or equivalent paid time off that is available to the employee for use in the current year.

“Amount of earned paid sick time taken by the employee to date in the year” means the amount of earned paid sick time or equivalent paid time off taken by the employee to date in the current year. Where an employee has used available equivalent paid time off for either the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that usage towards the “amount of earned paid sick time taken by the employee to date in the year.”

“Amount of pay the employee has received as earned paid sick time” means the amount of pay the employee has received as earned paid sick time or equivalent paid time off to date in the current year. Where an employee has received pay for equivalent paid time off for the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that pay towards the “amount of pay the employee has received as earned paid sick time.”

“Authorized representative” means a person prescribed by law to act on behalf of a party who files with the Department a written instrument advising of the person’s authority to act on behalf of the party.

“Casual Basis,” when applied to babysitting services, means employment which is irregular or intermittent.

“Commission” means monetary compensation based on:

- A percentage of total sales,
- A percentage of sales in excess of a specified amount,
- A fixed allowance per unit, or
- Some other formula the employer and employee agree to as a measure of accomplishment.

“Communicable disease” has the meaning prescribed by A.R.S. § 36-661.

“Complainant” means a person or organization filing an administrative complaint under the Act.

“Department” means the Labor Department of the Industrial Commission of Arizona or other authorized division of the Industrial Commission as designated by the Industrial Commission.

“Earned sick time” under A.R.S. § 23-364(G) means earned paid sick time.

“Employee’s regular paycheck” means a regular payroll record that is readily available to employees and contains the information required by A.R.S. § 23-375(C), including physical or electronic paychecks or paystubs.

“Equivalent paid time off” means paid time off provided under a paid leave policy, such as a paid time off policy, that makes available an amount of paid leave sufficient to meet the accrual requirements of the Act that may be used for the same purposes and under the same conditions as earned paid sick time.

“Filing” means receipt of a report, document, instrument, videotape, audiotape, or other written matter at an office of the Department.

The term “health care professional” in A.R.S. § 23-373(G) has the same meaning as “health care professional,” as defined in this Section.

“Health care professional” means any of the following:

A “physician” as defined by A.R.S. § 36-2351;

A “physician assistant” as defined by A.R.S. § 32-2501;

A “registered nurse practitioner” as defined by A.R.S. § 32-1601.

A certified nurse midwife who is a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period;

A dentist licensed under A.R.S. Title 32, Chapter 11, Article 2; or

A behavioral health provider practicing as:

A psychologist licensed under A.R.S. Title 32, Chapter 19.1;

A clinical social worker licensed under A.R.S. § 32-3293;

A marriage and family therapist licensed under A.R.S. § 32-3311; or

A professional counselor licensed under A.R.S. § 32-3301.

“Health care provider” has the meaning prescribed by A.R.S. § 36-661.

“Hours worked” means all hours for which an employee covered under the Act is employed and required to give to the employer, including all time during which an employee is on duty or at a prescribed work place and all time the employee is suffered or permitted to work.

“Minimum wage” means the lowest rate of monetary compensation required under the Act.

“Monetary compensation” means cash or its equivalent due to an employee by reason of employment.

“On duty” means time spent working or waiting that the employer controls and that the employee is not permitted to use for the employee’s own purpose.

“Public benefits” has the same meaning as “state or local public benefit,” as prescribed by A.R.S. § 1-502(I).

“Public health emergency” means a state of emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

“Salaried” means receiving a fixed amount of pay regardless of how many hours are worked each week.

“Salary” means a fixed compensation paid regularly for employment.

“Same hourly rate” means the following:

For employees paid on the basis of a single hourly rate, “same hourly rate” shall be the hourly rate the employee would have earned for the period of time in which earned

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paid sick time or equivalent paid time off is used, but shall in no case be less than minimum wage.

For employees who are paid multiple hourly rates of pay, “same hourly rate” shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The hourly rate the employee would have earned, if known, for each hour of earned paid sick time or equivalent paid time off used.

The weighted average of all hourly rates of pay during the previous pay period.

For employees who are paid a salary, no additional pay is due when the employee’s use of earned paid sick time or equivalent paid time off results in no reduction in the employee’s regular salary during the pay period in which the earned paid sick time or equivalent paid time off is used. “Same hourly rate” for salaried employees shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The wages an employee earns during each pay period covered by the salary divided by the number of hours agreed to be worked during each pay period, if the number of hours to be worked during each pay period was previously established.

The wages an employee earns during each workweek covered by the salary in the current year divided by 40 hours.

For employees paid on a commission, piece-rate, or fee-for-service basis, “same hourly rate” shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The hourly rate of pay previously agreed upon by the employer and the employee as:

A minimum hourly rate for work performed; or

An hourly rate for payment of earned paid sick time or equivalent paid time off.

The wages that the employee would have been paid, if known, for the period of time in which earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.

A reasonable estimation of the commission, piece-rate, or fee-for-service compensation that the employee would have been paid for the period of time in which the earned paid sick time or equivalent paid time off is used divided by the number of hours of earned paid sick time or equivalent paid time off used.

The hourly average of all commission, piece rate, or fee-for-service compensation that the employee earned during the previous 90 days, if the employee worked regularly during the previous 90-day period, based on:

Hours that the employee actually worked; or

A 40-hour workweek.

The hourly average of all commission, piece rate, or fee-for-service compensation that the employee earned during the previous 365 days, based on:

Hours that the employee actually worked; or

A 40-hour workweek.

“Same hourly rate” includes shift differentials and premiums meant to compensate an employee for work performed under differing conditions (such as hazard pay or a shift differential for working at night) if the employee would have been entitled to the shift differential or premium for the period of time in which earned paid sick time or equivalent paid time off is used.

“Same hourly rate” does not include:

Additions to an employee’s base rate for overtime or holiday pay;

Subject to the “Same hourly rate,” bonuses or other types of incentive pay; and

Tips or gifts.

“Smallest increment that the employer’s payroll system uses to account for absences or use of other time” means the smallest increment of time that an employer utilizes, by policy or practice, to account for absences or use of other paid time off.

“Tip” means a sum that a customer presents as a gift in recognition of some service performed, and includes gratuities. The sum may be in the form of cash, amounts paid by bank check or other negotiable instrument payable at par, or amounts the employer transfers to the employee under directions from a credit customer who designates an amount to be added to a bill as a tip. Gifts in forms other than cash or its equivalent as described in this definition, such as event tickets, passes, or merchandise, are not tips.

“Violation” means a transgression of any statute or rule, or any part of a statute or rule, including both acts and omissions.

“Willfully” means acting with actual knowledge of the requirements of the Act or this Article, or acting with reckless disregard of the requirements of the Act or this Article.

“Workday” means any fixed period of 24 consecutive hours.

“Workweek” means any fixed and regularly recurring period of seven consecutive workdays.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

R20-5-1203. Duty to Provide Current Address

- A. A complainant shall provide and keep the Labor Department advised of the complainant’s current mailing address and telephone number.
- B. An employer under investigation by the Department shall provide and keep the Labor Department advised of the employer’s current mailing address and telephone number.

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Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1204. Forms Prescribed by the Department

Forms prescribed by the Department, including the poster required under R20-5-1208, shall not be changed, amended, or otherwise altered without the prior written approval of the Department.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1205. Determination of Employment Relationship

- A. Determination of an employment relationship under the Act, which includes whether an individual is an independent contractor, shall be based upon the economic realities of the relationship. Consideration of whether an individual is economically dependent on the employer for which the individual performs work shall be determined by factors showing dependence, which non-exclusive factors shall include those factors identified in A.R.S. §§ 23-902(D) and 23-1601(B).
- B. An individual who works for another person without any express or implied compensation agreement is not an employee under the Act. This may include an individual that volunteers to work for civic, charitable, or humanitarian reasons that are offered freely and without direct or implied pressure or coercion from an employer, provided that the volunteer is not otherwise employed by the employer to perform the same type of services as those which the individual proposes to volunteer.
- C. An individual who works for another individual as a babysitter on a casual basis and whose vocation is not babysitting, is not an employee under the Act even if the individual performs other household work not related to caring for the children, provided the household work does not exceed 20% of the total hours worked on the particular babysitting assignment.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1206. Payment of Minimum Wage; Commissions; Tips; Front Loading Earned Paid Sick Time; Limitation on Carry Over of Unused Earned Paid Sick Time

- A. Subject to the requirements of the Act and this Article, no less than the minimum wage shall be paid for all hours worked, regardless of the frequency of payment and regardless of whether the wage is paid on an hourly, salaried, commissioned, piece rate, or any other basis.
- B. If the combined wages of an employee are less than the applicable minimum wage for a work week, the employer shall pay monetary compensation already earned, and no less than the

difference between the amounts earned and the minimum wage as required under the Act.

- C. The workweek is the basis for determining an employee's hourly wage. Upon hire, an employer shall advise the employee of the employee's designated workweek. Once established, an employer shall not change or manipulate an employee's workweek to evade the requirements of the Act.
- D. In computing the minimum wage, an employer shall consider only monetary compensation and shall count tips and commissions in the workweek in which the tip or commission is earned.
- E. An employer is allowed to:
 1. Require or permit employees to pool, share, or split tips; and
 2. Require an employee to report tips to the employer in order to meet reporting requirements of this Article and federal law.
- F. An employer who hires an employee after the beginning of the employer's year is not required to provide additional earned paid sick time or equivalent paid time off during that year if the employer provides the employee for immediate use on the employee's ninetieth calendar day after commencing employment an amount of earned paid sick time or equivalent paid time off that meets or exceeds the employer's reasonable projection of the amount of earned paid sick time or equivalent paid time off that the employee would have accrued from the date of hire through the end of the employer's year at a rate of one hour for every 30 hours worked. If the amount of earned paid sick time or equivalent paid time off provided is less than the employee would have accrued based on hours actually worked during the employer's year, the employer shall immediately provide an amount of earned paid sick time or equivalent paid time off that reflects the difference between the employer's projection and the amount of earned paid sick time or equivalent paid time off that the employee would have accrued for hours actually worked in the year.
- G. Subject to subsection (F), an employer with 15 or more employees that provides its employees for immediate use at the beginning of each year 40 or more hours of earned paid sick time or 40 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- H. Subject to subsection (F), an employer with fewer than 15 employees that provides its employees for immediate use at the beginning of each year 24 or more hours of earned paid sick time or 24 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- I. Unless an employer: (1) elects to pay an employee for unused earned paid sick time or equivalent paid time off at the end of a year pursuant to A.R.S. § 23-372(D)(4); or (2) meets the requirements of subsections (G) or (H), unused earned paid sick time and equivalent paid time off may be carried over to the next year, as follows:
 1. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with 15 or more employees may carry over to the following year up to 40 hours of unused earned paid sick time or equivalent paid time off.
 2. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with fewer than 15 employees may carryover to the following year up to 24 hours of unused earned paid sick time or equivalent paid time off.
 3. Carry over shall not affect accrual, usage rights, or usage limits under the Act.

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New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1207. Tip Credit Toward Minimum Wage

- A. In this Section, unless the context otherwise requires, “customarily and regularly” means receiving tips on a consistent and recurrent basis, the frequency of which may be greater than occasional, but less than constant, and includes the occupations of waiter, waitress, bellhop, busboy, car wash attendant, hairdresser, barber, valet, and service bartender.
- B. For purposes of calculating the permissible credit for tips under A.R.S. § 23-363(C), the following applies:
1. Tips are customarily and regularly received in the occupation in which the employee is engaged;
 2. Except as provided in R20-5-1206(E), the employee actually receives the tip free of employer control as to how the employee uses the tip and the tip becomes the employee’s property;
 3. Employees who customarily and regularly receive tips may pool, share, or split tips between them, and the amount each employee actually retains is considered the tip of the employee who retains it;
 4. Employer-required sharing of tips with employees who do not customarily and regularly receive tips in the occupation in which the employee is engaged, including management or food preparers, are not credited toward that employee’s minimum wage; and
 5. A compulsory charge for service imposed on a customer by an employer’s establishment are not credited toward an employee’s minimum wage unless the employer actually distributes the charge to the employee in the pay period in which the charge is earned.
- C. Upon hiring or assigning an individual to a position that customarily and regularly receives tips, an employer intending to exercise a tip credit shall provide written notice to the employee prior to exercising the tip credit. Thereafter, the employer shall notify the employee in writing each pay period of the amount per hour that the employer takes as a tip credit.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1208. Posting Requirements; Small Employer Exemption

- A. With the exception of small employers, every employer subject to the Act shall place the posters prescribed by the Department informing employees of their rights under the Act in a conspicuous place in every establishment where employees are employed and where notices to employees are customarily placed. The employer shall ensure that the notices are not removed, altered, defaced, or covered by other material.
- B. In this Section, unless context otherwise requires, “small employer” means a corporation, proprietorship, partnership,

joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1209. Records Availability

- A. Each employer shall keep the records required under the Act and this Article safe and accessible at the place or places of employment, or at one or more established central recordkeeping offices where the records are customarily maintained. When the employer maintains the records at a central recordkeeping office other than in the place or places of employment, the employer shall make the records available to the Department within 72 hours following notice from the Department.
- B. Employers or technology that is necessary to facilitate inspection and copying of the records.
- C. Each employer required to maintain records under the Act shall make enlargement, recomputation, or transcription of the records and shall submit to the Department the records or reports in a readable format upon the Department’s written request.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1210. General Recordkeeping Requirements

- A. Payroll records required to be kept under the Act include:
1. All time and earning cards or sheets on which are entered the daily starting and stopping time of individual employees, or of separate work forces, or the amounts of work accomplished by individual employees on a daily, weekly, or pay period basis (for example, units produced) when those amounts determine in whole or in part those employees’ pay period wages and earned paid sick time or equivalent paid time off;
 2. From their last effective date, all wage-rate tables or schedules of the employer that provide the piece rates or other rates used in computing wages; and
 3. Records of additions to or deductions from wages paid and records that support or corroborate the additions or deductions.
- B. Except as otherwise provided in this Section, every employer shall maintain and preserve payroll or other records containing the following information and data with respect to each employee to whom the Act applies:
1. Name in full, and on the same record, the employee’s identifying symbol or number if it is used in place of the employee’s name on any time, work, or payroll record;
 2. Home address, including zip code;
 3. Date of birth, if under 19;
 4. Occupation in which employed;

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5. Time of day and day of week on which the employee's workweek begins. If the employee is part of a workforce or employed in or by an establishment all of whose workers have a workweek beginning at the same time on the same day, then a single notation of the time of the day and beginning day of the workweek for the whole workforce or establishment is permitted;
 6. Regular hourly rate of pay for any workweek and an explanation of the basis of pay by indicating the monetary amount paid on a per hour, per day, per week, per piece, commission on sales, or other basis, including the amount and nature of each payment;
 7. Hours worked each workday and total hours worked each workweek;
 8. Total daily or weekly wages due for hours worked during the workday or workweek;
 9. Total additions to or deductions from wages paid each pay period including employee purchase orders or wage assignments, including, for individual employee records, the dates, amounts, and nature of the items that make up the total additions and deductions;
 10. Total wages paid each pay period;
 11. Date of payment and the pay period covered by payment;
 12. The amount of earned paid sick time available to the employee;
 13. The amount of earned paid sick time taken by the employee to date in the year;
 14. The amount of pay the employee has received as earned paid sick time; and
- C. For an employee who is compensated on a salary basis at a rate that exceeds the minimum wage required under the Act and who, under 29 CFR 541, is an exempt bona fide executive, administrative, or professional employee, including an employee employed in the capacity of academic administrative personnel or teachers in elementary or secondary schools, or in outside sales, an employer shall maintain and preserve:
1. Records containing the information and data required under subsections (B)(1) through (B)(5), and (B)(10) through (B)(14); and
 2. Records containing the basis on which wages are paid in sufficient detail to permit a determination or calculation of whether the salary received exceeds the minimum wage required under the Act, including a record of the hours upon which payment of the salary is based, whether full time or part time.
- D. With respect to employees working on fixed schedules, an employer may maintain records showing instead of the hours worked each day and each workweek as required under this Section, the schedule of daily and weekly hours the employee normally works, provided:
1. In weeks in which an employee adheres to this schedule, the employer indicates by check mark, statement, or other method, that the employee actually worked the hours; and
 2. In weeks in which more or fewer than the scheduled hours are worked, the employer records the number of hours actually worked each day and each week.
- E. With respect to an employee that customarily and regularly receives tips, the employer shall ensure that the records required under this Article include the following information:
1. A symbol, letter, or other notation placed on the pay records identifying each employee whose wage is determined in part by tips;
 2. Amount of tips the employee reports to the employer;
 3. The hourly wage of each tipped employee after taking into consideration the employee's tips;
 4. Hours worked each workday in any occupation in which the employee does not receive tips, and total daily or weekly straight-time payment made by the employer for the hours;
 5. Hours worked each workday in occupations in which the employee receives tips and total daily or weekly straight-time wages for the hours; and
 6. Copy of the notice required under R20-5-1207(C).
- F. An employer who makes retroactive payment of wages, voluntarily or involuntarily, shall record on the pay records, the amount of the payment to each employee, the period covered by the payment, and the date of payment.
- G. For an employee who is signed to a contract to play minor league baseball and is exempt pursuant to 29 U.S.C. 213(a)(19), an employer shall maintain and preserve records containing the information and data required under subsections (B)(1) through (B)(5), (B)(10) and (B)(11).

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

R20-5-1211. Administrative Complaints

- A. A person or organization alleging a minimum wage, earned paid sick time, or equivalent paid time off violation shall file a complaint with the Labor Department within one year from the date the wages, earned paid sick time, or equivalent paid time off were due.
- B. A person or organization alleging retaliation, discrimination, or a violation of A.R.S. § 23-377 shall file a complaint with the Labor Department within one year from the date the alleged violation occurred or when the employee knew or should have known of the alleged violation.
- C. The person or organization filing a complaint with the Labor Department shall sign the complaint.
- D. Any person or organization other than an affected employee who files a complaint shall include the names of affected employees.
- E. Upon its own complaint, the Department may investigate violations under the Act.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1212. Conduct that Hinders Investigation

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;

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2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1213. Findings and Order Issued by the Department

- A. Except as provided in R20-5-1219, after receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination. The Department shall serve its Findings and Order to both the employer and the complainant. Service may be made and is deemed complete by either depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, by personal delivery upon the party, or with a party's consent, transmission by email to the email address shown in the records of the Department.
- B. If the Department determines that an employer has violated the minimum wage, earned paid sick time, or equivalent paid time off requirements, the Department shall order the employer to pay the employee, and if applicable, affected employees, the balance of the wages, earned paid sick time, or equivalent paid time off owed, including interest at the legal rate and an additional amount equal to twice the underpaid wages, earned paid sick time, or equivalent paid time off owed.
- C. If the Department determines that a retaliation, discrimination, confidentiality, or nondisclosure violation has occurred, the Department shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, including:
 1. Rehiring or reinstatement,
 2. Reimbursement of lost wages and interest,
 3. Payment of penalty to employees or affected employees as provided for in the Act and this Article, and
 4. Posting of notices to employees.
- D. If the Department determines that no violation of the Act has occurred, or if the Department is unable to reach a conclusion based on the evidence submitted, the Department shall notify the parties and shall dismiss the complaint without prejudice. After notification of the Department's determination, the complainant may bring a civil action under A.R.S. § 23-364(E).
- E. The Department may assess civil penalties for recordkeeping, posting, and other violations under the Act and this Article as part of a Findings and Order issued under subsection (A) or the civil penalties and other violations may be assessed as a separate Findings and Order. If issued as a separate Findings and Order, the Department shall serve, personally or by regular first class mail, the Findings and Order on the employer and, if a complaint has been filed, the complainant.
- F. The Director of the Department shall sign the written Findings and Order issued by the Department.
- G. If an employer does not comply with a Findings and Order issued by the Department within 10 days following finality of the Findings and Order, the Department may refer the matter to a law enforcement officer.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

R20-5-1214. Review of Department Findings and Order; Hearings; Issuance of Decision Upon Hearing

- A. Except as provided in R20-5-1213(D), a party aggrieved by a Findings and Order issued by the Department may request a hearing by filing a written request for hearing with the Department within 30 days after the Findings and Order is served upon the party. Failure to timely file a request for hearing means that the Findings and Order issued by the Department is final and res judicata to all parties.
- B. A request for hearing shall be in writing and contain:
 1. The name and address of the party requesting the hearing,
 2. The signature of the party or the party's authorized representative, and
 3. A statement that a hearing is requested.
- C. Upon receipt of a timely filed request for hearing, the Department shall refer the matter to the Administrative Law Judge Division of the Commission for hearing.
- D. Except as otherwise provided in this Section, the hearing shall be conducted under A.R.S. § 41-1061 et seq.
- E. A person submitting correspondence or other documents, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence or other document upon all other parties, or if represented, the parties' authorized representative.
- F. The administrative law judge may dismiss a request for hearing when it appears to the judge's satisfaction that the parties have resolved the disputed issue or issues.
- G. The administrative law judge shall issue a written decision upon hearing containing findings of fact and conclusions of law no later than 30 days after the matter is submitted for decision. The decision shall be sent to the parties at their last known addresses served personally or by regular first class mail.
- H. A decision issued under this Section is final when entered unless a party files a request for rehearing or review as provided in R20-5-1215 or commences an action in the Superior Court as provided in R20-5-1216 and A.R.S. § 12-901 et seq. The decision shall contain a statement explaining the review rights of a party.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1215. Request for Rehearing or Review of Decision Upon Hearing

- A. A party may request rehearing or review of a decision issued under R20-5-1214 by filing with the Administrative Law Judge a written request for rehearing or review no later than 15

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days after the written decision is served personally or by regular first class mail upon the parties.

- B.** A request for rehearing or review shall be based upon any of the following causes that materially affected the rights of an aggrieved party:
1. Irregularities in the hearing proceeding or any order, or abuse of discretion that deprives a party seeking review of a fair hearing;
 2. Accident or surprise that could not have been prevented by ordinary prudence;
 3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
 4. Error in the admission or rejection of evidence, or errors of law occurring at the hearing;
 5. Bias or prejudice of the Department or administrative law judge; and
 6. The findings of fact or conclusions of law contained in the decision are not justified by the evidence or are contrary to law.
- C.** A request for rehearing or review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D.** A party shall have 15 days from the date of the filing of a request for rehearing or review to file a written response. Failure to respond shall not be deemed an admission against interest.
- E.** The administrative law judge shall issue a decision upon review no later than 30 days after receiving a request for review or response, if one is filed.
- F.** A decision upon review is final unless a party seeks judicial review as provided in R20-5-1216.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1216. Judicial Review of Decision Upon Hearing or Decision Upon Review

- A.** A party aggrieved by a decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 may seek review by commencing an action in the Superior Court as provided in A.R.S. § 12-901 et seq. within 35 days from the date a copy of the decision sought to be reviewed is served personally or by regular first class mail upon the party affected.
- B.** A decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 is final unless a party seeks judicial review as provided under A.R.S. § 12-901 et seq.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1217. Assessment of Civil Penalties Under A.R.S. § 23-364(F)

The Department may assess civil penalties for violations of the Act and this Article, including the assessment of civil penalties for

engaging in conduct that hinders an investigation of the Department as specified in R20-5-1212.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1218. Collection of Wages, Earned Paid Sick Time, Equivalent Paid Time Off, or Penalty Payments Owed

- A.** Upon determination that wages, earned paid sick time, equivalent paid time off, or penalty payments are due and unpaid to any employee, the employee may, or the Department may on behalf of an employee, obtain judgment and execution, garnishment, attachment, or other available remedies for collection of unpaid wages and penalty payments established by a final Findings and Order of the Department.
- B.** If payment cannot be made to the employee, the Department shall receive monetary compensation or penalty payments on behalf of the employee and transmit monies it receives as payment in a special state fund as provided in A.R.S. § 23-356(C).
- C.** The Department may amend a Findings and Order to conform to the legal name of the business or the person who is the defendant employer to a complaint under the Act, provided service of the Findings and Order was made on the defendant or the defendant's agent. If a judgment has been entered on the order, the Department may apply to the clerk of the superior court to amend a judgment that has been issued under a final order, provided service was made on the defendant or the defendant's agent.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1219. Resolution of Disputes

Notwithstanding any other provision of law, the Department may mediate and conciliate a dispute between the parties.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1220. Small Employer Request for Exception to Recordkeeping Requirements

- A.** In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.
- B.** A small employer, or any category of small employer that is unreasonably burdened by the recordkeeping requirements of the Act and this Article may file a written petition for exception with the Department requesting relief from certain recordkeeping requirements under this Article. The petition shall:
1. State the reasons for the request for relief;

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2. State an alternate manner or method of making, keeping, and preserving records that will enable the Department to determine hours worked and wages paid; and
 3. Include the signature of the employer or an authorized representative of the employer.
- C. Subject to any conditions or limitations necessary to ensure fulfillment of the purpose and intent of Act, the Department may grant a petition for exception if it finds that:
1. The small employer, or category of small employer is unreasonably burdened by the recordkeeping requirements of the Act and this Article; and
 2. The relief requested and alternative proposed will not hinder the Department's enforcement of the Act and this Article.
- D. For good cause, the Department may rescind a prior order granting relief under this Section.
- E. Relief under this Section is effective upon the Department's written authorization.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

ARTICLE 13. TREATMENT GUIDELINES**R20-5-1301. Adoption and Applicability of the Article**

- A. The Industrial Commission of Arizona (Commission) has adopted the Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers Compensation* (ODG) as the standard reference for evidence-based medicine used in treating injured workers within the context of Arizona's workers' compensation system. By adopting and referencing the most recent edition (at the time of treatment), and continuously updated Official Disability Guidelines, the Commission can ensure the latest available medical evidence is used in making medical treatment decisions for injured workers.
- B. Until further action of the Commission, the guidelines shall apply to all body parts and conditions.
- C. The Commission may modify or change the applicability of the guidelines as described in subsection (B) if the Commission determines that modification or changing the applicability of the guidelines will: 1) improve medical treatment for injured workers, 2) make treatment and claims processing more efficient and cost effective, and 3) if the Commission's modification expands the applicability of the guidelines, the guidelines adequately cover the relevant body parts or conditions. Before taking action to modify or change the applicability of the guidelines, the Commission shall provide an opportunity for public comment and hold a public hearing. A decision of the Commission under this subsection shall be made by a majority vote of a quorum of Commission members present at a public meeting.
- D. Action taken by the Commission to modify or change the applicability of the guidelines under subsection (C) shall be published in the minutes of the Commission meeting when such action was taken. The minutes of this action shall be published on the Commission's website and shall be available from the Commission upon request.
- E. The guidelines shall apply prospectively. Recommendations provided in the guidelines related to the management of chronic pain and the use of opioids for all stages of pain management shall apply to medical treatment or services occurring on or after October 1, 2016. For purposes of this process,

chronic pain shall be defined by the guidelines. Recommendations provided in the guidelines related to all other body parts and conditions shall apply to medical treatment or services occurring on or after October 1, 2018.

- F. This Article applies to all claims filed with the Commission.
- G. This Article only applies to medical treatment and services for body parts and conditions that have been accepted as compensable.
- H. The guidelines are to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The guidelines set forth care that is generally considered reasonable and are presumed correct if the guidelines provide recommendations related to the requested treatment or service. This is a rebuttable presumption and reasonable medical care may include deviations from the guidelines. To support a request to deviate from the guidelines, the provider must produce documentation and justification that demonstrates by a preponderance of credible medical evidence a medical basis for departing from the guidelines. Credible medical evidence may include clinical expertise and judgment.
- I. The Commission shall provide administrative review and oversight of this Article.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1302. Definitions

In this Article and R20-5-106(A)(12), unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Chapter 6.

"Active Practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years.

"Administrative Law Judge" or "ALJ" means a hearing officer appointed under A.R.S. § 23-108.02.

"Administrative Review" means a process that includes a peer review for preauthorization of a request for medical treatment or services conducted pursuant to R20-5-1311. The administrative review process will be managed by the Medical Resource Office (MRO) at the Industrial Commission of Arizona.

"American Board of Medical Specialties" means the organization that develops a uniform system for specialty boards to administer examinations for certification of physicians within specific medicine specialties.

"American Osteopathic Association" means the organization that develops a uniform system for specialty boards to administer examinations for certification of osteopathic physicians within specific osteopathic medicine specialties.

"Applicability" means the body parts and medical conditions that are covered under this Article and authorized by the Commission under R20-5-1301(B) and (C).

"Claim" means the workers' compensation claim filed by the injured employee under the Act.

"Contractor" means an independent peer review organization accredited by URAC.

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“Fast Track ALJ Dispute Resolution Program” or “fast track process” means the voluntary dispute resolution process set forth in R20-5-1312(B).

“International Classification of Diseases Code” or “ICD Code” means a set of medical diagnostic codes that creates a universal language for reporting diseases and injury.

“International Classification of Diseases” or “ICD” means an official list of categories of diseases, physical and mental, that is issued and maintained by the World Health Organization.

“IME” means an independent medical examination scheduled under R20-5-114.

“Injured Employee” means a person defined in A.R.S. § 23-901 whose claim has been accepted for workers’ compensation benefits.

“Medical File Review Opinions” means a formal examination of patient data and medical records for the purpose of determining the need for medical treatment, services or both.

“Payer” means an insurance carrier defined under A.R.S. § 23-901, a self-insured employer defined in R20-5-102, a third-party administrator, and the Special Fund of the Industrial Commission of Arizona.

“Peer Review” means an independent medical review conducted by an individual meeting the requirements of R20-5-1311(I).

“Preauthorization” means the written request prescribed by R20-5-1303 from a provider to a payer requesting approval to provide medical treatment or services to an injured employee.

“Provider” means a physician as defined in R20-5-102.

“Reconsideration” means a written request to the payer or identified review organization by an injured employee or medical provider to reconsider a previous payer decision to deny medical treatment or services and that identifies the specific justification to support the request.

“Third-Party Administrator” means an organization that processes insurance or employee benefit claims for a separate entity.

“Treatment Guidelines” or “guidelines” means medical treatment guidelines that are used as a tool to support clinical decision making and quality health care delivery to injured employees.

“URAC” refers to URAC, a non-profit organization formerly known as the Utilization Review Accreditation Commission.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1303. Provider Request for Preauthorization

- A. No preauthorization is required under the Act to ensure payment for reasonably required medical treatment or services. While preauthorization is not required under the Act, a provider may seek preauthorization as provided in this subsection.
- B. A provider shall submit a request for preauthorization in writing using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach documentation to a request for preauthorization that supports

the medical necessity and appropriateness of the treatment or services requested, such as office notes and diagnostic reports.

- C. A provider may submit the request for preauthorization by mail, electronically or by fax.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1304. Payer Denial of Request for Preauthorization

- A. A payer shall not deny a request for preauthorization solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny a request for preauthorization that is supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a contraindication or significant medical or psychological reason not to authorize the requested treatment or services. Upon request by the provider or injured employee, a denial of preauthorization in this situation shall be processed as an immediate referral to the Commission for administrative review as provided in R20-5-1311 unless the payer obtains an IME in support of its denial. If the payer obtains an IME which serves as the basis for the denial, then review of the payer’s decision shall be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by the injured employee.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1305. Payer Denial of Payment for Provided Treatment or Services

- A. A payer shall not deny payment for provided treatment or services solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny payment for provided treatment or services supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a medical contraindication or significant medical or psychological reason not to pay for the treatment or services.
- C. A dispute related to a payer’s failure to pay for provided treatment or services may be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by an injured employee.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1306. Payer Reversal of Decision to Deny Treatment or Services

A payer may reverse its decision to deny treatment or services at any time throughout the process described in this Article. In this situation, the payer’s subsequent authorization or agreement to pay for the treatment or services at issue shall end this process.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1307. Payer Decision, In Whole or In Part

A payer may issue a decision approving or denying a request for preauthorization in whole, or in part.

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Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1308. Failure to Comply with Required Time Limits

A payer's failure to comply with the required time limits of this process may be considered unreasonable delay under R20-5-163.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1309. Payer Decision on Request for Preauthorization

- A. Except as provided in subsections (C) or (D), a payer shall communicate to the provider its decision on a request for preauthorization no later than 7 business days after the request is received. The decision shall be issued in writing using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this Section, the 7 business days begin to run the day after the payer receives the request.
- B. If a payer fails to communicate to a provider its decision on request for preauthorization within 7 business days, then the payer's failure to take action is deemed a "no response" and the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If a payer receives a request for preauthorization not submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12) or an incomplete request for preauthorization using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), the payer shall:
 1. No later than 7 business days after the request is received and identified, act on the request for preauthorization pursuant to subsection (A); or
 2. No later than 7 business days after the request is received and identified, notify the provider in writing that the request for preauthorization is incomplete or, if applicable, that a request for preauthorization must be submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12).
- D. If, no later than 7 business days after a request for preauthorization has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for preauthorization shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the IME report.
- E. Unless the payer decision was supported by an IME or otherwise falls within subsection R20-5-1304(B), an injured employee or provider may seek reconsideration of a payer decision by submitting a written request to the payer (or review organization identified by the payer) using Section III

(Provider or Employee Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach to a request for reconsideration a statement of the specific reasons and justifications to support the request. If not previously provided, the injured employee or provider shall attach supporting medical documentation with the request for reconsideration.

- F. An injured employee may seek review of a payer decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- G. Unless the decision was supported by an IME, an injured employee or provider may seek review of a payer decision issued under R20-5-1304(B) by requesting administrative review by the Commission as provided in R20-5-1311.
- H. A payer shall provide a copy of its written decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1310. Payer Reconsideration on Request for Preauthorization

- A. Except as provided in subsection (C), a payer shall communicate to the provider its decision on a request for reconsideration no later than 7 business days after the request is received. This decision shall be issued in writing using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this subsection, the 7 business days begin to run the day after the payer receives the request for reconsideration.
- B. If a payer fails to respond to a request for reconsideration within 7 business days, the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If, no later than 7 business days after a request for reconsideration has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for reconsideration shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the report.
- D. Commission Review of Payer Reconsideration Decision:
 1. An injured employee or provider may seek review of a payer reconsideration decision by requesting an administrative review by the Commission as provided in R20-5-1311 unless the payer decision was supported by an IME.
 2. An injured employee may seek review of a payer reconsideration decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- E. A payer shall provide a copy of its written reconsideration decision to deny treatment or services to the injured employee

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or, if represented, to the injured employee's authorized representative.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1311. Administrative Review by Commission

- A.** Absent further action of the Commission under R20-5-1301(C), administrative review under this Article is available for requests for medical treatment or services related to all body parts and conditions.
- B.** A request for administrative review shall be in writing using Section V (Provider or Employee Request for Administrative Peer Review) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A request for administrative review must attach copies of relevant medical information or records and copies of all documentation related to the payer's decision or non-response. A request for administrative review must be submitted to the Commission by mail, electronically or by fax.
- C.** Upon receipt of a request for administrative review, the Commission shall determine whether the administrative review is available under this Article.
 1. If administrative review is not available, then no later than three business days after receiving a request for administrative review, the Commission shall send notice to the injured employee and payer that administrative review is not available.
 2. If administrative review is available, then no later than three business days after receiving the request, the Commission shall send notice to the payer that a request for administrative review has been received and provide information on how to participate in the process.
- D.** The administrative review conducted under this Section shall apply the guidelines as described in this Article and include a peer review performed by an individual meeting the requirements of subsection (I). The peer review shall consist of a records review and, when possible as described in subsection (I)(5), a conversation between the provider and individual conducting the peer review.
- E.** The Commission may enter into an agreement with one or more contractors, who shall be URAC accredited, to provide the review described in subsection (D).
- F.** The payer shall pay for the costs of the peer review conducted by the contractor.
- G.** To assist in its review, the Commission or its contractor may request or receive additional information and documentation from the provider, injured employee or payer, who shall cooperate and provide the Commission or its contractor with any necessary medical information, including information pertaining to the payer's decision.
- H.** Before the Commission or its contractor issues a determination denying the request for treatment or services, a good faith effort shall be made to conduct a peer review with the provider requesting authorization to perform the treatment or services.
- I.** The individual conducting the peer review shall:
 1. Hold an active, unrestricted license or certification to practice medicine or a health profession and be involved in the active practice of medicine or a health profession during the five preceding years. For purposes of this subsection, "active practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years;
 2. Be licensed in Arizona, unless the Commission or its contractor is unable to find such an individual, in which case the peer review may be conducted by an individual who is licensed in another state of the United States and who meets the other requirements of this subsection;
 3. For a review of a request from an allopathic or osteopathic physician, nurse practitioner, physician assistant, or other mid-level provider, hold a current certification from the American Board of Medical Specialties or the American Osteopathic Association in the area or areas appropriate to the condition, procedure or treatment under review;
 4. Be in the same profession and the same specialty or subspecialty as typically performs or prescribes the medical procedure or treatment requested; and
 5. Make a good faith effort to contact the provider requesting the preauthorization. This good faith effort shall include making telephone contact during the provider's normal business hours and offering to schedule the peer review at a time convenient for the provider.
- J.** A provider may bill the payer for time spent participating in a peer review under this Section.
- K.** The Commission or its contractor shall issue a written determination of its administrative review that contains the name and title of the person that performed the administrative review, and includes the following information:
 1. Whether the request for treatment or services is authorized or denied, in whole or in part;
 2. The information reviewed;
 3. The principle reason for the decision; and
 4. The clinical basis and rationale for the decision.
- L.** An interested party dissatisfied with the administrative review determination may request that the dispute be referred to the Commission's Administrative Law Judge Division for hearing. This request for hearing shall:
 1. Be in writing;
 2. Filed no later than 10 business days after the administrative review determination is issued; and
 3. State whether the party requests to participate in the Fast Track ALJ Dispute Resolution Program by stipulation, or declines to participate in the Fast Track ALJ Dispute Resolution Program.
- M.** If a timely request for hearing is filed, the administrative review determination is deemed null and void and shall serve no evidentiary purpose.
- N.** The information provided by the parties under this Section and the determination issued by the Commission shall become a part of the Commission claims file for the injured employee.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1312. Hearing Process

- A.** A referral of a request for hearing under R20-5-1311(L) shall be processed as provided for in the Act unless all parties agree to participate in the fast track process.
- B.** The following applies only to the Fast Track ALJ Dispute Resolution Program:
 1. Parties must agree to participate in the Fast Track ALJ Dispute Resolution Program with the understanding that a short form decision will be issued.

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2. Review by the presiding ALJ shall be limited to the treatment or service dispute considered at the administrative review under R20-5-1311.
 3. The presiding ALJ shall issue a notice of hearing within 10 business days of the receipt of the fully executed agreement to participate and certificate of readiness.
 4. The hearing shall be held within 30 calendar days from the day that the notice of hearing is issued to the extent practicable.
 5. Discovery is limited to five interrogatories and no depositions are permitted.
 6. The presiding ALJ shall take all lay witness testimony at the time of the hearing and will not hold any further hearings.
 7. The presiding ALJ shall consider documentary medical evidence only; no medical testimony shall be taken.
 8. Medical file review opinions shall be deemed to constitute substantial evidence to support the requested treatment or service.
 9. All documentary evidence shall be submitted no later than 10 business days before the scheduled hearing.
 10. The hearing shall be recorded, but not transcribed, unless one or more of the parties files a request for review under A.R.S. § 23-942 and A.R.S. § 23-943.
 11. The presiding ALJ shall issue a short form decision within five business days after the matter is deemed submitted.
- A. A Municipal Payor seeking reimbursement from the Fund shall submit a reimbursement claim in writing on the Municipal Firefighter Cancer Reimbursement Form approved by the Commission.
 - B. The Municipal Firefighter Cancer Reimbursement Form shall include the following attestations, which shall be made by an authorized representative of a Municipal Payor seeking reimbursement from the Fund:
 1. The reimbursement request includes only eligible compensation and benefits paid under A.R.S. § 23-1702(A) on municipal firefighter or municipal fire investigator workers' compensation claims accepted under A.R.S. § 23-901.09.
 2. The reimbursement request only includes amounts actually paid by the Municipal Payor for compensation and benefits under A.R.S. § 23-1702(A) during the immediately preceding fiscal year.
 3. The reimbursement request does not include amounts paid for expenses relating to case management, vocational rehabilitation, or similar nonmedical costs.
 4. The information included in, or submitted with, the Municipal Firefighter Cancer Reimbursement Form is true and correct.
 - C. The Municipal Firefighter Cancer Reimbursement Form shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.
 - D. A Municipal Payor seeking reimbursement from the Fund for compensation and benefits paid during a fiscal year shall submit a reimbursement claim to the Commission between July 1 and August 31 immediately following the applicable fiscal year.
 - E. Failure to timely submit a reimbursement claim for compensation and benefits paid during a fiscal year before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for amounts paid during the applicable fiscal year. Failure to include all eligible compensation or benefits in a reimbursement claim before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for any omitted amounts paid during the applicable fiscal year.
 - F. The Commission shall process reimbursements pursuant to A.R.S. § 23-1702(C) on or before December 31 of each year.
 - G. The maximum annual amount of aggregate reimbursements paid by the Fund shall in no event exceed the total amount of monies in the Fund as of close of business on June 30 of the applicable fiscal year.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

ARTICLE 14. MUNICIPAL FIREFIGHTER CANCER REIMBURSEMENT FUND AND FIREFIGHTER AND FIRE INVESTIGATOR CANCER CLAIM REPORTING

R20-5-1401. Application of the Article and Definitions

- A. This Article applies to reimbursement claims submitted to the Municipal Firefighter Cancer Reimbursement Fund under Arizona Revised Statutes ("A.R.S."), Title 23, Chapter 11, and firefighter and fire investigator cancer claim reporting under A.R.S. § 23-971.
- B. The definitions in A.R.S. §§ 23-1701 and 23-901.09 apply in this Article.
- C. "Cancer-related claims" as used in A.R.S. § 23-971 and this Article shall mean Arizona workers' compensation claims involving any disease, infirmity, or impairment of health that is caused by cancer.
- D. "Fiscal year" or "reporting period" shall mean the 12-month cycle that begins on July 1 and ends on June 30.
- E. "Loss valuation date" shall mean the last day of the reporting period and the date on which firefighter and fire investigator cancer claim data shall be determined for reporting purposes.
- F. An "open" claim shall mean a workers' compensation claim that is eligible for temporary compensation and/or active medical treatment. A "closed" claim shall mean a workers' compensation claim in which temporary compensation and active medical treatment have been terminated.

Historical Note

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

R20-5-1402. Reimbursement Claims

Historical Note

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).

R20-5-1403. Recordkeeping and Record Inspections

- A. Municipal Payors seeking reimbursement from the Fund shall maintain all records supporting amounts included in a reimbursement claim for at least ten years after the reimbursement claim is filed.
- B. Municipal Payor records supporting amounts included in a reimbursement claim shall always be open for inspection by the Commission or representatives of the Commission to ascertain information necessary for its administration of A.R.S. §§ 23-1701 through 23-1703. Upon request, a Municipal Payor shall make such records available to the Commission within 30 days.

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Historical Note

New Section made by final exempt rulemaking at 27
A.A.R. 2920 (December 17, 2021), effective January 1,
2022 (Supp. 21-4).

R20-5-1404. Fund Overpayments

- A. A Municipal Payor that discovers an error in a reimbursement claim which may result or has resulted in an overpayment from the Fund shall notify the Commission of the error within three business days of discovery of the error.
- B. Overpayments made by the Fund to Municipal Payors that are discovered through inspection of records, or otherwise, shall be returned to the Fund by the applicable Municipal Payor within 30 days of notification by the Commission.

Historical Note

New Section made by final exempt rulemaking at 27
A.A.R. 2920 (December 17, 2021), effective January 1,
2022 (Supp. 21-4).

R20-5-1405. Cancer Claim Reporting Method; Frequency; Deadlines; Duration

- A. Cancer-related claim reporting under A.R.S. § 23-971 and this Article shall be performed electronically through the commission's electronic claims portal. Insurance carriers, self-insured employers, self-insurance pools, or a designee (including third-party administrators or an adjuster) are authorized to complete required claim reporting. Duplicate reporting of the same claim information is prohibited.
- B. Subject to the claim reporting durations specified in subsection (D), insurance carriers, self-insured employers, and self-insurance pools subject to A.R.S. § 23-971 shall annually report the data elements specified in R20-5-1407 and R20-5-1408 for cancer-related claims filed by or on behalf of firefighters and fire investigators.
- C. Claim data reported pursuant to subsection (B) shall be determined as of the loss valuation date for the applicable reporting period.
- D. Claim reporting shall be completed within 31 days after each applicable reporting period, i.e., no later than July 31 of each year.
- E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:
 1. Denied Claims: Reported one time following the reporting period during which the claim is denied by a notice of claim status. Reporting is not required for claims denied prior to July 1, 2021.
 2. Claims Accepted on or after July 1, 2021: Reported for the longer of: (a) the duration the claim remains open plus two additional annual reports after the claim is closed; or (b) ten annual reports after acceptance of the claim.
 3. Claims Accepted before July 1, 2021: If the claim was open on July 1, 2021, the claim shall be reported for the duration the claim remains open plus two additional annual reports after the claim is closed. If the claim was closed as of July 1, 2021, and was accepted on or after July 1, 2011, the claim shall be reported for two annual reports. If the claim was closed as of July 1, 2021, and was accepted prior to July 1, 2011, reporting is not required.
 4. Reopened Claims: Reported for the longer of: (1) the duration the claim remains open (following acceptance of the petition to reopen), plus two additional annual reports after the claim is closed; or (2) ten annual reports after acceptance of the petition to reopen.

5. Claims that Develop into Cancer-Related Claims: If a claim develops into a cancer-related claim, reporting should begin following the reporting period in which the claim developed into a cancer-related claim. In these circumstances, the claim shall be reported for the longer of: (1) the duration the claim remains open plus two additional annual reports after the claim is closed; or (2) ten annual reports.
6. Non-Cancer-Related Claims: If a cancer-related claim develops into a claim that no longer meets the definition of a cancer-related claim, no further annual reporting is required.
7. Informational Claims: Claims that have been filed but have not been accepted or denied as of the applicable loss valuation date shall not be reported.

Historical Note

New Section made by final rulemaking at 28 A.A.R.
1483 (June 24, 2022), with an immediate effective date of
June 10, 2022 (Supp. 22-2).

R20-5-1406. Cancer Reporting; Required General Data Elements

- A. Name of Data Provider (i.e., What entity is reporting the data?): The name of the insurance carrier, self-insured employer, self-insurance pool, or designee submitting the cancer-related claim data.
- B. Data Provider Type Code: Insurance Carrier; Self-Insured Employer; Self-Insurance Pool; Third-Party Administrator; or Other Designee.
- C. Name of Person Submitting Data: The name of the individual submitting the cancer-related claim data.
- D. Name of Data Provider Primary Contact: The name of the individual designated by the Data Provider who can be contacted regarding the data submission. (May be the same as the "Name of Person Submitting the Data.")
- E. Data Provider Primary Contact Phone Number: The phone number of the Data Provider Primary Contact.
- F. Data Provider Primary Contact Email Address: The email address of the Data Provider Primary Contact.
- G. Loss valuation date: The last day of the 12-month reporting period.
- H. Total Number of New Cancer-Related Claims: Total number of cancer-related claims filed by or on behalf of firefighters and fire investigators during the applicable reporting period (whether or not the claims are included in the detailed reporting).
 1. Accepted: Total number of new cancer-related claims accepted during the applicable reporting period.
 2. Denied: Total number of cancer-related claims denied during the applicable reporting period.
 3. Pending: Total number of cancer-related claims pending decision on the applicable loss valuation date.

Historical Note

New Section made by final rulemaking at 28 A.A.R.
1483 (June 24, 2022), with an immediate effective date of
June 10, 2022 (Supp. 22-2).

R20-5-1407. Cancer Reporting; Required Claim-Specific Data Elements

- A. Unique Claim Identifier: The unique, alphanumeric claim identifier (up to 20 characters, but no less than seven characters) assigned by the carrier, self-insured employer, or self-insurance pool to a specific claim. The claim identifier shall remain the same throughout the life of the claim. Usage of the commission's claim number is prohibited. Usage of claimant

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name, personally-identifiable information, or carrier/self-insured employer/self-insurance pool name in identifier is prohibited.

- B. Transaction Type Code: The code that identifies a report as an initial report (01) or subsequent report (02).
- C. Occupational Descriptor Code: (01) = Firefighter (02) = Fire Investigator.
- D. Sex Code: The sex of the injured worker. (M = Male, F = Female, N = Not Reported.)
- E. Birth Year: The 4-digit birth year of the injured worker.
- F. Year Claim Reported: The 4-digit year the claim was reported to the carrier/self-insured employer/self-insurance pool.
- G. Year of Loss: The 4-digit year when the injury (cancer) became manifest.
- H. Year of Hire: The 4-digit year when the injured worker was hired by the employer as a firefighter or fire investigator (either full-time or part-time). If unknown, enter (U).
- I. Name of Carrier, Self-Insured Employer, or Self-Insurance Pool: Complete business name of insurance carrier or self-insured employer/pool responsible for the claim.
- J. Employer Name: The complete business name of the employer (including a DBA, if applicable) related to the claim.
- K. County Code: The code corresponding to Arizona county primarily served by the employer (01) = Apache; (2) = Cochise; (3) = Coconino; (4) = Gila; (5) = Graham; (6) = Greenlee; (7) = La Paz; (8) = Maricopa; (9) = Mohave; (10) = Navajo; (11) = Pima; (12) = Pinal; (13) = Santa Cruz; (14) = Yavapai; (15) = Yuma.
- L. Claim Acceptance Date: The date the claim was first accepted as compensable. If the claim was denied, enter (D).
- M. Claim Denial Code: The code corresponding to the reason a claim was denied. (01) = Claim not compensable; (02) No coverage; (03) Other reason. If the claim was accepted, enter (A).
- N. Claims Status Code: The code corresponding to the claim's status as of the loss valuation date. (01) = claim is open (not reopened) on the loss valuation date; (02) = claim is closed on the loss valuation date; (03) = claim is reopened on the loss valuation date. If the claim was denied, enter (D).
- O. Benefit Code: The code that identifies under which provision of the law benefits are being paid on the loss valuation date. (01) = Death; (02) = Permanent Total Disability; (03) Permanent Partial Disability - Unscheduled; (04) Permanent Partial Disability - No Loss; (05) Temporary Total Disability; (06) Temporary Partial Disability; (07) Claim Denied.
- P. Settlement Code: (00) = Claim not subject to settlement during the reporting period; (01) = Full and final settlement during the reporting period; (03) Stipulated award during the reporting period; (05) Noncompensable settlement during the reporting period; (06) = Compromise settlement during the reporting period; (09) Other settlement during the reporting period; (10) Multiple settlements during the reporting period.
- Q. Lump Sum Indicator: Indicates whether the claim has been settled by a lump sum amount. N = No; Y = Yes.
- R. Closed Date: If the claim closed during the reporting period, report the date of claim closure. (Required if the claim closed during the reporting period.)
- S. Reopened Date: If the claim re-opened during reporting period, report the date of claim reopening. (Required if the claim reopened during the reporting period.)
- T. Primary Type of Cancer Code: The primary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30).
- U. Secondary Type of Cancer Code: If applicable, the secondary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30). (Required if applicable.)
- V. Amounts Paid (as of loss valuation date):
 1. Indemnity Paid: The total amount of paid indemnity for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wages or inability to work, including compensation paid to a deceased claimant prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, indemnity settlement payments, and employer's liability losses and expenses. Allocated loss adjustment expense ("ALAE") for other than employer's liability coverage shall be excluded from indemnity losses.
 2. Medical Paid: The total amount of medical losses paid for the claim as of the loss valuation date, including medical settlement payments.
 3. ALAE Paid: The total amount of ALAE paid for the claim as of the loss valuation date.
 4. Death Benefits Paid: The total amount of death benefits paid for the claim as of the loss valuation date.
- W. Incurred Amounts (as of loss valuation date):
 1. Incurred Indemnity Amount: The total of "Indemnity Paid" plus the current outstanding reserve indemnity benefits, excluding loss adjustment expenses (e.g., ALAE and unallocated loss adjustment expense ("ULAE")).
 2. Incurred Medical Amount: The total of "Medical Paid" plus the current outstanding reserve medical benefits, excluding loss adjustment expenses (e.g., ALAE and ULAE).
 3. Incurred ALAE Amount: The total of "ALAE Paid" plus the current outstanding reserve ALAE.
 4. Incurred Death Benefits Amount: The total of "Death Benefits Paid" plus the current outstanding reserve death benefits, excluding loss adjustment expenses (e.g., ALAE and ULAE).

Historical Note

New Section made by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

ARTICLE 15. WORKERS' COMPENSATION SELF-INSURANCE**R20-5-1501. Definitions**

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

1. "Act" means the Arizona Workers' Compensation Act, A.R.S. § 23-901 et seq.
2. "Administrator" means an individual or organization designated by a Self-Insurance Pool Board to manage the daily operations of a Self-Insurance Pool.

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3. "Agreement to Process and Pay" means a written agreement that requires an entity to process and pay or guaranty the payment of another entity's liabilities.
4. "Applicant" means an entity or pool seeking initial or renewal authority to self-insure for workers' compensation, a Self-Insurance Pool seeking to add a new member, or a Self-Insurer seeking to Self-Administer.
5. "Authorization Date" means the date designated by the Commission on which self-insurance authority begins.
6. "Basic Premium Factor" means a factor used in the Retrospective Rating Plan formula to represent expenses of the Self-Insurer, such as acquisition, audit, administration, and profit or contingencies, but not taxes.
7. "Cash Flow Ratio" means a numerical relationship that reflects an entity's ability to meet current financial obligations out of cash flow and is calculated as follows: (cash flow from operations) divided by (current liabilities).
8. "Claim" or "claim" means a workers' compensation claim.
9. "Deviation Rate" means the rate applied to the Manual Premium to calculate a discount from the Manual Premium.
10. "D-Ratio" means a factor used in the Ex-Medical Plan that reflects the ratio of primary expected losses and total expected losses.
11. "Division" means the self-insurance office of the Commission.
12. "Ex-Medical Plan" means a method of determining the premium upon which taxes are calculated that provides for rate revisions based upon the Self-Insurer operating a medical facility with a program for providing medical, surgical, or hospital services to a majority of the Self-Insurer's employees that complies with the requirements of A.R.S. § 23-1070.
13. "Experience Modification Rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved Rating Organization or the Commission.
14. "Fiscal Year" or "fiscal year" means a 12-month financial or accounting period.
15. "Fixed Premium Plan" means a method of determining the premium upon which taxes are calculated in which neither losses nor incurred loss reserves are used for the net taxable premium calculation.
16. "Guaranteed Cost Plan" means a method of determining the premium upon which taxes are calculated that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the Experience Modification Rate developed to reflect the loss payment and incurred loss experience of the Self-Insurer.
17. "Local Government Investment Pool" means a pooled investment fund operated by the Arizona State Treasurer according to A.R.S. § 35-326.
18. "Loss Conversion Factor" means a factor used in the Retrospective Rating Plan formula that is used to cover unallocated claims and the costs of the Self-Insurer's claims services.
19. "Manual Premium" means the aggregate payroll by individual Payroll Classification Code multiplied by the Payroll Classification Rate.
20. "Member" or "member" means an employer described in A.R.S. §§ 11-952.01, 15-382 23-961.01, or 41-621.01 that has joined with other employers to operate a Self-Insurance Pool.
21. "Parent Company" means a company that has sufficient ownership in another entity (the Subsidiary) to have control, directly or indirectly, of the Subsidiary.
22. "Payroll" or "payroll" means the total wages and salaries paid by an employer.
23. "Payroll Classification Code" means a four-digit numerical code assigned by a Rating Organization or the Commission to differentiate between the various job duties or scope of work performed by employees.
24. "Payroll Classification Rate" means a rate assigned to an individual Payroll Classification Code by a Rating Organization or the Commission.
25. "Public Entity" means an individual employer that is a state, county, municipality, school district, or any other entity with taxing authority.
26. "Public Entity Pool" means a workers' compensation pool organized under A.R.S. §§ 11-952.01, 15-382, or 41-621.01.
27. "Public Entity Trust Fund" means an internal service fund or sub-fund dedicated to workers' compensation or risk management established by a Public Entity from which money is used to pay workers' compensation claim liabilities and expenses.
28. "Rating Organization" means an entity that meets the requirements of A.R.S. § 20-363 and is approved by the Department of Insurance and Financial Institutions to establish rates, codes, and formulas used to calculate workers' compensation premiums.
29. "Renewal Date" means the date designated by the Commission by which a renewal application shall be filed with the Division.
30. "Reserves" or "reserves" means an amount of money that is set aside to satisfy the financial and legal obligations associated with a workers' compensation claim or group of claims.
31. "Resolution of Authorization" means a document issued by the Commission that grants authority to self-insure for purposes of workers' compensation.
32. "Retrospective Rating Plan" means a method of determining the premium upon which taxes are calculated that provides for a relationship between the premiums for tax purposes, the Experience Modification Rate developed to reflect the loss payment and incurred loss experience of the Self-Insurer, and the actual incurred losses for the tax year.
33. "Security" or "security" means any financial instrument authorized by R20-5-1521 through R20-5-1524, or appropriate documents renewing, amending, or continuing any of these.
34. "Self-Administer" means the process under which a Self-Insurer administers its own claims, once approved by the Division.
35. "Self-Insurance Pool" means a Public Entity Pool or Similar Industry Pool.
36. "Self-Insurance Pool Board" means a body of individuals that directs a Self-Insurance Pool according to R20-5-1527.
37. "Self-Insurer" means an entity authorized by the Commission to self-insure for workers' compensation and may include a Public Entity, an individual private employer under A.R.S. § 23-961(A)(2), a Public Entity Pool, or a Similar Industry Pool.
38. "Similar Industry Pool" means a pool with members in similar industries as authorized by A.R.S. § 23-961.01.

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39. “Subsidiary” means an entity of which a Parent Company has sufficient ownership to have control, directly or indirectly.
40. “Third-Party Administrator” means an organization that processes workers’ compensation claims for a Self-Insurer.
41. “Workers’ Compensation Pool Loss Account” means an account or sub-account in the Workers’ Compensation Pool Operations Account established by a Self-Insurance Pool from which money is used to pay workers’ compensation claims, liabilities, and expenses.
42. “Workers’ Compensation Pool Operations Account” means an account or sub-account into which premiums, investment proceeds, and other revenues are deposited for purposes of a Self-Insurance Pool.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1502. Computation of Time; Extension of Time Limits

- A. In computing any time period prescribed or allowed by this Article, the day of the event from which the time period begins to run shall not be included, but the last day of the period computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period shall run until the end of the next day that is not a Saturday, Sunday, or legal holiday. When the time period prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays shall not be included in the computation of time.
- B. Except as otherwise precluded by law, the Division may extend time limits prescribed by this Article for good cause. A request for an extension of a time limit shall be filed with the Division in writing and shall state the reasons for the request.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1503. Forms and Reports

The following forms, available at <http://www.azica.gov> and upon request from the Division, shall be used when applicable:

1. Initial Application for Authority to Self-Insure Form,
2. Self-Insurance Renewal Application Form,
3. New Pool Member Application Form,
4. Workers’ Compensation Liability Form,
5. Application to Self-Administer Form,
6. Self-Provider of Medical Benefits Form,
7. Parent Guaranty Form,
8. Workers’ Compensation Guaranty Bond Form,
9. Statutory Deposit Agreement Form,
10. Custody Agreement Form,
11. Request for Waiver of Security Form,
12. Notice of Termination of Self-Insurance Form,
13. Annual Payroll Report Form,
14. Annual Medical Report Form,
15. Annual Injury Report Form,
16. Annual Hospital Report Form,
17. Quarterly Tax Payment Form.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1504. Self-Insurance Criteria

- A. A Public Entity may file an application for authority to self-insure if:
 1. The Public Entity’s annual payroll is at least \$2 million; and
 2. The Public Entity’s total assets are at least \$25 million.
- B. An individual employer that is not a Public Entity may file an application for authority to self-insure if:
 1. The employer has been engaged in business in Arizona for at least five consecutive years immediately before the prospective Authorization Date;
 2. The employer’s annual Arizona payroll is at least \$2 million, including the combined payrolls of any Subsidiaries that will be covered by the self-insurance program; and
 3. The employer meets one of the following criteria:
 - a. The employer’s total assets are at least \$25 million; or
 - b. The employer’s net worth is at least \$5 million and Cash Flow Ratio is at least 0.25.
- C. A Public Entity Pool may file an application for authority to self-insure if:
 1. The requirements set forth in A.R.S. §§ 11-952.01, 15-382, or 41-621.01, as applicable, are satisfied;
 2. The combined annual payroll of the members of the Public Entity Pool is at least \$2 million; and
 3. The combined net worth of the members of the Public Entity Pool is at least \$1 million.
- D. A Similar Industry Pool may file an application for authority to self-insure if:
 1. The requirements set forth in A.R.S. § 23-961.01 are satisfied;
 2. The members of the Similar Industry Pool have been engaged in business in Arizona for at least five consecutive years immediately before the prospective Authorization Date;
 3. The combined annual Arizona payroll of the members of the Similar Industry Pool is at least \$2 million; and
 4. The combined net worth of the members of the Similar Industry Pool is at least \$1 million.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1505. Initial Application Requirements

- A. An individual employer or pool seeking to apply for initial authority to self-insure shall file with the Division a completed Initial Application for Authority to Self-Insure Form and the documentation and information required in subsection (B).
- B. For an initial application to self-insure to be deemed complete, the following documentation and information shall be provided by the Applicant:
 1. A resolution of the Applicant’s board of directors or governing body, authorizing the filing of the application. If the Applicant does not have a board of directors or governing body, an authorized representative shall sign the resolution.
 2. A list of the aggregate payroll by Payroll Classification Code for the most current and prior two fiscal years.
 3. A copy of the Applicant’s audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted. If a

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new Self-Insurance Pool does not have the financial statements required by this subsection, the pool shall provide detailed projections for capitalization, cash flow, and liabilities of the pool.

4. A detailed description of the Applicant's loss control program, including a description of existing or planned occupational safety and health requirements and training programs.
 5. Except for a new Self-Insurance Pool that does not have the information required by this subsection, a loss run of all claims incurred in Arizona from the most current complete calendar year and the prior three calendar years. The loss run must include the following information, if applicable, for each incurred claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, medical reserves, total paid indemnity (including death benefits), and indemnity reserves.
 6. If applicable, copies of excess insurance policies that meet the requirements of R20-5-1526, or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the Applicant by the prospective Authorization Date.
 7. Except for a new Self-Insurance Pool that does not have the information required by this subsection, if the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken or will take to lower the Experience Modification Rate.
 8. Except for an Applicant seeking to Self-Administer under R20-5-1510, a copy of a signed agreement between the Applicant and a Third-Party Administrator or, if an agreement has not been completed, a written confirmation from a Third-Party Administrator that it will contract with the Applicant on or before the prospective Authorization Date to process workers' compensation claims for the Applicant.
 9. If an Applicant is seeking to Self-Administer, a completed Application to Self-Administer Form and the information and documentation required in R20-5-1510(C).
 10. If an eligible Applicant intends to direct medical care under A.R.S. § 23-1070, a completed Self-Provider of Medical Benefits Form, the detailed statement of the arrangements required in A.R.S. § 23-1070(B), and a copy of the current medical or hospital agreements, if applicable.
 11. If the Applicant is a Public Entity or a Public Entity Pool seeking a waiver of security under R20-5-1525, a completed Request for Waiver of Security Form and a current actuarial report that satisfies the requirements in R20-5-1513(B).
 12. If the Applicant is a Subsidiary:
 - a. A completed Parent Guaranty Form or an Agreement to Process and Pay signed by a designated representative of the Parent Company that guarantees the payment of the Subsidiary's obligations.
 - b. A resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form or Agreement to Process and Pay. If the Parent Company does not have a board of directors or governing body, an authorized representative shall sign the resolution.
 - c. A copy of the Parent Company's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
13. If the Applicant is a Self-Insurance Pool:
- a. The contract or agreement required under A.R.S. §§ 11-952.01, 15-382, 23-961.01, or 41-621.01, as applicable, to establish the pool.
 - b. The articles of incorporation and bylaws governing the pool, if applicable.
 - c. The participation, coverage, and indemnity agreements between the pool and each member.
 - d. Written authorization from the board of directors or governing body of each member, authorizing membership in the pool. If a member does not have a board of directors or governing body, an authorized representative shall sign the written authorization.
 - e. A signed resolution from the Self-Insurance Pool Board approving each member for membership in the pool.
 - f. An original or a certified copy of fidelity or crime insurance policy that meets the requirements of R20-5-1528 or written confirmation from an authorized insurance company that it will issue the required fidelity or crime insurance policy on or before the prospective Authorization Date.
 - g. A copy of the signed agreement or contract of hire between the Self-Insurance Pool Board and the designated Administrator.
 - h. A detailed description of the underwriting program required under R20-5-1529.
 - i. A current actuarial report that meets the requirements of R20-15-1513(B) and documents the rate structure needed to set member premium levels to adequately cover potential losses and expenses of the pool.
 - j. For each member, a schedule showing, for the most recent complete fiscal year and the prior two fiscal years, net workers' compensation premiums paid, total workers' compensation losses incurred, and, if available, Experience Modification Rate specific to Arizona.
 - k. A copy of each member's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
 - l. If any member's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the member has taken or will take to lower the Experience Modification Rate.

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Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1506. Renewal Application Requirements

- A.** A Self-Insurer seeking to apply for renewal of authority to self-insure shall file with the Division a completed Self-Insurance Renewal Application Form and the documentation and information required under subsection (B) on or before the Renewal Date or, if applicable, the date specified in subsection (D).
- B.** For a renewal application to be deemed complete, the following documentation and information shall be provided by the Applicant:
 1. A copy of the Applicant's most-recent audited financial statements completed according to R20-5-1513(A), including any notes to the financial statement.
 2. A completed Workers' Compensation Liability Form.
 3. A current loss run of all open claims incurred in Arizona on or after the Authorization Date. The loss run must include the following information, if applicable, for each claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, medical reserves, total paid indemnity (including death benefits), indemnity reserves, excess insurance carrier name (if applicable), amount of excess credit expected (if applicable), and excess insurance self-insured retention amount per occurrence (if applicable).
 4. If applicable, copies of excess insurance policies that meet the requirements of R20-5-1526 or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the Applicant. For each claim accepted by an excess insurance carrier on or after the Authorization Date, documentation to establish claim acceptance. For each claim submitted to an excess insurance carrier that is pending review by the excess insurance carrier, documentation to establish claim submission.
 5. If the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken and will take to lower the Experience Modification Rate.
 6. If the Applicant's denial rate exceeds 12% of claims filed during the prior approved period of self-insurance, a written statement from the Applicant identifying the reason or reasons for each denial.
 7. Except for Applicants that have been approved to Self-Administer or are seeking to Self-Administer under R20-5-1510, a copy of the signed agreement between the Self-Insurer and a Third-Party Administrator, if different from the last filing approved by the Commission.
 8. If an Applicant intends to Self-Administer, regardless of whether the Applicant has been previously approved to Self-Administer, a completed Application to Self-Administer Form and current information and documentation required under R20-5-1510(C).
 9. If an eligible Applicant directs or intends to direct medical care under A.R.S. § 23-1070, a completed Self-Provider of Medical Benefits Form, the detailed statement of the arrangements required in A.R.S. § 23-1070(B), and a copy of the current medical or hospital agreements, if applicable.
 10. If the Applicant is a Public Entity or a Public Entity Pool that is seeking a waiver of security under R20-5-1525, a completed Request for Waiver of Security Form and a current actuarial report that satisfies the requirements in R20-5-1513(B).
 11. If the Applicant is a Subsidiary, a copy of the Parent Company's most-recent audited financial statements, including any notes to the financial statements. If audited financial statements are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
 12. If the Applicant is a Subsidiary and the Parent Company has changed since the last application or renewal approved by the Commission:
 - a. A completed Parent Guaranty Form or Agreement to Process and Pay signed by a designated representative of the Parent Company that guarantees the payment of the Subsidiary's obligations.
 - b. A resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form or Agreement to Process and Pay. If a Parent Company does not have a board of directors or governing body, an authorized representative shall sign the resolution.
 13. If the Applicant is a Self-Insurance Pool:
 - a. Updated copies of the documentation and information required in R20-5-1505(B)(13)(a) through (c), (g), and (h), if changed since the last filing approved by the Commission.
 - b. A current actuarial report that meets the requirements of R20-5-1513(B).
 - c. An original or a certified copy of the Self-Insurance Pool's current fidelity or crime insurance policy that meets the requirements of R20-5-1528.
- C.** A complete renewal application submitted to the Division before the Self-Insurer's Renewal Date shall serve to extend existing authority to self-insure until the earliest of the following:
 1. The date the Commission takes action on the application according to R20-5-1509;
 2. The date the Self-Insurer terminates self-insurance under R20-5-1518; or
 3. The date the renewal application is withdrawn.
- D.** Upon written request, the Commission may temporarily extend the duration of an existing authorization to self-insure for up to 90 days after a designated Renewal Date if the Self-Insurer is working in good faith to file a complete renewal application with the Division and additional time is necessary to file a complete renewal application.
- E.** If a Self-Insurer does not file a complete renewal application on or before the Renewal Date or the date specified in subsection (D), if applicable, or a renewal application is deemed withdrawn, self-insurance authority ceases and the individual employer or each member of the pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the Self-Insurer's Renewal Date, the date specified in subsection (D), or the date the renewal application is withdrawn, whichever is later.

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Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1507. New Member Application Requirements for Self-Insurance Pools

- A. Except as authorized in subsection (C), a previously authorized Self-Insurance Pool seeking to add a new member shall file with the Division a completed New Pool Member Application Form and the documentation and information required in subsection (B).
- B. For a new member application to be deemed complete, the following documentation and information shall be provided by the Applicant:
 - 1. A resolution of the Self-Insurance Pool Board authorizing the filing of the New Pool Member Application Form.
 - 2. The documentation and information listed in R20-5-1505(B)(2), (B)(5), (B)(7), (B)(13)(c) through (e), and (B)(13)(j) through (l) specifically pertaining to the employer seeking to join the Self-Insurance Pool.
- C. An approved Self-Insurance Pool in good standing that has operated for one year or more may admit new members without Commission approval. Upon admission of a new member into a Self-Insurance Pool under this subsection, the Self-Insurance Pool shall provide to the Division a list of the new member's coverage locations and the documentation and information listed in R20-5-1505(B)(13)(c) through (e) specifically pertaining to the new member.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1508. Processing of Initial, Renewal, and New Member Applications

- A. The Division shall administratively review an initial, renewal, or new member application within 20 days of receipt of the application to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this Article.
- B. The Division shall deem an initial, renewal, or new member application withdrawn if the Applicant fails to file a complete application within 30 days of being notified by the Division that the application is incomplete according to subsection (A) or fails to submit requested information or documentation within 30 days of receiving a request under subsection (F).
- C. Unless the substantive review time frame is extended under A.R.S. § 41-1075, the Commission shall determine whether an initial, renewal, or new member application meets the substantive criteria of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01, and this Article, as applicable, within 60 days after the initial, renewal, or new member application is deemed complete.
- D. The overall timeframe for processing initial, renewal, and new member applications is 80 days, unless extended under A.R.S. § 41-1072 et seq.
- E. Upon the filing of a complete initial, renewal, or new member application, the Division shall review the submitted documentation and information and:
 - 1. Evaluate and determine whether the Applicant meets the requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 and this Article, as applicable;

- 2. Evaluate and determine whether the Applicant has the financial ability to process and pay benefits required under the Act;
- 3. Evaluate and determine whether a waiver of security is appropriate under R20-5-1525 or, if security is required, the appropriate amount of security; and
- 4. If the Division recommends approval of an initial or renewal application, evaluate and determine a recommended term of self-insurance, which may not be less than one year or more than two years from the date of Commission approval under R20-5-1509.
- F. The Division may request an Applicant to provide additional information and documentation reasonably related to the Division's review and evaluation under subsection (E).
- G. The Division shall consider the following information in determining whether two or more employers meet the "similar industry" requirement in A.R.S. § 23-961.01(A):
 - 1. The two-digit sector designation of the most recent edition of the North American Industry Classification System assigned to the employers;
 - 2. The extent to which the employers are engaged in business involving similar products, services, activities, and processes; and
 - 3. Other relevant information describing or concerning the business of the employers.
- H. The Division shall present its evaluation, findings, and recommendations according to subsection (E) to the Commission.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1509. Commission Review of Initial, Renewal, and New Member Applications

- A. The Commission shall consider the following before approving or denying an initial, renewal, or new member application:
 - 1. The documentation and information submitted by Applicant according to R20-5-1505, R20-5-1506, R20-5-1507, or R20-5-1508(F);
 - 2. The evaluation, findings, and recommendations of the Division according to R20-5-1508; and
 - 3. The requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 and this Article, as applicable.
- B. The Commission may approve or deny an initial, renewal, or new member application or may remand an application to the Division for further review or to request additional information or documents according to R20-5-1508(F). A decision to approve, deny, or remand an application shall be made by a majority vote of a quorum of Commission members present at a public meeting.
- C. When approving an initial or renewal application, the Commission shall determine: (1) the term of self-insurance authorization, which may not be less than one year or more than two years from the date of Commission approval; (2) whether to grant a waiver of security under R20-5-1525; and (3) if security is required, the amount of security that must be posted. The Commission shall require an amount of security that reasonably reflects the Self-Insurer's future total estimated liability and is sufficient to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966, which amount may exceed the amounts specified in R20-5-1520(A).
- D. The Commission shall deny an initial, renewal, or new member application if the Commission finds either of the following:

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1. The Applicant does not meet the requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 or this Article, as applicable; or
 2. The Applicant is unable to process and pay benefits required under the Act.
- E.** On or before the Authorization Date, following Commission approval of an initial application for self-insurance authority, or within 30 days after Commission approval of a renewal or new member application, a Self-Insurer shall:
1. Unless the Commission has granted a waiver of security under R20-5-1525, post required security;
 2. Secure excess insurance coverage that meets the requirements of R20-5-1526, if applicable;
 3. Either obtain Division approval to Self-Administer under R20-5-1510 or complete the process of contracting with a Third-Party Administrator; and
 4. For Self-Insurance Pools, secure an active fidelity or crime insurance policy, unless the pool is exempt according to R20-5-1528(C).
- F.** Upon approval of an initial, renewal, or new Member application, the Division shall serve a Resolution of Authorization on the Applicant no later than 30 days after Commission approval. The Resolution of Authorization approving an initial application shall contain the Authorization Date, the applicable Renewal Date, and the amount of security required. The Resolution of Authorization approving a renewal application shall contain the applicable Renewal Date and the amount of security required. The Resolution of Authorization approving addition of a new member shall contain the amount of additional security the Self-Insurance Pool is required to post. The Resolution of Authorization may be electronically signed by the Commission.
- G.** If the Commission denies an initial, renewal, or new member application, the Commission shall issue and serve written findings and an order on the Applicant no later than 30 days after the Commission denial. The findings and order may be electronically signed by the Commission.
- H.** If an Applicant's current Experience Modification Rate specific to Arizona exceeds 1.10, the Commission may approve authorization to self-insure that is contingent upon the Applicant receiving, within six months of the Commission's approval, occupational safety and health services from either the Arizona Division of Occupational Safety and Health or a qualified occupational safety and health professional. Upon written request and for good cause shown, the Division may extend the six-month deadline for receiving safety and health consultation services.
- I.** A Self-Insurer shall maintain all security, insurance policies, and contracts required under this Article during an approved period of self-insurance and while a renewal application is pending before the Commission.
- C.** The Division, in consultation with the Claims Division of the Commission, shall authorize a Self-Insurer to Self-Administer if the Self-Insurer provides documentation and information establishing the following:
1. The Self-Insurer has facilities and equipment sufficient to manage, process, and store its own information pertaining to the Self-Insurer's workers' compensation claims;
 2. The Self-Insurer's workers' compensation claims are processed by persons with experience, training, and knowledge regarding the processing of Arizona workers' compensation claims and the requirements of the Act and applicable administrative rules; and
 3. The persons processing the Self-Insurer's claims have completed the Claims Division's workers' compensation training program within the prior two years.
- D.** The Division shall administratively review an application to Self-Administer within 20 days of receipt to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this section.
- E.** The Division shall deem an application to Self-Administer withdrawn if the Applicant fails to file a completed application within 10 days of being notified by the Division that the application is incomplete according to subsection (D).
- F.** Unless the substantive review time frame is extended under A.R.S. § 41-1075, the Division shall determine whether an application to Self-Administer meets the substantive criteria of subsection (C) within 30 days after the application to Self-Administer is deemed complete.
- G.** The overall timeframe for processing an application to Self-Administer is 50 days, unless extended under A.R.S. § 41-1072 et seq.
- H.** Upon approval of an application to Self-Administer, the Division shall serve a certificate of authorization on the Applicant no later than 30 days after approval.
- I.** The Division shall revoke a certificate of authorization to Self-Administer if the Self-Insurer no longer satisfies the requirements in subsection (C).
- J.** If the Division denies a request to Self-Administer or revokes a certificate of authorization, the Division shall issue and serve written findings and an order on the Applicant no later than 30 days after the denial or revocation.
- K.** Authorization to Self-Administer shall continue until any of the following occurs: (1) self-insurance authority ceases; (2) the Self-Insurer contracts with a Third-Party Administrator to process workers' compensation claims; or (3) authority to Self-Administer is revoked by the Division.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1510. Processing of Workers' Compensation Claims; Authorization to Self-Administer

- A.** A Self-Insurer shall utilize a Third-Party Administrator to process workers' compensation claims unless the Division authorizes the Self-Insurer to Self-Administer.
- B.** A Self-Insurer seeking to Self-Administer shall file with the Division a completed Application to Self-Administer Form and all documentation and information required under subsection (C).

R20-5-1511. Location of Claims Files

A Self-Insurer shall provide written notice to the Division regarding the location of the Self-Insurer's open and closed claims files within 90 days of the Authorization Date. If a Self-Insurer or Third-Party Administrator intends to change the location of its claims files, the Self-Insurer shall provide written notice to the Division of the change in location at least 30 days before the files are moved.

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Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1512. Reports, Books, Records, and Data Review by the Commission; Audit

- A.** All reports, books, records, minutes, and data of a Self-Insurer relating to matters governed by the Act and this Article are subject to review by the Commission or its authorized representative upon request. A Self-Insurer shall ensure that reports, books, records, minutes, and data relating to matters governed by the Act and this Article are accurate and maintained in a legible and understandable manner.
- B.** The Commission may, upon notice of three days, perform or have performed for its benefit an audit of the reports, books, records, minutes, and data of a Self-Insurer relating to matters governed by the Act and this Article. The Commission shall be responsible for the cost of an audit.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1513. Financial Statements and Actuarial Reports

- A.** A Self-Insurer shall ensure that audited financial statements are prepared annually at the end of the Self-Insurer's fiscal year by a certified public accountant experienced in auditing financial statements.
- B.** Actuarial reports and studies required in this Article must be completed by an actuary that is a member of the American Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS). At a minimum, actuarial reports must address claim reserves, supplemental reserves, and actuarial liabilities using an expected confidence level and a discount rate consistent with Actuarial Standard of Practice No. 20 (or a successor standard).
- C.** Upon request, a Self-Insurer shall file its most-recent annual audited financial statements or actuarial report with the Division.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1514. Claim Processing and Reserving

- A.** Self-Insurers and Third-Party Administrators shall ensure that claims are processed and benefits are paid in compliance with the Act and applicable administrative rules.
- B.** Self-Insurers and Third-Party Administrators shall adopt and adhere to industry-standard reserving practices and maintain claim reserves at the full undiscounted value of each claim, including related claim expenses.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1515. Notice of Adverse Condition, Bankruptcy, Change in Ownership Status, or Change in Business Address

- A.** A Self-Insurer shall notify the Division in writing within 10 days of any adverse condition or material change that impacts or could impact the Self-Insurer's ability to process and pay benefits required under the Act. When a Self-Insurer provides notice to the Commission under this subsection, the Self-

Insurer shall provide a written proposal to correct the actual or potential adverse condition or material change.

- B.** A Public Entity Pool shall notify the Division within 30 days of receipt of any notification from the Director of the Department of Insurance and Financial Institutions according to A.R.S. §§ 11-952.01(N) and 41-621.01(L).
- C.** A Self-Insurer shall notify the Division in writing within 10 days of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.
- D.** A Self-Insurer shall notify the Division in writing within 30 days of any change in the ownership status or business address of the Self-Insurer.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1516. Revocation of Self-Insurance Authorization

- A.** The Commission may revoke authorization to self-insure for good cause. Good cause for revocation includes, but is not limited to, any of the following:
1. Impairment of the solvency of the Self-Insurer;
 2. An inability or failure to process and pay benefits required under the Act, including the failure to pay or comply with any award of the Commission;
 3. The failure of the Self-Insurer to respond within 10 days to a demand by the Commission to substitute security when the posted security is unsatisfactory or insufficient in amount or character;
 4. The failure of the Self-Insurer to pay tax assessments levied by the Commission within 30 days of the due dates prescribed by A.R.S. §§ 23-961 and 23-1065;
 5. The failure of the Self-Insurer to promptly provide the Commission with notices or information required under this Article;
 6. The failure of the Self-Insurer to comply with the Act or administrative rules contained in Title 20, Chapter 5, Articles 1, 13, 14 and this Article;
 7. The willful misstating of material fact in any documentation or information provided to the Commission;
 8. The failure of a Public Entity Pool to comply with the recommendations of the Director of the Department of Insurance and Financial Institutions within 60 days of the date of notice issued under A.R.S. §§ 11-952.01(N) and 41-621.01(L); or
 9. Except for a Self-Insurer approved to Self-Administer, the failure to contract with or adequately fund a Third-Party Administrator for claim processing and payment.
- B.** Upon receiving information indicating that any of the grounds for revocation described in subsection (A) may apply, the Division shall conduct an investigation. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of authorization to self-insure, the Division shall promptly present its findings and recommendations to the Commission.
- C.** The decision of the Commission to revoke authorization to self-insure shall be made by a majority vote of a quorum of Commissioners present at a public meeting. The Commission shall issue and serve written findings and an order revoking self-insurance authority no later than 10 days after the Commission vote. The findings and order may be electronically signed by the Commission.

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Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1517. Retaining Authorization to Self-Insure Through Insolvency or Bankruptcy

- A. If a Self-Insurer becomes insolvent or files for protection under the United States Bankruptcy Code seeking to reorganize, and desires to remain self-insured, it shall file with the Division a written statement regarding its intent to reorganize under the applicable provisions of the United States Bankruptcy Code. The statement shall discuss in detail the Self-Insurer's financial ability to continue self-insurance.
- B. A Self-Insurer shall file the statement described in subsection (A) with the Division within 10 days of the insolvency or bankruptcy filing. The letter shall be signed by an authorized representative of the Self-Insurer.
- C. A Self-Insurer seeking to retain authorization to self-insure through bankruptcy shall ensure that a provision addressing the Self-Insurer's obligations to workers' compensation claimants and the Commission is included in the plan of reorganization filed with the United States Bankruptcy Court.
- D. During the period between the initial bankruptcy filing and a final bankruptcy court determination, the Self-Insurer may continue its self-insurance status only after demonstrating to the Commission ongoing ability to process and pay benefits required under the Act. The Commission may require the Self-Insurer to post additional security in an amount the Commission deems appropriate to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966, which amount may exceed the amount specified in R20-5-1520(A).
- E. A Self-Insurer shall file with the Division a copy of any proposed plan of reorganization or liquidation, including amendments, within 10 days of filing.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1518. Voluntary Termination of Self-Insurance Authorization

- A. A Self-Insurer voluntarily terminating self-insurance shall file a completed Notice of Termination of Self-Insurance Form at least 30 days before the effective date of the termination.
- B. If a Self-Insurer voluntarily terminates self-insurance, the individual employer or each member of a Self-Insurance Pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the termination is effective.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1519. Withdrawal from a Self-Insurance Pool; Termination of Membership by a Self-Insurance Pool

- A. A member of a Self-Insurance Pool may voluntarily withdraw from a Self-Insurance Pool or a Self-Insurance Pool may terminate an employer's membership in a Self-Insurance Pool under the bylaws of the Self-Insurance Pool and applicable law.
- B. A Self-Insurance Pool shall provide the Commission written notice of a member's intent to withdraw from a Self-Insurance Pool or a Self-Insurance Pool's intent to terminate an

employer's membership in a Self-Insurance Pool at least 30 days before the withdrawal or termination is effective.

- C. If a member of a Self-Insurance Pool withdraws from a Self-Insurance Pool or a Self-Insurance Pool terminates an employer's membership in a Self-Insurance Pool, the terminated or withdrawing member shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the termination or withdrawal is effective.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1520. Security Amount and Type; Apportionment Credit; Excess Insurance Credit; Release

- A. Except as provided in R20-5-1525, and subject to the minimum requirements in A.R.S. § 23-961:
 1. A newly approved Self-Insurer shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits, unless the Commission requires a different amount according to R20-5-1509(C).
 2. A Self-Insurer renewing authority to self-insure shall post security in an amount equal to 125% of its total estimated future indemnity and medical liability as calculated on the Workers' Compensation Liability Form, unless the Commission requires a different amount according to R20-5-1509(C).
 3. A Self-Insurance Pool adding a new member shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits of the new member, unless the Commission requires a different amount according to R20-5-1509(C).
- B. Except as provided in R20-5-1525, a Self-Insurer shall post a type of security authorized in R20-5-1521 through R20-5-1524. A Self-Insurer or former Self-Insurer may substitute one type of authorized security with a different type of authorized security.
- C. The Commission shall approve a credit for apportionment against the amount of security required under this Article, which credit may not result in an amount of security that is less than the minimum security required by A.R.S. § 23-961, if the Self-Insurer provides proof that apportionment has been approved for one or more claims.
- D. The Commission shall approve a credit for excess insurance against the amount of security required under this Article, which credit may not result in an amount of security that is less than the minimum security required by A.R.S. § 23-961, if:
 1. The excess insurance requirements in R20-5-1526(A) are satisfied;
 2. The Self-Insurer provides proof that excess insurance coverage exists for incurred claims;
 3. The Self-Insurer has timely notified the excess insurance carrier of the incurred claims or the excess insurance carrier has accepted the incurred claims;
 4. The excess insurance carrier has not denied coverage for the incurred claims; and
 5. The excess insurance carrier is solvent.
- E. The Self-Insurer shall calculate apportionment or excess insurance credits using the Workers' Compensation Liability Form.
- F. Subject to A.R.S. § 23-961(A)(2), a former Self-Insurer may request a reduction in the amount of security that must remain posted with the Commission by filing a written request with the Division. The written request must attach the information specified in R20-5-1506(B)(1) through (4). The Division may

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request additional information and documentation reasonably related to the Division's review and evaluation under subsection (G).

- G.** Upon the filing of a request to reduce the amount of security by a former Self-Insurer, the Division shall review the documentation and information and:
1. Evaluate and determine whether the former Self-Insurer has the financial ability to process and pay benefits required under the Act for claims that were incurred during the period of self-insurance; and
 2. Evaluate and determine an appropriate amount of security to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966.
- H.** The Division shall present its evaluation, findings, and recommendations according to subsection (G) to the Commission. The Commission may approve a reduction in the amount of security, deny a reduction, or remand an application to the Division for further review or to request additional documentation or information. A decision of the Commission shall be made by a majority vote of a quorum of Commission members present at a public meeting.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1521. Guaranty Bond; Effective Date

A Self-Insurer may post a guaranty bond or rider of a guaranty bond as security if:

1. The insurance carrier providing the guaranty bond submits the bond to the Commission on the Workers' Compensation Guaranty Bond Form, which is signed by an authorized representative of the Self-Insurer and the insurance carrier;
2. Any rider of a guaranty bond is signed and dated by an authorized representative of the insurance carrier and the Self-Insurer;
3. The penal sum of the guaranty bond or rider is no less than the amount the Self-Insurer is required to post as security under this Article;
4. The insurance carrier issuing the guaranty bond or rider is authorized to transact the business of surety insurance in Arizona by the Department of Insurance and Financial Institutions;
5. The insurance carrier issuing the guaranty bond or rider does not have an affiliate relationship with the Self-Insurer;
6. The insurance carrier issuing the guaranty bond or rider has a rating with A.M. Best of at least A-; and
7. The guaranty bond or rider bears the same effective date as the Authorization Date.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1522. Letter of Credit

- A.** A Self-Insurer may post a letter of credit as security if:
1. The letter of credit is registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by [INSERT SELF-INSURER'S NAME] of its obligations under the Arizona Workers' Compensation laws";
 2. The bank issuing the letter of credit is a federal or Arizona-chartered bank upon which demand may be made

and from which funds will be immediately payable on demand;

3. The letter of credit includes the name and address of the Self-Insurer;
 4. An authorized representative of the issuing bank executes the letter of credit;
 5. The original letter of credit and original amendments to a letter of credit are provided to the Commission;
 6. The initial letter of credit is valid for a period of one year from the effective date;
 7. The issuing bank does not have an affiliate relationship with the Self-Insurer;
 8. The letter of credit includes a provision that the letter of credit automatically extends for consecutive periods of one year, unless the issuing bank provides written notice to the Commission 60 days before the expiration of any one-year term that the issuing bank will not renew the letter of credit for the additional period;
 9. The letter of credit states the amount available under the letter of credit, which shall be no less than the amount the Self-Insurer is required to post as security under this Article; and
 10. The letter of credit includes a statement that the Commission may make a demand on the letter of credit by providing the issuing bank a signed statement by an official of the Commission stating either that the Self-Insurer has failed to comply with its workers' compensation obligations or failed to renew or substitute acceptable security for its workers' compensation liability 30 days before the expiration of the letter of credit.
- B.** The written notice required in subsection (A)(8) shall be sent to the Division via email or by mail with delivery confirmation.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1523. Local Government Investment Pool Funds

A Public Entity or Public Entity Pool may post Local Government Investment Pool funds as security if:

1. The Public Entity or Public Entity Pool completes a Statutory Deposit Agreement Form, which is signed by an authorized representative of the Self-Insurer, the Arizona State Treasurer, and the Commission; and
2. The funds deposited with the Arizona State Treasurer are no less than the amount the Self-Insurer is required to post as security under this Article.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1524. Federal Money Market Fund or Treasury Note

A Self-Insurer may post a federal money market fund or a treasury note as security if:

1. The Self-Insurer completes a Custody Agreement Form, which is signed by an authorized representative of the Self-Insurer, the custodial bank, the Arizona State Treasurer, and the Commission; and
2. The amount of the Federal money market fund or treasury note posted shall be no less than the amount the Self-Insurer is required to post as security under this Article.

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New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1525. Waiver from Requirement to Post Security for a Public Entity or Public Entity Pool

- A.** Only a Public Entity or Public Entity Pool is eligible for a waiver from posting security.
- B.** A Public Entity or Public Entity Pool may receive a waiver from posting security if:
 - 1. The Public Entity has conducted business or the Public Entity Pool has operated in Arizona for a minimum of five consecutive years;
 - 2. The Public Entity Trust Fund (for a Public Entity) or the Workers' Compensation Pool Loss Account (for a Public Entity Pool) continually maintains a positive fund/account balance; and
 - 3. The Public Entity Trust Fund (for a Public Entity) or the Workers' Compensation Pool Loss Account (for a Public Entity Pool) is continually funded to cover actuarial liabilities of the Self-Insurer's incurred claims in accordance with the February 1996 Governmental Accounting Standards Board Statement No. 30 (Risk Financing Omnibus, An Amendment of GASB Statement No. 10), available from the Governmental Accounting Standards Board. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of the incorporated matter is available from the Commission or may be obtained from the Governmental Accounting Standards Board at 401 Merritt 7, P.O. Box 5116, Norwalk, CT 06856-5116.
- C.** The decision of the Commission to approve, deny, or revoke a request for waiver of security shall be made by a majority vote of a quorum of Commissioners present at a public meeting.
- D.** If the Commission grants a waiver of security, the waiver shall be included in the Resolution of Authorization issued under R20-5-1509(F). The Division shall return any security previously posted or provided to the Commission within 30 days after the approval of a waiver of security.
- E.** A Public Entity or Public Entity Pool which has been granted a waiver of security must file current financial statements and a statement of unpaid liabilities with the Division every six months, beginning six months after a waiver is granted.
- F.** If the Commission denies a request for waiver of security or revokes a waiver of security, the Commission shall issue and serve written findings and an order on the Applicant no later than 30 days after the Commission denial or revocation. The findings and order may be electronically signed by the Commission.
- G.** The Commission shall revoke a waiver of security if the Commission determines a Public Entity or Public Entity Pool no longer satisfies the criteria in subsection (B) or does not comply with subsection (E) and the Public Entity or Public Entity Pool does not cure the deficiency within 30 days of being notified by the Division. Within 10 days of service of a written findings and order revoking a waiver of security, a Public Entity or Public Entity Pool must file with the Commission a completed Workers' Compensation Liability Form and post security as required by the Commission.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1526. Excess Insurance

- A.** A Self-Insurer may secure specific and aggregate excess insurance if all of the following are satisfied:
 - 1. The insurance carrier issuing excess insurance is authorized to transact the business of excess insurance in Arizona by the Department of Insurance and Financial Institutions;
 - 2. The retention for specific excess insurance is not less than \$100,000 without advance written approval by the Commission;
 - 3. Payments of workers' compensation benefits on a claim made by a Self-Insurer, member, or through security posted by a Self-Insurer are applied toward reaching the retention level in the excess insurance policy;
 - 4. The excess insurance carrier does not have an affiliate relationship with the Self-Insurer; and
 - 5. The excess insurance policy provides that insolvency of the Self-Insurer does not relieve the excess insurance carrier of liability under the policy.
- B.** A Self-Insurer or insurance company seeking to cancel or refuse renewal of an excess insurance policy shall provide 60 days written notice of the proposed cancellation or non-renewal to the Commission. The written notice shall be sent by registered or certified mail. Failure to provide notice as required by this subsection shall preclude cancellation or non-renewal of the policy.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1527. Self-Insurance Pool Board; Administrator

- A.** A Self-Insurance Pool shall be directed by a Self-Insurance Pool Board consistent with A.R.S. §§ 11-952.01, 15-382, 23-961.01, 41-621.01, and this Article, as applicable.
- B.** The Self-Insurance Pool Board of a Similar Industry Pool shall consist of five or more individuals elected for a stated term of office, at least 60% of which shall be representatives of members of the Similar Industry Pool.
- C.** The duties of a Self-Insurance Pool Board shall include:
 - 1. Responsibility for all operations of the Self-Insurance Pool;
 - 2. Ensuring compliance with the Act and this Article;
 - 3. Hiring an Administrator to manage the daily operations of the Self-Insurance Pool;
 - 4. Reviewing and acting on applications for membership in the Self-Insurance Pool;
 - 5. Contracting with a Third-Party Administrator, unless the Division has authorized the Self-Insurance Pool to Self-Administer;
 - 6. Ensuring the Self-Insurance Pool complies with statutory accounting principles (SAP) and provides accurate financial information to enable complete and accurate preparation of financial reports;
 - 7. Maintaining all records and documents relating to the formation and ongoing operations of the Self-Insurance Pool;
 - 8. Ensuring that accurate minutes of meetings of the Self-Insurance Pool Board are completed and signed by an authorized representative of the Self-Insurance Pool;

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9. Maintaining all reports, books, records, and data relating to matters governed by this Article according to R20-5-1512; and
 10. Ensuring that accounts and records of the Self-Insurance Pool are audited as required under R20-5-1513(A).
- D.** Except as prohibited by law, a Self-Insurance Pool Board may delegate duties to an Administrator. Delegation of duties to an Administrator shall be contained in a signed agreement or contract of hire between the Self-Insurance Pool Board and the Administrator.
- E.** An Administrator of a Self-Insurance Pool is subject to all of the following requirements:
1. Unless otherwise authorized by law, an Administrator for a Self-Insurance Pool shall not be a member of the Self-Insurance Pool Board.
 2. Unless otherwise authorized by law, an Administrator for a Self-Insurance Pool shall not be a member of the Self-Insurance Pool or an employee of a member of the Self-Insurance Pool.
 3. Before a Self-Insurance Pool Board can hire an Administrator, the Self-Insurance Pool shall disclose to the prospective Administrator all existing agreements between the pool and providers of services or insurance coverage and the prospective Administrator shall disclose to the Self-Insurance Pool Board any actual or perceived employment or financial interest that the Administrator or relative (as defined in A.R.S. § 38-502) of the Administrator has in the providers of services or insurance coverage.
 4. Before a Self-Insurance Pool enters into an agreement with a provider of services or insurance coverage, the Administrator shall disclose to the Self-Insurance Pool Board any actual or perceived employment or financial interest that the Administrator or a relative (as defined in A.R.S. § 38-502) of the Administrator has in the prospective provider of services or insurance coverage.
- F.** Self-Insurance Pool Boards and Administrators shall not:
1. Extend credit to members for payment of a premium;
 2. Utilize money collected as premiums for any purpose not authorized by this Article;
 3. Borrow money from the Self-Insurance Pool;
 4. Borrow money in the name and on behalf of the Self-Insurance Pool without providing prior written notice to the Division of the nature and purpose of the loan; and
 5. Admit into the Self-Insurance Pool an employer whose admission would impair the ability of the Self-Insurance Pool to process and pay benefits required under the Act.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1528. Self-Insurance Pool Fidelity or Crime Insurance

- A.** Except as stated in subsection (C), a Self-Insurance Pool shall maintain during all periods of self-insurance a fidelity or crime insurance policy that protects the pool from unlawful actions of the following:
1. Individuals appointed to the Self-Insurance Pool Board (individual and collective liability);
 2. The Administrator of the Self-Insurance Pool;
 3. Employees of the Self-Insurance Pool; and
 4. Employees of the Administrator, if applicable.
- B.** The limit of liability of the fidelity or crime insurance policy required in subsection (A) shall be no less than \$1 million per occurrence and shall be sufficient to protect the Self-Insurance

Pool from damages resulting from unlawful acts related to of any assets controlled or managed by the Self-Insurance Pool Board, the Administrator, employees of the Self-Insurance Pool, and employees of the Administrator, if applicable.

- C.** A Self-Insurance Pool that maintains at least \$3 million in surplus funds at all times during an approved period of self-insurance is exempt from the requirements in this Section.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1529. Self-Insurance Pool Loss Control and Underwriting Programs

- A.** A Self-Insurance Pool shall maintain during all periods of self-insurance a loss control program that includes, at a minimum, written safety requirements and training programs for all employees of the members. A Self-Insurance Pool shall ensure that the loss control program is administered by persons with education, experience, or training in loss control.
- B.** A Self-Insurance Pool shall maintain during all periods of self-insurance an underwriting program that enables the pool to establish workers' compensation premiums and to fully discharge the Self-Insurance Pool's obligation to process and pay benefits required under the Act. A Self-Insurance Pool shall ensure that the underwriting program is administered by persons with education, experience, or training in underwriting.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1530. Self-Insurance Pool Workers' Compensation Pool Operations Account; Workers' Compensation Pool Loss Account

- A.** A Self-Insurance Pool shall maintain a Workers' Compensation Pool Operations Account, which is subject to all of the following:
1. All workers' compensation premiums charged to members of the Self-Insurance Pool shall be deposited into the Workers' Compensation Pool Operations Account, which account shall be maintained in a designated federally-insured depository.
 2. A Self-Insurance Pool shall pay all operational expenses of the pool relating to workers' compensation, excluding administrative expenses associated with processing workers' compensation claims, from the Workers' Compensation Pool Operations Account.
 3. Funds from the Workers' Compensation Pool Operations Account shall be transferred to the Workers' Compensation Pool Loss Account, as needed, to enable the Self-Insurance Pool to pay from the Workers' Compensation Pool Loss Account all liabilities imposed or arising under the Act and all administrative expenses associated with processing workers' compensation claims.
 4. If the Workers' Compensation Pool Operations Account is co-mingled with another account, the activities of the Workers' Compensation Pool Operations Account are segregated in the financial records.
- B.** A Self-Insurance Pool shall maintain a Workers' Compensation Pool Loss Account, which is subject to all of the following:
1. A Self-Insurance Pool shall maintain its Workers' Compensation Pool Loss Account in a designated federally-insured depository.

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2. A Self-Insurance Pool shall pay all workers' compensation claim expenses, including current and contingent workers' compensation claim liabilities of and administrative expenses associated with processing workers' compensation claims, from the Workers' Compensation Pool Loss Account.
3. A Self-Insurance Pool shall ensure that its Workers' Compensation Pool Loss Account is actuarially sound and able to process and pay benefits required under the Act.
4. If the Workers' Compensation Pool Loss Account is commingled with another account, the activities of the Workers' Compensation Pool Loss Account are segregated in the financial records.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1531. Gross Annual Premium of a Self-Insurance Pool; Calculation of Member Premiums; Discounts; Penalties; Refunds

- A. The gross annual workers' compensation premium for a Self-Insurance Pool shall be sufficient to fund the workers' compensation administrative expenses and total incurred workers' compensation losses of the pool.
- B. A Self-Insurance Pool shall calculate and collect member premiums using industry best practices and formulas generally accepted in the industry.
- C. A Self-Insurance Pool shall not discount established Payroll Classification Rates unless the discount is based upon the expense and loss experience of the Self-Insurance Pool and is supported and justified by an actuarial feasibility study.
- D. A Self-Insurance Pool may apply a penalty rate in excess of an annual premium to any member, provided the Self-Insurance Pool serves written justification and notice on the member 30 days before the effective date of the penalty rate.
- E. A Self-Insurance Pool may declare a refund of surplus funds, including excess investment income, to its members if the amount of the refund is supported by an actuarial report.
- F. A Self-Insurance Pool discounting established Payroll Classification Rates under subsection (C) or declaring a refund of surplus funds under subsection (E) shall notify the Division at least 60 days before the Self-Insurance Pool discounts the Payroll Classification Rates or refunds surplus funds.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1532. Similar Industry Pool; Joint and Several Liability of Members

- A. The joint and several liability clause required by A.R.S. § 23-961.01(E) applies to any agreements used to form a Similar Industry Pool on a cooperative or contract basis, through a joint formation of a nonprofit corporation, or by the execution of a trust agreement.
- B. A Similar Industry Pool shall ensure that the pool and all members read and agree, in writing, to the following terms:
 1. The members of the pool are jointly and severally liable for the liabilities of the pool to the extent the pool is unable to, or does not, satisfy the liabilities;
 2. Member liability under subsection (B)(1) extends to all liabilities incurred by the pool during the member's period of membership in the pool, including all future li-

abilities that accrued during the member's period of membership in the pool; and

3. In the event that claims are assigned to the Special Fund under A.R.S. § 23-966, the Commission shall have a right of reimbursement against the members jointly and severally for any and all amounts paid by the Special Fund, including costs, necessary expenses, and reasonable attorney's fees, to the extent that such liabilities are not covered by the pool's security or other assets.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1533. Completion of Reports in Support of Tax Rating Plans; Calculation and Payment of Self-Insurance Taxes

- A. A Self-Insurer shall submit to the Division the information required in R20-5-1536, R20-5-1537, R20-5-1538, or R20-5-1539, as applicable, by January 31 of each year. A request for an extension may be filed with the Division in writing and shall state the reasons the Self-Insurer is unable to meet the deadline. A request for an extension shall be granted for good cause.
- B. After receiving the information required in R20-5-1536, R20-5-1537, R20-5-1538, or R20-5-1539, as applicable, the Division shall determine the annual taxes owed by the Self-Insurer. The Division shall also determine whether the Self-Insurer has overpaid or underpaid its taxes for the previous calendar year. If the total of the quarterly payments is less than the actual taxes for the year, the Self-Insurer shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If the total of the quarterly payments exceeds the amount of the actual taxes for the year, the Division shall refund the amount described in A.R.S. § 23-961 or § 23-1065, as applicable.
- C. A Self-Insurer shall pay to the Commission the Self-Insurer's annual workers' compensation premium taxes on or before March 31 based on the net taxable premium calculated for the preceding calendar year. A Self-Insurer shall pay a premium tax of at least \$250.00 per calendar year.
- D. The Division shall calculate a Self-Insurer's quarterly taxes owed under A.R.S. §§ 23-961 and 23-1065 in one of the following ways:
 1. 25% of the tax calculated for the previous year; or
 2. A calculation based on actual payroll and losses calculated for each quarter, using the same rating plan to calculate the quarterly payment as used to calculate the taxes required under A.R.S. §§ 23-961 and 23-1065. If the Division selects this method, the Self-Insurer shall submit quarterly payroll and loss information by Payroll Classification Code upon request.
- E. Quarterly tax payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
- F. If the Self-Insurer fails to pay the annual or quarterly taxes to the Commission when due, the Self-Insurer shall pay a penalty of \$25.00 or 5% of the tax or payment due, whichever is more, plus interest at the rate of 1% per month from the date the tax or payment was due until paid.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1534. Premium Rates; Deviation Rates

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- A. Annually, by September 15, premium calculation rates and a schedule of Deviation Rates shall be calculated and approved by the Commission at a public rate hearing. The premium calculation rates and the schedule of Deviation Rates shall be effective the following calendar year.
- B. The Deviation Rate applicable to a Self-Insurer relates directly to the Self-Insurer's safety record, which is measured by the Self-Insurer's Experience Modification Rating specific to Arizona for the prior year. The schedule of Deviation Rates will include the Experience Modification Rate ranges that apply to each Deviation Rate.
- C. The Experience Modification Rate for purposes of determining the Deviation Rate shall be calculated as follows:
 - 1. In the first year of self-insurance, the Experience Modification Rate is set at 1.00;
 - 2. In the second and third years of self-insurance, the Division calculates the Experience Modification Rate based upon the payroll and loss data accumulated by the Self-Insurer during its entire term of self-insurance; and
 - 3. In the fourth year of self-insurance and all following years, the Division calculates the Experience Modification Rate based upon the payroll and loss data of the prior three tax years.
- D. If the Division cannot calculate an Experience Modification Rate in the second and all following years because the Self-Insurer does not have any injuries, the Self-Insurer shall receive the highest Deviation Rate.
- E. The lowest Deviation Rate included in the schedule of Deviation Rates shall not be less than 10%.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1535. Basis for Definitions, Classifications, Rating Procedures, and Plans

The Division may use the definitions, classifications, and rating procedures specified in rating plans filed by a Rating Organization or developed by the Division to calculate the net taxable premium under A.R.S. §§ 23-961 and 23-1065.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1536. Fixed Premium Plan; Eligibility; Formula; Necessary Information

- A. Except as provided in R20-5-1539, a Self-Insurer shall use a Fixed Premium Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium does not exceed \$100,000.
- B. Except as provided in R20-5-1539, a Self-Insurer may elect to use a Fixed Premium Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000.
- C. The Division shall calculate the net taxable premium under a Fixed Premium Plan as follows: [(payroll multiplied by the applicable Payroll Classification Rate) multiplied by (1 minus the Deviation Rate)] less premium discounts.
- D. The Fixed Premium Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- E. A Self-Insurer shall provide the following in support of using a Fixed Premium Plan:
 - 1. Completed Annual Payroll Report Form for the current tax year;
 - 2. Completed Annual Medical Report Form for the current tax year;
 - 3. Completed Annual Injury Report Forms for current and prior three tax years; and
 - 4. Completed Quarterly Tax Payment Form.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1537. Ex-Medical Plan; Eligibility; Formula; Necessary Information

- A. Except as provided in R20-5-1539, a Self-Insurer may elect to use an Ex-Medical for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000 and the Self-Insurer operates a medical facility with a program for providing medical, surgical, or hospital services to a majority of the employees of the Self-Insurer or the employees of the members of a Self-Insurance Pool that complies with the requirements of A.R.S. § 23-1070.
- B. The Division shall calculate the net taxable premium under an Ex-Medical Plan on a Payroll Classification Code basis as follows: [(payroll multiplied by the Payroll Classification Rate) multiplied by (1 minus the Deviation Rate) multiplied by (1 minus the D-Ratio)] less premium discounts.
- C. The Ex-Medical Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D. A Self-Insurer shall provide the following in support of using an Ex-Medical Plan:
 - 1. The completed forms required in R20-5-1536(E); and
 - 2. Completed Annual Hospital Report Form for the current tax year.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1538. Guaranteed Cost Plan; Eligibility; Formula; Necessary Information

- A. Except as provided in R20-5-1539, a Self-Insurer may elect to use a Guaranteed Cost Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000.
- B. The Division shall calculate the net taxable premium under a Guaranteed Cost Plan, using the most recent year's data, as follows: [(payroll multiplied by the Payroll Classification Rate) multiplied by (the Experience Modification Rate specific to Arizona) multiplied by (1 minus the Deviation Rate)] less premium discounts.
- C. The Guaranteed Cost Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D. The Experience Modification Rate specific to Arizona for purposes of determining the net taxable premium under a Guaranteed Cost Plan shall be calculated in the manner described in R20-5-1534(C). If the Division cannot calculate an Experience Modification Rate in the second and all following tax years because the Self-Insurer does not have any injuries, the Experience Modification Rate shall be set at 1.00.

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- E. A Self-Insurer shall provide the completed forms required by R20-5-1536(E) in support of using a Guaranteed Cost Plan.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1539. Retrospective Rating Plan; Eligibility; Formula; Necessary Information

- A. The Division may require a Self-Insurer to use a Retrospective Rating Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if:
1. The Self-Insurer has an Experience Modification Rate specific to Arizona that exceeds 1.10 for two consecutive years; or
 2. The Self-Insurer demonstrates financial instability as evidenced by declining financial ratios, an increase in leveraged debt or a net loss.
- B. The Division shall calculate the net taxable premium under a Retrospective Rating Plan, using the most recent year's data, as follows: $\{[(\text{payroll multiplied by the Payroll Classification Rate}) \text{ multiplied by } (\text{the Experience Modification Rate specific to Arizona}) \text{ multiplied by } (1 \text{ minus the Deviation Rate}) \text{ multiplied by the } (\text{Basic Premium Factor})] \text{ plus } [(\text{losses for the current year plus adjusted losses from the previous year}) \text{ multiplied by } (\text{the Loss Conversion Factor})]\}$ multiplied by the tax multiplier.
- C. The Retrospective Rating Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D. The Experience Modification Rate specific to Arizona for purposes of determining the net taxable premium under a Guaranteed Cost Plan shall be calculated in the manner described in R20-5-1534(C). If the Division cannot calculate an Experience Modification Rate in the second and all following tax years because the Self-Insurer does not have any injuries, the Experience Modification Rate shall be set at 1.00.
- E. The Division shall use assigned risk rates to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065 for all Self-Insurers on the Retrospective Rating Plan. The assigned risk rates shall be established annually by an actuary retained by the Commission that is a member the American Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS).
- F. A Self-Insurer shall provide the information required by R20-5-1536(E) in support of using a Retrospective Rating Plan.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1540. Hearing Procedure on Denied Initial Application, Denied Renewal Application, Denied New Member Application, Revocation of Authority, or Denied Application for Waiver of Security

- A. A party may request a hearing under A.R.S. § 23-945 in the following circumstances:
1. Denial of an initial application, renewal application, or new member application under R20-5-1509.
 2. Denial of an application to Self-Administer or revocation of authority to Self-Administer under R20-5-1510.
 3. Revocation of self-insurance authorization under R20-5-1516.

4. Denial of a request for waiver of security or revocation of a waiver of security under R20-5-1525.

- B. A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the party. The party shall file the request for hearing with the Commission within 30 days from the date the Commission's written findings and order under R20-5-1509, R20-5-1510, R20-5-1516, or R20-5-1525 is served on the party. A written findings and order of the Commission under R20-5-1509, R20-5-1510, R20-5-1516, or R20-5-1525 is deemed final if a request for hearing is not received by the Chief Counsel of the Commission within the time specified in this subsection.
- C. The party filing a request for hearing under subsection (A)(1), (A)(2), or (A)(4) has the burden of proof to establish that it has met the applicable requirements of the Act and this Article. If a party files a request for hearing under subsection (A)(3), the Commission has the burden of proof to establish that good cause existed for revocation of self-insurance authorization.
- D. The Chair of the Commission or designee shall preside over hearings held under this section. Except as otherwise provided in this section, the Chair or designee shall apply the provisions of A.R.S. § 41-1062 to hearings held under this section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- E. The Chief Counsel of the Commission shall represent the Commission in hearings held under this section and, upon direction of the Chair of the Commission, shall issue on behalf of the Commission all notices and subpoenas required under this section.
- F. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.
- G. For purposes of this section, a document is considered filed when the Commission receives the document. All documents required to be filed with the Commission under R20-5-1541 and this section shall be served upon the Chief Counsel of the Commission and, if applicable, upon all parties to the proceeding.
- H. The Commission shall serve written notice of hearing upon all parties at least 20 days before a scheduled hearing. The notice of hearing shall comply with the requirements in A.R.S. § 41-1061.
- I. In addition to the provisions contained in A.R.S. §§ 41-1061 and 41-1062, the following provisions apply to all hearings conducted under this section:
1. A party may make an opening and closing statement with the permission of the Chair of the Commission or designee if the Chair or designee determines that the statement will be helpful to a determination of the issues.
 2. All witnesses at a hearing shall testify under oath or affirmation.
 3. The Chair or designee may admit documents into evidence if filed no later than 15 days before the date of the hearing. Upon request or upon direction from the Chair or designee, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
 4. Upon written request by a party or upon direction from the Chair or designee, the Commission may issue a subpoena requiring the attendance and testimony of a witness. A party shall submit its subpoena request no later than 10 days before the date of the hearing.

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5. Upon written request by a party or upon direction from the Chair or designee, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proved by them.
- J.** The Commission shall make a record of all hearings under this section. Any party desiring a copy of record may request a copy from the Commission.
- K.** Upon the completion of a hearing, the Commission shall issue a decision upon hearing either affirming, modifying, or reversing the original decision. The decision of the Commission shall be made by a majority vote of the quorum of Commission members present at a public meeting. The decision upon hearing shall comply with the provisions of A.R.S. § 41-1063.
- B.** A request for review of a Commission decision upon hearing must be based upon one or more of the following grounds materially affecting the rights of the requesting party:
1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;
 2. Misconduct of the prevailing party;
 3. Accident or surprise, which could not have been prevented;
 4. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
 5. Error in the admission or rejection of evidence, or errors of law occurring at, or during the hearing;
 6. Bias or prejudice of the Division or Commission; or
 7. The decision upon hearing is not justified by the evidence or is contrary to law.
- C.** The request for review shall state the specific facts and law in support of the request and shall specify the relief sought.
- D.** Upon the completion of a review, the Commission shall issue a decision upon review either affirming, modifying, or reversing the decision upon hearing no later than 30 days after receiving a request for review. The decision of the Commission shall be made by a majority vote of the quorum of Commission members present at a public meeting. The decision upon hearing shall comply with the provisions of A.R.S. § 41-1063.
- E.** The Commission's decision upon review is final unless a party seeks judicial review as provided in A.R.S. § 23-946.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1541. Request for Review of Decision Upon Hearing

- A.** A party may request review of a Commission decision upon hearing issued under R20-5-1540 by filing with the Commission a written request for review no later than 15 days after the decision upon hearing is served upon the parties. A decision upon hearing under R20-5-1540 is deemed final if a request for hearing is not received by the Commission within the time specified in this subsection.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

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Appendix A. Arizona Physicians' and Pharmaceutical Fee Schedule 2024/2025

Arizona Physicians' and Pharmaceutical Fee Schedule 2024/2025

Adopted by The Industrial Commission of Arizona Medical

Resource Office

Phone (602) 542-4308 / Fax (602) 542-4797

mro@azica.gov

Effective May 1, 2024

INTRODUCTION

Since 1925, when the Arizona Legislature passed the state's first Workers' Compensation Act ("Act"), the Industrial Commission of Arizona ("Commission") has administered the workers' compensation laws of that Act. The Act includes the authority of the Commission to set a schedule of fees to be charged by healthcare providers attending injured employees (also referred to in this document as "injured worker" or "claimant." A.R.S. § 23-908(B). In 2004, the Act was amended to include the setting of fees for prescription medicines required to treat an injured employee. A.R.S. § 23-908(C). This fee schedule is referred to as the Arizona Physicians' and Pharmaceutical Fee Schedule (Fee Schedule).

Any reference to "healthcare providers" in the Fee Schedule is intended to include all licensed professionals whose scope of practice allows them to legally provide services to injured workers. Any reference to "physician" in relation to workers' compensation cases includes the following: doctors of medicine, doctors of osteopathy, doctors of podiatric medicine, doctors of chiropractic, doctors of naturopathic medicine, certified registered nurse anesthesiologists, physician assistants and nurse practitioners. Healthcare providers treating employees under industrial coverage are entitled by law to charge according to the schedule of fees adopted by the Commission. Accurate calculation of fees based upon this schedule, the filing of reports and bills for payment, and the use of forms prescribed are essential to timely and correct payment for a provider's services and can be vital in the award of benefits to the injured worker and their dependents.

This Fee Schedule has been updated to incorporate by reference the following:

1. The 2024 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology associated with the incorporated codes.
2. The 2024 Healthcare Common Procedure Coding System (HCPCS) codes that include procedures, supplies, products, and services published by the Centers for Medicare & Medicaid Services (CMS).
3. The unit values and guidance for consultative, diagnostic, and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists (ASA) <https://www.asahq.org>.
4. The *2024 Clinical Diagnostic Laboratory Fee Schedule*, CMS Clinical Laboratory Fee Schedule <https://www.cms.gov>.
5. The *National Correct Coding Initiative Edits*, CMS;

<https://www.cms.gov/nccimedicare/medicare-ncci-policy-manual>

6. Physicians as Assistants at Surgery: 2023 Update
<https://www.facs.org/for-medical-professionals/practice-management/coding-and-billing/physicians-as-assistants-at-surgery-report/>
7. Surgical global periods published by CMS, 2024 Update
8. FAIR Health data, copyright 2024, FAIR Health, Inc.

Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx. To the extent that a conflict may exist between an incorporated portion of the CPT[®] publication or HCPCS codes and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control.

Except as otherwise noted, unit values assigned to the service codes listed in this document are the product of the Industrial Commission of Arizona and are not associated in any way with the American Medical Association, the American Society of Anesthesiologists, the Centers for Medicare and Medicaid Services, or any other entity or organization.

A. GENERAL GUIDANCE

1. Reimbursements and billing associated with Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section and HCPCS Guidelines of this document.
2. A CPT code shall be billed when a CPT code exists that accurately describes the service provided. If no CPT code exists that accurately describes the service, a HCPCS code shall be billed. A miscellaneous or unlisted code shall not be used when a specific CPT or HCPCS code exists that describes the service. Reimbursement values for unlisted codes are By Report and the bill must be accompanied by documentation to support the amount billed. Exceptions apply to the following services for which HCPCS codes should be used in place of CPT codes:
 - Drug testing: CPT codes 80320-80377 may not be used to bill for drug testing. HCPCS codes G0480 - G0483 shall be used for definitive drug testing.
3. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(J)(1), this Fee Schedule establishes the maximum reimbursement values for services performed by healthcare providers to injured workers under Arizona's workers' compensation law.
4. If a healthcare provider or insurance carrier is referring an injured worker to a medical specialist for evaluation and/or treatment, the medical specialist's diagnosis becomes the foundational diagnosis for billing purposes.
5. Routine progress and routine final reports filed by the attending healthcare provider do not ordinarily command a fee.
6. Payment will be made for only one professional visit in any one day except when the submitted report clearly

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demonstrates the need for the additional visit and fee.

7. Fees for hospital, office, or home visits, subsequent to the initial visit, are not to be added to coded surgical procedures performed on the same day.
8. Routine office treatment principally by injection of drugs, other than antibiotics, requires authorization by the carrier or self-insured employer for each series of 10 after the first series of 10.
9. Except in emergencies, a carrier must be given notice regarding a consultation and the consultant must provide his/her report to the carrier and the attending healthcare provider within a reasonable period of time to facilitate processing of the claim.
10. The Commission requests that carriers notify attending healthcare providers at the same time the claimant is notified that their claim is closed with or without supportive care. If a claim is approved for reopening, the carrier should also notify the attending healthcare provider of that approval.
11. Missed individual appointments for consultants, without prior notification, will be compensated at 50% of the consultation fee.
12. The Commission will investigate an injured worker's complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a "peer to peer" review was not conducted by a healthcare provider with appropriate skill, training, and knowledge or where the individual performing the "peer to peer" review was not licensed. The Commission will also investigate an injured workers' complaint of bad faith/unfair claims processing practice, and if appropriate, impose penalties under A.R.S. § 23- 930, for a denial of treatment based on the failure of the treating doctor to participate in a "peer to peer" review, when the treating doctor has not been given reasonable time or opportunity to participate in the "peer to peer" review.
13. As authorized under A.A.C. R20-5-128, the fee for the reproduction of medical records for workers' compensation purposes shall be 25¢ per page and \$10.00 per hour per person for reasonable clerical costs associated with locating and reproducing the documents.
14. Reimbursement values for telehealth services are governed by the Fee Schedule and no reductions are justified unless specified by the Fee Schedule. The performance of telehealth services is governed by Arizona Revised Statutes, Title 36, Chapter 36. Bills for telehealth services shall include modifier -95 and place of service (POS) code according to the incorporated AMA/CMS guidelines. Reimbursement for telehealth services shall be based on the non-facility (NF) rate regardless of the POS code.

B. PAYMENT AND REVIEW OF BILLINGS

1. Under Arizona workers' compensation law, an insurance carrier, self-insured employer, or their representative is not responsible for payment of a billing for medical, surgical, and hospital benefits that the insurance carrier, employer, or representative received more than 24 months from the date that the medical service was rendered, or

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from the date on which the provider knew or should have known that the service was rendered, whichever occurs later. A subsequent billing or corrective billing does not restart the limitations period. *See* A.R.S. § 23-1062.01.

2. It is incumbent upon the insurance carrier, self-insured employer, and third party processing service to inform all parties, including the Commission, regarding changes in addresses for bill processing locations.
3. Under Arizona workers' compensation law, a healthcare provider is entitled to timely payment for services rendered. An insurance carrier, self-insured employer, or claims processing representative shall make a determination whether to deny or pay a medical bill on an accepted claim, in whole or in part, including the decision as to the amount to pay, within thirty days from the date the claim is accepted, if the billing is received before the date of acceptance, or within thirty days from the date of the receipt of the billing if the billing is received after the date of acceptance. All billing denials shall be based on reasonable justification. The insurance carrier, self-insured employer, or claims processing representative shall pay the approved portion of the billing within thirty days after the determination for payment is made. If the billing is not paid within the applicable time period, the insurance carrier, self-insured employer, or claims processing representative shall pay interest to the health provider on the billing at a rate that is equal to the legal rate. Interest shall be calculated beginning on the date that the payment to the healthcare provider is due. *See* A.R.S. § 23-1062.01.

To ensure timely and accurate payment of a medical billing, a billing must contain the information required under A.R.S. § 23- 1062.01. A billing must contain at least the following information: Correct demographic patient information including claim number, if known; Correct provider information, including name, address, telephone number, and federal taxpayer identification number; Appropriate medical coding with dollar amounts and units clearly stated with all descriptions and dates of services clearly printed; and legible medical reports required for each date of service if the billing is for direct treatment of the injured worker.

4. Payment of a workers' compensation medical billing is governed by A.R.S. § 23-1062.01, which includes:
 - a. Timeframes for processing and payment of medical bills;
 - b. Criteria for billing denials;
 - c. A provision that the injured worker is not responsible for payment of any portion of a medical bill on an accepted claim or payment of any portion of a medical billing that is being disputed;
 - d. A provision that the insurance carrier or self-insured employer may establish an internal system for resolving payment disputes;
 - e. A provision that A.R.S. § 23-1062.01 does not apply to written contracts entered into between medical providers and insurance carriers and self-insured employers or their representatives that specify payment periods or contractual remedies for untimely payments; and
 - f. A provision that the Industrial Commission does not have jurisdiction over contract disputes between the parties.

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5. Health care providers shall bill the code that most accurately describes the service performed. If an insurance carrier, self-insured employer, or claims processing representative determines that the documentation submitted does not support the procedure code billed, the payment to the health care provider may be appropriately adjusted based on Fee Schedule reimbursement values. *See* A.R.S. § 23-1062.01. The payer shall provide documentation justifying the adjustment and clearly outline the process a health care provider may follow to appeal the determination. Payers shall not downcode medical billings under the Arizona Physicians' & Pharmaceutical Fee Schedule. Downcoding is defined as a payer changing a code in a payment remittance to a code at a lower service level than was billed by the healthcare provider. As applicable, the health care provider may resubmit the bill with documentation that addresses the reason for the adjustment.
6. "Reasonable justification" to deny a bill does not include the payment/billing policies of other private or public entities (publications) unless the publication has been incorporated by reference in the Fee Schedule.
7. Excluding bundling and unbundling issues, it is not the Commission's intent to restrict an insurance carrier's, self-insured employer's, or third party processing service's ability to address issues not addressed by the Fee Schedule. This includes evaluating unlisted procedures, establishing values for unlisted procedures, establishing values for codes that are listed as "BR" or "RNE", or new CPT® codes that have not been incorporated by the Industrial Commission, or managing issues outside the jurisdiction of the Fee Schedule, such as hospital billings.
8. Healthcare providers shall provide legible medical documentation and reports that are sufficient for insurance carriers/self-insured employers to determine if treatment is being directed towards injuries sustained in an industrial accident or incident. The healthcare provider shall ensure that their patients' medical files include the information required by A.R.S. § 32-1401.2. The healthcare provider is not required to provide copies of documents or reports that they did not author and that are not in their possession (*i.e.*, Employers' First Report of Injury).
9. Treating physicians shall submit a narrative that justifies the billing of a level 4 or 5 E/M service.
10. The Commission has incorporated by reference the Centers for Medicare and Medicaid Services, Evaluation and Management Services Guide, and the most current American Medical Association, Evaluation and Management Code and Guideline Changes. Medical billings shall be prepared and reviewed consistent with how these guidelines are used and interpreted by CMS. Additionally, payers are required to disclose any additional guideline(s) utilized in their Explanation of Reviews (or other similar document).
11. A payer's Explanation of Review (or other similar document) shall contain sufficient information to allow the healthcare provider to determine whether the amount of payment is correct and whom to contact regarding any questions related to the payment. Information in the Explanation of Review (or other similar document) shall include the following:
 - a. The name of the injured worker;
 - b. The name of the payer and the name of the third party administrator ("TPA"), if applicable;
 - c. If applicable, the name, telephone number, and address of all entities that reviewed the medical billing on behalf

of the payer;

- d. If applicable, the name, telephone number, and address of the party that has a written contract signed by the healthcare provider that allows the contracting party or other third party to access and pay rates that are different from those provided under this Fee Schedule;
 - e. The amount billed by the healthcare provider;
 - f. The amount of any reduction due to a written contract with the healthcare provider; and
 - g. The amount of payment.
12. Nothing in this Fee Schedule precludes a healthcare provider from entering into a separate contract that governs fees. In this instance, reimbursement shall be made according to the applicable contracted charge. In the absence of a separate contract that governs a healthcare provider's fees, reimbursement shall be made according to this Fee Schedule. A payer shall demonstrate that it is entitled to pay the contracted rate in the event of a dispute by providing a valid copy of the governing contract to the healthcare provider. If a payer fails to provide evidence that it is entitled to pay a contracted rate, then the payer shall be required to make payment as provided in this Fee Schedule.
13. Billing and reimbursement guidelines for Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section of this document.
14. The Fee Schedule does not apply to ambulance service providers. Service fees for ground ambulance transportation are set and mandated by the Arizona Department of Health Services through its Arizona Ground Ambulance Service Rate Schedule. A.R.S. § 36-2239(D) states "an ambulance service shall not charge, demand or collect any remuneration for any service greater or less than or different from the rate or charge determined and fixed by the department as the rate or charge for that service." Service fees published in the Arizona Ground Ambulance Service Rate Schedule are applicable in the workers' compensation setting.

C. REIMBURSEMENT OF MID-LEVEL MEDICAL PROVIDERS

1. Certified Registered Nurse Anesthetists ("CRNAs") are reimbursed at 85% of the fee schedule.
 - a. Physician Assistants and Nurse Practitioners are reimbursed at 85% of the fee schedule *except* if services are provided "incident to" a physician's professional services. In that instance, reimbursement is required to be at 100% of the fee schedule. The following criteria are identified as establishing the "incident to" exception:
 - b. The Physician Assistant and Nurse Practitioner must work under the direct supervision of an appropriately licensed physician,
 - c. The Physician must initially see that patient and establish a plan of care for that patient ("treatment plan"),
 - d. Subsequent service provided by the Physician Assistant and Nurse Practitioner must be a part of the documented

treatment plan, and

- e. The Physician must always be involved in the patient's treatment plan and see the patient often enough to demonstrate that the Physician is actively participating in and managing the patient's care.
2. For purposes of the Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use of modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient's care if services provided by a Physician Assistant or Nurse Practitioner are billed at 100% of the fee schedule under the "incident to" exception.
3. It is the responsibility of the Physician to document if the services provided by a Physician Assistant and Nurse Practitioner are "incident to" the Physician's professional service. If either the incident to criteria is not met, or the documentation submitted fails to support the "incident to" criteria, the reimbursement should be made at 85% of the fee schedule.

D. DIRECTED CARE AND USE OF NETWORKS

The Arizona Workers' Compensation Act only permits private self-insured employers to direct medical care. A.R.S. § 23-1070(A); See also *Southwest Gas Corp. v. Industrial Commission of Arizona*, 200 Ariz. 292, 25 P.3d 1164 (2001). This limitation on the scope of directed care means that employees of private self-insured employers do not have an unrestricted right to choose their own medical providers, while employees of all other employers do (including public self-insured employers).¹ Notwithstanding an employee's right to choose, many workers' compensation insurance carriers ("carriers") and public self-insured employers ("employers") have taken advantage of "networks" to reduce their costs. This is done by either creating their own network of "preferred providers" or by contracting with a third party to access private healthcare networks.

Actions or conduct that impair or limit the right of an employee to choose their medical provider may rise to the level of bad faith and/or unfair claims processing practices under A.R.S. § 23-930. The Commission will investigate a complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a carrier, employer, or TPA has engaged in conduct that results in directing a claimant to a "network" provider. The following are examples of conduct that the Commission would consider appropriate for investigation under A.R.S. § 23-930.

- A claimant is told that they must see a healthcare provider that is "in the network;"
- A claimant is told that care from a "non-network" healthcare provider is not authorized;
- A "network" healthcare provider is told that referrals are required to be made to another "network" healthcare provider;

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- A “network” healthcare provider is told that they may not recommend a “non-network” healthcare provider to a patient;
- A “non-network” healthcare provider is told that care will only be authorized if provided by a “network” provider; and
- A “non-network” healthcare provider is told that reimbursement will be made according to “network” discounts.

¹ It should be noted that the law governing directed care is not limited to “medical doctors,” but instead applies to medical, surgical, and hospital benefits. See A.R.S. § 23-1070. The phrase, “medical, surgical, and hospital benefits” is defined in A.R.S. § 23-1062(A), which states: “Promptly, upon notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonably required at the time of the injury, and during the period of disability. Such benefits shall be termed ‘medical, surgical and hospital benefits.’”

E. TREATMENT OF INDUSTRIAL INJURIES AND DISEASES

1. An employee who sustains an injury arising out of, or in the course of, employment is entitled, under Arizona law, to select a healthcare provider of his/her own choice unless that employee is employed by a private self-insured employer as described in A.R.S. § 23-1070. Employers described in A.R.S. § 23-1070, excluding the State or Political Subdivisions thereof, are allowed to direct medical care.
2. The attending healthcare provider’s promptness and professional exactness in the completion and filing of workers’ compensation forms are extremely important to the employee being treated. The injured or disabled employee’s claim to medical benefits and compensation can rest on the conscientious attention of the healthcare provider in processing the required reports. Rules addressing the completion of these forms are found in Title 20, Chapter 5, Article 1 of the Arizona Administrative Code, which can be obtained at: http://apps.azsos.gov/public_services/Title_20/20-05.pdf
3. The Commission, the employer, and the insurance carrier may, at any time, designate a healthcare provider or healthcare providers to examine an employee. Additionally, upon application of the employer, employee, or insurance carrier, the Commission may order a change of healthcare provider or a change of conditions of treatment when there are reasonable grounds or a belief that the employee’s health or progress can thus be improved.
4. A claimant may not change doctors without the written authorization of the insurance carrier, the Commission, or the attending physician. A claimant may not transfer from one hospital to another without the written authorization of the insurance carrier or the Commission. If the patient’s employment requires leaving the locale in which he/she is receiving treatment, the attending physician should arrange for continued treatment and notify the carrier of such arrangement. It is the responsibility of the physician or the hospital to which a patient has transferred to ascertain whether such a change has been authorized.
5. Treatment of conditions unrelated to the injuries sustained in the industrial accident may be denied as unauthorized if the treatment seems directed principally toward the non-industrial condition or if the treatment does not seem necessary for the patient’s physical rehabilitation from the industrial injury.

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6. If the patient refuses to submit to a medical examination or to cooperate with the healthcare provider's treatments, the carrier or self-insured employer should be notified.
7. If an employee is capable of some form of gainful employment, it is proper for the healthcare provider to release the employee to light work and make a specific report to the carrier or self-insured employer as to the date of such release. It can be to the employee's economic advantage to be released to light work since he/she can receive compensation based on 66 2/3% of the difference between one's earnings and one's established wage. On the other hand, it would not be to the employee's economic advantage to be released to light work if, in fact, the employee is not capable of performing such work. The healthcare provider's judgment in such matters is extremely important.
8. If the employee no longer requires active medical care for the industrial injury and is discharged from treatment, the healthcare provider is required to provide a signed report with the date of discharge to the carrier or self-insured employer, even if, as a private patient, the employee may require further medical care for conditions unrelated to the industrial accident. This final report and discharge date are necessary for closing the claim file.
9. When a healthcare provider discharges a claimant from treatment, the healthcare provider shall determine whether the employee has suffered any impairment of function, or disfigurement about the head or face, including injury to or loss of teeth, and include this information in the final signed report provided to the carrier or self-insured employer. The Rules of Procedure Before the Industrial Commission of Arizona require that any rating of the percentage of functional impairment should be made in accordance with the standards of evaluation published in the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment. Additional guidance on appropriate billing and reimbursement for impairment evaluations is found in the Evaluation and Management Section of this document.
10. Once an exposure to a blood-borne pathogen occurs, the workers' compensation insurance carrier/self-insured employer is responsible for payment of the accepted treatment protocol which includes the HBIG vaccination (Hepatitis B Immune Globulin), and, if necessary, the three (3) Hepatitis B vaccinations.
11. When a work-related incident occurs that may have exposed an employee to Hepatitis, the insurance carrier/self-insured employer is responsible for paying for the testing and/or treatment of Hepatitis B or C. As to the treatment of HIV, if a bona fide claim exists under A.R.S. § 23-1043.02, then the insurance carrier/self-insured employer is responsible for paying for the treatment.
12. It is the employer's responsibility, in accordance with existing OSHA standards, to pay for HIV testing. The insurance carrier may seek reimbursement from the employer for the costs associated with providing the series of three (3) Hepatitis B vaccinations if the employer failed to provide them in violation of federal and state laws.

F. REOPENING OF CLAIMS

1. Whether or not the employee has suffered a permanent disability, on a claim that has been previously accepted, the claim may be reopened on the basis of a new, additional, or previously undiscovered disability or condition, but:

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- a. The claimant should use the form of petition prescribed by the Commission;
 - b. The petition must be personally signed by the worker or his authorized representative and must be filed at any office of the Industrial Commission of Arizona;
 - c. The petition, in order to be considered, must be accompanied by the healthcare provider's medical report.
2. If the claim is reopened, the payment for such reasonable and necessary medical, hospital and laboratory work expenses shall be paid by the insurance carrier if such expenses are incurred within 15 days of the filing of the petition to reopen.
 3. No monetary compensation is payable for any period prior to the date of filing of the petition to reopen. Surgical benefits are not payable for any period prior to the date of filing of a petition to reopen, except that surgical benefits are payable for a period prior to the date of filing not to exceed seven (7) days if a bona fide medical emergency precludes the employee from filing a petition to reopen prior to the surgery. Other information relative to reopening rights may be found at A.R.S. § 23-1061(H).
 4. If a claim is approved for reopening, the carrier must notify the attending healthcare provider of that approval.

G. NO-INSURANCE CLAIMS

"No-Insurance" claims are workers' compensation claims involving injuries to employees of employers who do not have workers' compensation insurance coverage as required by Arizona law. In such cases, all claims and reports are to be addressed to the No-Insurance Section of the Special Fund of The Industrial Commission of Arizona.

H. CONSULTATIONS

Workers' compensation cases can present additional medical and legal problems that justify consultation sooner and more frequently than the average private patient. In complex cases and cases requiring an estimate of general or unscheduled disability, consultation with specialists in the appropriate field may be requested by any interested party. The Industrial Commission continues to recognize the necessity for consultations in workers' compensation and establishes relative value units and rates for consultation codes.

I. WITNESS FEES

1. Insurance providers, self-insured employers, and the Special Fund of the Commission are responsible for paying \$150.00 for the first hour of testimony (or any portion thereof) and \$50.00 for each 20 minute increment following the initial hour (or any portion thereof) to a healthcare provider who testifies at hearing at their request.
2. The Commission is responsible for paying \$150.00 for the first hour of testimony (or any portion thereof) and \$50.00 for each 20 minute increment following the initial hour (or any portion thereof) to a healthcare provider who testifies at hearing on request of a workers' compensation claimant.

J. DEFINITIONS OF SELECT UNIT VALUES

1. BY REPORT “BR” ITEMS: “BR” in the value column indicates that the value of this service is to be determined “by report” because the service is too unusual or variable to be assigned a unit relativity. Pertinent information concerning the nature, intent, and need for the procedure or service, the time, the skill and equipment necessary, etc., is to be furnished. A detailed clinical record is not necessary.
2. RELATIVITY NOT ESTABLISHED “RNE” ITEMS: “RNE” in the value column indicates new or infrequently performed services for which sufficient data has not been collected to allow the establishment of relativity. “RNE” items are clearly definable and not inherently variable as are BR procedures. A report may be necessary.
3. MATERIALS AND SUPPLIES: A healthcare provider is not entitled to be reimbursed for supplies and materials normally necessary to perform a billable service. Examples of those items that are not reimbursable are listed below. Billing and reimbursement guidelines for materials and supplies that are reimbursable are found in the HCPCS Section of the Fee Schedule.

Drugs that are administered to patients in a clinical setting shall be billed using the appropriate HCPCS code and reimbursed according to the Pharmaceutical Fee Schedule Guidelines. The provisions in this subsection do not apply to hospitals, ambulatory surgery centers, and ambulance service providers.

Examples of supplies that are usually not separately reimbursable include:

Applied hot or cold packs
Eye patches, injections, or debridement trays
Steristrips
Needles
Syringes
Eye/ear trays
Drapes
Sterile gloves
Applied eye wash or eye drops
Creams (massage)
Fluorescein
Ultrasound pads and gel
Tissues
Urine collection kits
Gauze
Cotton balls/fluff
Sterile water
Band-Aids and dressings for simple wound occlusion
Head sheets
Aspiration trays

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Sterile trays for laceration repair and more complex surgeries Tape for dressings

4. MODIFIERS: A two-digit (numeric or alpha) sequence that provides the means by which the reporting healthcare provider can specify that a procedure performed has been altered under a special circumstance. This allows defining the modifying circumstance of the service or procedure without creating a separate procedure or listing.

Modifier Examples

Professional Component (PC): Certain procedures are a combination of a physician, or Professional component and a technical component. When modifier 26 is added to an appropriate code, a PC allowable amount will be paid.

Technical Component (TC): The TC component reflects the technical portion of the procedure code. When the technical component is provided by a healthcare provider other than the one providing the professional component, the healthcare provider bills for the technical component by adding modifier TC to the applicable code.

K. LIST OF ACRONYMS

AMA	American Medical Association
AS	Assistant Surgeon
AWP	Average Wholesale Price
BR	By Report
CCI	Current Coding Initiative (National)
CF	Conversion Factor
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
DME	Durable Medical Equipment
E/M	Evaluation and management services
FCE	Functional Capacity Evaluation
FUD	Follow-up day(s)
HCPCS	Healthcare Common Procedure Coding System
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IME	Independent medical examination
MPFS	Medicare physician fee schedule
MRI	Magnetic resonance imaging
NCCI	(see CCI)
NP	Nurse Practitioner
OTC	Over-the-counter
PA	Physician Assistant
RBRVS	Resource Based Relative Value Scale
RVU	Relative value unit

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Historical Note

New Appendix A, Introduction made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Introduction will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

PHARMACEUTICAL FEE SCHEDULE**A. GENERAL PROVISIONS AND APPLICABILITY OF THE PHARMACEUTICAL FEE SCHEDULE**

1. The Pharmaceutical Fee Schedule (PFS) applies to prescription and over-the-counter (OTC) medications required to treat an injured employee, whether administered by a medical practitioner or dispensed by a pharmacy (including online or mail order pharmacies) or by a medical practitioner
2. Medications are not reimbursable unless “reasonably required” at the time of injury or during the period of disability. *See* A.R.S. § 23-1062(A); A.A.C. R20-5-1303(A). The Industrial Commission of Arizona has adopted the Official Disability Guidelines (ODG), including ODG’s Drug Formulary Appendix A (ODG Formulary), as the standard reference for evidence-based medicine used in treating injured employees within the context of Arizona’s workers’ compensation system. Effective October 1, 2018, ODG applies to all body parts and conditions. *See* A.A.C. R20-5-1301(B), (E). ODG is to be used as a tool to support clinical decision-making and quality health care delivery to injured employees. The ODG Formulary sets forth pharmaceutical guidelines that are generally considered reasonable and are presumed correct if the guidelines provide recommendations related to a particular medication. *See* A.A.C. R20-5-1301(H). Medical practitioners are encouraged to consult the ODG Formulary before dispensing, administering, or prescribing medications to injured employees.
3. Generic drugs must be dispensed or administered to injured employees when appropriate, consistent with A.R.S. § 32-1963.01(A)¹, (B), and (D) through (L)². *See* A.R.S. § 23-908(C). For purposes of this subsection, the definitions in A.R.S. § 32-1963.01(L) apply³. Whenever possible: (1) medical practitioners should prescribe less costly drugs; (2) pharmacies and medical practitioners (under Section VII) should dispense generic drugs with lower AWP values; and (3) medical practitioners (under Section VI) should administer generic drugs with lower AWP values.

¹ A.R.S. § 32-1963.01(A) states: “If a medical practitioner prescribes a brand name drug and does not indicate an intent to prevent substitution as prescribed in subsection E of this section, a pharmacist may fill the prescription with a generic equivalent drug.”

² A.R.S. § 32-1963.01(E) states: “A prescription generated in this state must be dispensed as written only if the prescriber writes or clearly displays ‘DAW’, ‘dispense as written’, ‘do not substitute’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form. A prescription from out of state or from agencies of the United States government must be dispensed as written only if the prescriber writes or clearly displays ‘do not substitute’, ‘dispense as written’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form.”

³ A.R.S. § 32-1963.01(L) states, in part:

2. “Brand name drug” means a drug with a proprietary name assigned to it by the manufacturer or distributor.
4. “Generic equivalent” or “generically equivalent” means a drug that has an identical amount of the same active chemical ingredients in the same dosage form, that meets applicable standards of strength, quality and purity according to the United States pharmacopeia or other nationally recognized compendium and that, if administered in the same amounts, will provide comparable therapeutic effects. Generic equivalent or generically equivalent does not include a drug that is listed by the United States food and drug administration as having unresolved bioequivalence concerns according to the administration’s most recent publication of approved drug products with therapeutic equivalence evaluations.

B. DEFINITIONS.

1. “Administer” has the meaning set forth in A.R.S. 32-1901(1).
2. “Average Wholesale Price” or “AWP” means the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and is listed in a nationally recognized drug pricing file.
3. “Commercially available” means a drug product is widely available for purchase in pharmacies accessible to the general public, including in brick and mortar pharmacies accessible to the general public.
4. “Compound medication” means a pharmaceutical product created by virtue of mixing or combining drugs and/or components to meet the unique needs of an individual patient when the finished product does not recreate a commercially available product.
5. “Dispense” or “dispensing” means to deliver to an ultimate user by or pursuant to the lawful order of a medical practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare for that delivery. *See* A.R.S. § 32-1901(27).
6. “Drug” has the meaning set forth in A.R.S. § 32-1901(31).
7. “Hospital” means any institution for the care and treatment of the sick and injured that is approved and licensed as a hospital by: (1) the Arizona Department of Health Services; or (2) an equivalent regulatory agency in another U.S. state, territory, or district. *See* A.R.S. § 32-1901(42).
8. “Medical practitioner” means any person who is permitted/licensed and authorized by law to use and prescribe prescription medications, acting within the scope of such authority, for the treatment of sick and injured human beings or for the diagnosis or prevention of sickness in human beings in the State of Arizona or any U.S. state, territory or district. *See* A.R.S. § 32-1901(53).
9. “Non-traditional strength” medication means a finished drug product in a strength (*i.e.*, dosage) that is not commercially available in pharmacies accessible to the general public.
10. “Over-the-counter medication” or “OTC medication” means a finished drug product, including label and container according to context, which does not require a prescription order.
11. “Pharmacy” has the meaning set forth in A.R.S. § 32-1901(71).
12. “Pharmacy accessible to the general public” means a pharmacy that is readily accessible and provides pharmaceutical services (including prescription medication services) to all segments of the general public without restricting services to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. This definition includes mail order pharmacies delivering pharmaceutical services to workers’ compensation claimants if both of the following apply:

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- a. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.
 - b. Any medical provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.
13. “Pharmacy not accessible to the general public” means a pharmacy that provides pharmaceutical services (including prescription medication services) only to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. “Pharmacy not accessible to the general public” does not include a hospital pharmacy. This definition does not include mail order pharmacies delivering pharmaceutical services to workers’ compensation claimants if both of the following apply:
 - a. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.
 - b. Any medical provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.
14. “Prescription” means either a prescription order or a prescription medication. *See* A.R.S. § 32-1901(80).
15. “Prescription medication” means any drug, including label and container according to context, which is dispensed pursuant to a prescription order. *See* A.R.S. § 32-1901(81).
16. “Prescription order” shall have the meaning set forth in A.R.S. § 32-1901(84).
17. “Repackaged medication” means a finished drug product removed from the container in which it was distributed by the original manufacturer and placed into a different container without further manipulation of the drug. The term also includes the act of placing the contents of multiple containers of the same finished drug product into one container. The term also includes “co-pack drug” products which contain two or more separate finished medications that are contained in a single package or unit. The term does not include a drug that is manipulated in any other way, including if the drug is reconstituted, diluted, mixed, or combined with another ingredient.
18. “Therapeutically-similar” medication means a medication that is expected to produce a clinical effect comparable to the original product. Key considerations for determining the “most therapeutically-similar” medications are: (1) the similarity of the clinical effects; (2) the extent to which active ingredients overlap; (3) the similarity of the dosage profiles; and (4) the similarity of the mode of administration; and (5) the similarity of the intended strength.
19. “Traditional strength” medication means a finished drug product in a formulation that is commercially available in pharmacies accessible to the general public.
20. “Ultimate user” means a person who lawfully possesses a prescription medication for that person's own use or for the use of a member of that person's household. *See* A.R.S. § 32-1901(95).

C. GENERAL GUIDELINES FOR BILLING AND REIMBURSEMENT OF PRESCRIPTION MEDICATIONS.

1. Except as permitted in Sections VI and VII of the current PFS, an insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications only if all of the following apply:
 - a. The prescription medication is dispensed by an individual who is currently licensed to practice the profession of pharmacy by either: (i) the Arizona State Board of Pharmacy; or (ii) an equivalent regulatory agency in another U.S. state, territory, or district; and
 - b. The prescription medication is dispensed by a pharmacy accessible to the general public, including online or mail-order pharmacies that are accessible to the general public.
2. Subject to Sections III(G), IV, V, and VI(B), reimbursement for prescription medications shall be based on the actual medication dispensed or administered, including a substituted medication that is dispensed or administered pursuant to A.R.S. § 32-1963.01.
3. Except as specified in Sections IV and V of the current PFS, a pharmaceutical bill submitted for a prescription medication must include the National Drug Code (NDC) of the original manufacturer registered with the U.S. Food & Drug Administration (FDA), the quantity dispensed, and the reimbursement value of the medication. Under no circumstance shall an NDC other than the original manufacturer's NDC be used.
4. The reimbursement value for prescription medications shall be based on the current PFS reimbursement methodology in the absence of a contractual agreement between the pharmacy or medical practitioner and payer governing reimbursement. Network discounts may not be applied in the absence of a contractual agreement with the pharmacy or medical practitioner authorizing such discounts.
5. The reimbursement value for a prescription medication shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated in the most recent update, of a nationally recognized pharmaceutical publication designated by the Commission. For purposes of determining AWP, the Commission has selected Medi-Span®.
6. The reimbursement value for a prescription medication shall be determined by reference to the original manufacturer's NDC and shall be calculated on a per unit basis as follows:
 - a. Generic drugs:
 - (75% of AWP per unit) x (number of units dispensed).
 - b. Brand name drugs:
 - (85% of AWP per unit) x (number of units dispensed).
7. Reimbursement for non-traditional strength prescription medications shall be calculated on a per unit basis, as of the date of dispensing or administering, based on the original manufacturer's NDC and corresponding AWP of the most

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therapeutically-similar traditional strength form of the same medication. Under no circumstance shall the NDC of the non-traditional strength medication be used.

8. The reimbursement value for OTC medications shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the OTC medication in settings where the medication is commercially available.
9. Subject to Section III(J), the reimbursement value for OTC medications that are not commercially available in pharmacies accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the most therapeutically-similar OTC medication commercially available in pharmacies accessible to the general public. Under no circumstance shall the NDC or AWP of the non-commercially available OTC medication be used.
10. The reimbursement value for OTC medications that are not commercially available may not exceed:
 - a. Thirty dollars (\$30.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for a topical cream or lotion.
 - b. Seventy-five dollars (\$75.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for topical patches.

D. BILLING AND REIMBURSEMENT FOR REPACKAGED MEDICATIONS.

1. A pharmaceutical bill submitted for a repackaged medication must identify the NDC of the repackaged medication, the NDC of the original manufacturer registered with the U.S. FDA, the quantity dispensed, and the reimbursement value of the repackaged medication. Under no circumstances shall the reimbursement value of a repackaged medication be based upon an NDC other than the original manufacturer's NDC. A repackaged NDC shall not be used for calculating the reimbursement value of a repackaged medication and shall not be considered the original manufacturer's NDC.
2. If a pharmaceutical bill for a repackaged medication is submitted without the original manufacturer's NDC, the payer has the discretion to determine the appropriate NDC (and corresponding AWP) to use or, alternatively, may deny coverage until the appropriate NDC is furnished.
3. The reimbursement value for a repackaged medication shall be based on the current PFS reimbursement methodology contained in Section III of the PFS, utilizing the NDC(s) and corresponding AWP(s) of the original manufacturer(s).
4. Any component of a co-pack drug product for which there is no NDC shall not be reimbursed.

E. BILLING AND REIMBURSEMENT FOR COMPOUND MEDICATIONS.

1. A pharmaceutical bill submitted for a compound medication must identify each reimbursable component ingredient, the applicable NDC of each reimbursable component ingredient, the corresponding quantity of each component ingredient, and the calculated reimbursement value of each component ingredient. All component ingredients of a

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compound medication must be billed on a single bill.

2. The reimbursement value for a compound medication shall be calculated at the component ingredient level. The reimbursement value for a compound medication shall be based on the sum of the reimbursement values of each component ingredient and the corresponding component ingredient's NDC, based on the current PFS reimbursement methodology set forth in Section III.
3. Any component ingredient in a compound medication for which there is no NDC shall not be reimbursed.
4. Any component ingredient in a topical compound medication that is not FDA approved for topical use shall not be reimbursed.
5. If any component ingredient in a compound medication is a repackaged medication, the reimbursement value for the repackaged medication ingredient shall be determined based on the current PFS reimbursement methodology set forth in Section III, using the AWP corresponding to the NDC of the original manufacturer. *See* Section IV.
6. The maximum reimbursement value for a topical compound medication shall be the lesser of:
 - a. Two hundred dollars (\$200.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days), or
 - b. The reimbursement value of the compound medication as calculated under this section.

F. BILLING AND REIMBURSEMENT FOR MEDICATIONS ADMINISTERED BY A MEDICAL PRACTITIONER.

1. A pharmaceutical bill submitted for a medication administered by a medical practitioner must comply with billing procedures outlined in Sections III, IV, and V of the current PFS, as applicable.
2. The reimbursement value for a medication administered by a medical practitioner shall be based on the current PFS reimbursement methodology contained in Sections III, IV, and V of the PFS, as applicable.

G. REIMBURSEMENT FOR MEDICATIONS DISPENSED BY A MEDICAL PRACTITIONER OR IN A PHARMACY NOT ACCESSIBLE TO THE GENERAL PUBLIC.^{4,5}

1. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if all of the following apply:
 - a. The prescription medication is dispensed by a medical practitioner or a pharmacy not accessible to the general public to the injured employee within seven days of the date of the industrial injury;
 - b. The prescription medication is limited to no more than a one-time, ten-day supply;

- c. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
2. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if all of the following apply:
 - a. The injured employee does not have access to a pharmacy accessible to the general public within 20 miles of the injured employee's home address, work address, or the address of the prescribing medical practitioner;
 - b. The injured employee cannot reasonably acquire the prescription medication from an online or mail order pharmacy accessible to the general public; and
 - c. The prescription medication conforms to dosages and formulations which are commercially available in pharmacies accessible to the general public.
3. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if the dispensing of a prescription medication for an individual claim and specified duration has been pre-approved in writing by the insurance carrier, self-insured employer, or the Special Fund of the Commission. Nothing in this section requires an insurance carrier, self-insured employer, or the Special Fund of the Commission to pre-approve the dispensing of prescription medications under this subsection.
4. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a pharmacy not accessible to the general public if all of the following apply:
 - a. The prescription medication was dispensed to an injured employee whose workers' compensation claim was initially denied by the carrier, self-insured employer, or the Special Fund of the Commission;
 - b. The injured employee protested the claim denial by filing a timely request for hearing;
 - c. The workers' compensation claim was either: (a) subsequently accepted by the carrier, self-insured employer, or the Special Fund of the Commission; or (b) the claim was found to be compensable by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court;
 - d. The prescription medication was dispensed during the time period between: (a) the initial claim denial and (b) the subsequent acceptance of the claim or the compensability determination by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court; and
 - e. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies

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accessible to the general public.

5. The guidelines in Section III(A) and this section do not apply to prescription medications dispensed during in-patient hospital care or upon discharge from in-patient hospital care.
6. Subject to the limitations in this section, medications that have been provided as free samples to a medical practitioner may be dispensed to an injured employee when appropriate, but are not reimbursable.

- ⁴ Dispensing pursuant to Section VII is subject to the Arizona Opioid Epidemic Act, which imposes statutory limits on the prescribing and dispensing of schedule II opioids. For more information about the Arizona Opioid Epidemic Act, please see the FAQs published by the Arizona State Board of Pharmacy, available at <https://drive.google.com/file/d/1JCIs8VwtdJ1T-DyGfJN3WWUm4KhDMXe-/view>.
- ⁵ Section VII sets forth reimbursement guidelines for medications dispensed in settings that are not accessible to the general public in Arizona's worker's compensation system and does not interfere with a medical practitioner's ability to dispense medications pursuant to A.R.S. § 32-1491 or seek payment from sources unrelated to workers' compensation.

H. DISPENSING FEE.

1. If a prescription medication is dispensed by a pharmacy accessible to the general public pursuant to a prescription order, a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. The dispensing fee does not apply to OTC medications that are not prescribed by a medical practitioner.
2. If a prescription medication is dispensed by a medical practitioner or in a pharmacy not accessible to the general public pursuant to Section VII(A), (B), or (C), a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. If an OTC medication is dispensed by a medical practitioner or by a pharmacy not accessible to the general public, a dispensing fee is not permitted.
3. If a prescription or OTC medication is administered by a medical practitioner, a dispensing fee is not permitted.

I. ADDITIONAL BILLING GUIDELINES.

1. Paper billing by a medical practitioner:

The following is an example of how to report both the repackaged NDC and original NDC on the CMS 1500 form using the shaded area of line 24. The information is reported in the following order: qualifier (N4), NDC code, one space, unit/basis of measurement qualifier, quantity, one space, ORIG, qualifier (N4), NDC code.”

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE		C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.
From	To	MM	DD	YY	MM	DD	YY	EMG	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	PER	ID.	RENDERING
MM	DD	YY	MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER			POINT		OR UNITS	Unit	QUAL.	PROVIDER ID. #
N455289047590 UN30 ORIGN400025152531																		
10	01	05	10	01	05	11			J3490				A	500	00	30	N	12345678901
																	N	0123456789

If a physician does not bill using the CMS 1500 form or is not able to include all the required information on the CMS

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1500 form (due to software/system limitations), then the physician may provide the required information (in the required order) separately or as an attachment to the CMS 1500 form.

2. Paper billing by non-physician entities.

A non-physician entity using paper billing to bill for medications shall use the most recent version of the Workers' Compensation/Property & Casualty Universal Claim Form (WC/PC UCF) adopted by the National Council for Prescription Drug Programs.

X. SEVERABILITY CLAUSE.

If any provision of the Pharmaceutical Fee Schedule or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or application of the Pharmaceutical Fee Schedule which can be given effect without the invalid provisions or application, and to this end the provisions of this Pharmaceutical Fee Schedule are severable.

Historical Note

New Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pharmaceutical Fee Schedule will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ANESTHESIA GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for anesthesia services. To the extent that a conflict may exist between an incorporated portion of the CPT®, the most recent edition of Relative Value Guide, or the American Society of Anesthesiologists, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. **CERTIFIED REGISTERED NURSE ANESTHETISTS:** Are reimbursed at 85% of the fee schedule when billed with modifier QZ.
- B. **ANESTHESIA MODIFIERS:** Anesthesia modifiers, which may include physical status and other optional modifiers, may be added to the basic values. Unit values for physical status modifiers are as follows:

	Unit Values
P1 A normal healthy patient	0
P2 A patient with mild systemic disease	0
P3 A patient with severe systemic disease	1
P4 A patient with severe systemic disease that is a constant threat to life	2
P5 A moribund patient who is not expected to survive without the operation	3
P6 A declared brain-dead patient whose organs are being removed for donor purposes	0

- AA Anesthesia services personally performed by an anesthesiologist are reimbursed at 100% of the lesser of billed charges or the fee schedule calculation.
- AD Medical supervision by a physician: more than four (4) concurrent anesthesia procedures reimbursed at 50% of the lesser of billed charges or fee schedule calculation.
- QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals reimbursed at 50% of the lesser of billed charges or fee schedule calculation.
- QX Qualified nonphysician anesthetist with medical direction by a physician reimbursed at 50% of fee schedule calculation.

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QZ CRNA without medical direction by a physician is reimbursed at 85% of the lesser of billed charges or fee schedule calculation.

- C. **REPORTING OF TIME:** Time reporting is described in the Anesthesia Guidelines of the CPT® publication. In Arizona, time units will be added to the basic value and modifying units as is customary in the local area using the following unit values:

1 unit value is equal to Fifteen (15) minutes or any Seven (7) minute portion thereof.

Show the elapsed time (minutes) in item 24G of the CMS 1500 form. Convert hours into minutes and enter the total minutes required for this procedure.

- D. **UNIT VALUES FOR OTHER QUALIFYING CIRCUMSTANCES:** (more than one may be selected)

Qualifying circumstances are described in the Anesthesia Guidelines of the CPT® book. The unit values for these procedures, which are reported as an additional service and may be added to the basic unit values, are as follows:

Code	Unit Value
99100	1
99116	5
99135	5
99140	2

Note: Healthcare providers who provide additional services that are billed using CPT® codes 62320-62327 or 64400-64530 shall follow the Surgery Guidelines in this Fee Schedule.

Historical Note

New Appendix A. Anesthesia Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Anesthesia Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A. Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE**Anesthesia Codes 2024****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00100	Anesthesia	5	305.00
00102	Anesthesia	6	366.00
00103	Anesthesia	5	305.00
00104	Anesthesia	4	244.00
00120	Anesthesia	5	305.00
00124	Anesthesia	4	244.00
00126	Anesthesia	4	244.00
00140	Anesthesia	5	305.00
00142	Anesthesia	4	244.00
00144	Anesthesia	6	366.00
00145	Anesthesia	6	366.00
00147	Anesthesia	4	244.00
00148	Anesthesia	4	244.00
00160	Anesthesia	5	305.00
00162	Anesthesia	7	427.00
00164	Anesthesia	4	244.00
00170	Anesthesia	5	305.00
00172	Anesthesia	6	366.00
00174	Anesthesia	6	366.00
00176	Anesthesia	7	427.00
00190	Anesthesia	5	305.00
00192	Anesthesia	7	427.00
00210	Anesthesia	11	671.00
00211	Anesthesia	10	610.00
00212	Anesthesia	5	305.00
00214	Anesthesia	9	549.00
00215	Anesthesia	9	549.00
00216	Anesthesia	15	915.00
00218	Anesthesia	13	793.00
00220	Anesthesia	10	610.00
00222	Anesthesia	6	366.00
00300	Anesthesia	5	305.00
00320	Anesthesia	6	366.00
00322	Anesthesia	3	183.00
00326	Anesthesia	7	427.00
00350	Anesthesia	10	610.00
00352	Anesthesia	5	305.00
00400	Anesthesia	3	183.00
00402	Anesthesia	5	305.00

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Code	Category	Base Unit	RBRVS Rate
00404	Anesthesia	5	305.00
00406	Anesthesia	13	793.00
00410	Anesthesia	4	244.00
00450	Anesthesia	5	305.00
00454	Anesthesia	3	183.00
00470	Anesthesia	6	366.00
00472	Anesthesia	10	610.00
00474	Anesthesia	13	793.00
00500	Anesthesia	15	915.00
00520	Anesthesia	6	366.00
00522	Anesthesia	4	244.00
00524	Anesthesia	4	244.00
00528	Anesthesia	8	488.00
00529	Anesthesia	11	671.00
00530	Anesthesia	4	244.00
00532	Anesthesia	4	244.00
00534	Anesthesia	7	427.00
00537	Anesthesia	10	610.00
00539	Anesthesia	18	1098.00
00540	Anesthesia	12	732.00
00541	Anesthesia	15	915.00
00542	Anesthesia	15	915.00
00546	Anesthesia	15	915.00
00548	Anesthesia	17	1037.00
00550	Anesthesia	10	610.00
00560	Anesthesia	15	915.00
00561	Anesthesia	25	1525.00
00562	Anesthesia	20	1220.00
00563	Anesthesia	25	1525.00
00566	Anesthesia	25	1525.00
00567	Anesthesia	18	1098.00
00580	Anesthesia	20	1220.00
00600	Anesthesia	10	610.00
00604	Anesthesia	13	793.00
00620	Anesthesia	10	610.00
00625	Anesthesia	13	793.00
00626	Anesthesia	15	915.00
00630	Anesthesia	8	488.00
00632	Anesthesia	7	427.00
00635	Anesthesia	4	244.00
00640	Anesthesia	3	183.00
00670	Anesthesia	13	793.00
00700	Anesthesia	4	244.00
00702	Anesthesia	4	244.00

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Code	Category	Base Unit	RBRVS Rate
00730	Anesthesia	5	305.00
00731	Anesthesia	5	305.00
00732	Anesthesia	6	366.00
00750	Anesthesia	4	244.00
00752	Anesthesia	6	366.00
00754	Anesthesia	7	427.00
00756	Anesthesia	7	427.00
00770	Anesthesia	15	915.00
00790	Anesthesia	7	427.00
00792	Anesthesia	13	793.00
00794	Anesthesia	8	488.00
00796	Anesthesia	30	1830.00
00797	Anesthesia	11	671.00
00800	Anesthesia	4	244.00
00802	Anesthesia	5	305.00
00811	Anesthesia	4	244.00
00812	Anesthesia	3	183.00
00813	Anesthesia	5	305.00
00820	Anesthesia	5	305.00
00830	Anesthesia	4	244.00
00832	Anesthesia	6	366.00
00834	Anesthesia	5	305.00
00836	Anesthesia	6	366.00
00840	Anesthesia	6	366.00
00842	Anesthesia	4	244.00
00844	Anesthesia	7	427.00
00846	Anesthesia	8	488.00
00848	Anesthesia	8	488.00
00851	Anesthesia	6	366.00
00860	Anesthesia	6	366.00
00862	Anesthesia	7	427.00
00864	Anesthesia	8	488.00
00865	Anesthesia	7	427.00
00866	Anesthesia	10	610.00
00868	Anesthesia	10	610.00
00870	Anesthesia	5	305.00
00872	Anesthesia	7	427.00
00873	Anesthesia	5	305.00
00880	Anesthesia	15	915.00
00882	Anesthesia	10	610.00
00902	Anesthesia	5	305.00
00904	Anesthesia	7	427.00
00906	Anesthesia	4	244.00
00908	Anesthesia	6	366.00

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Code	Category	Base Unit	RBRVS Rate
00910	Anesthesia	3	183.00
00912	Anesthesia	5	305.00
00914	Anesthesia	5	305.00
00916	Anesthesia	5	305.00
00918	Anesthesia	5	305.00
00920	Anesthesia	3	183.00
00921	Anesthesia	3	183.00
00922	Anesthesia	6	366.00
00924	Anesthesia	4	244.00
00926	Anesthesia	4	244.00
00928	Anesthesia	6	366.00
00930	Anesthesia	4	244.00
00932	Anesthesia	4	244.00
00934	Anesthesia	6	366.00
00936	Anesthesia	8	488.00
00938	Anesthesia	4	244.00
00940	Anesthesia	3	183.00
00942	Anesthesia	4	244.00
00944	Anesthesia	6	366.00
00948	Anesthesia	4	244.00
00950	Anesthesia	5	305.00
00952	Anesthesia	4	244.00
01112	Anesthesia	5	305.00
01120	Anesthesia	6	366.00
01130	Anesthesia	3	183.00
01140	Anesthesia	15	915.00
01150	Anesthesia	10	610.00
01160	Anesthesia	4	244.00
01170	Anesthesia	8	488.00
01173	Anesthesia	12	732.00
01200	Anesthesia	4	244.00
01202	Anesthesia	4	244.00
01210	Anesthesia	6	366.00
01212	Anesthesia	10	610.00
01214	Anesthesia	8	488.00
01215	Anesthesia	10	610.00
01220	Anesthesia	4	244.00
01230	Anesthesia	6	366.00
01232	Anesthesia	5	305.00
01234	Anesthesia	8	488.00
01250	Anesthesia	4	244.00
01260	Anesthesia	3	183.00
01270	Anesthesia	8	488.00
01272	Anesthesia	4	244.00

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Code	Category	Base Unit	RBRVS Rate
01274	Anesthesia	6	366.00
01320	Anesthesia	4	244.00
01340	Anesthesia	4	244.00
01360	Anesthesia	5	305.00
01380	Anesthesia	3	183.00
01382	Anesthesia	3	183.00
01390	Anesthesia	3	183.00
01392	Anesthesia	4	244.00
01400	Anesthesia	4	244.00
01402	Anesthesia	7	427.00
01404	Anesthesia	5	305.00
01420	Anesthesia	3	183.00
01430	Anesthesia	3	183.00
01432	Anesthesia	6	366.00
01440	Anesthesia	8	488.00
01442	Anesthesia	8	488.00
01444	Anesthesia	8	488.00
01462	Anesthesia	3	183.00
01464	Anesthesia	3	183.00
01470	Anesthesia	3	183.00
01472	Anesthesia	5	305.00
01474	Anesthesia	5	305.00
01480	Anesthesia	3	183.00
01482	Anesthesia	4	244.00
01484	Anesthesia	4	244.00
01486	Anesthesia	7	427.00
01490	Anesthesia	3	183.00
01500	Anesthesia	8	488.00
01502	Anesthesia	6	366.00
01520	Anesthesia	3	183.00
01522	Anesthesia	5	305.00
01610	Anesthesia	5	305.00
01620	Anesthesia	4	244.00
01622	Anesthesia	4	244.00
01630	Anesthesia	5	305.00
01634	Anesthesia	9	549.00
01636	Anesthesia	15	915.00
01638	Anesthesia	10	610.00
01650	Anesthesia	6	366.00
01652	Anesthesia	10	610.00
01654	Anesthesia	8	488.00
01656	Anesthesia	10	610.00
01670	Anesthesia	4	244.00
01680	Anesthesia	3	183.00

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Code	Category	Base Unit	RBRVS Rate
01710	Anesthesia	3	183.00
01712	Anesthesia	5	305.00
01714	Anesthesia	5	305.00
01716	Anesthesia	5	305.00
01730	Anesthesia	3	183.00
01732	Anesthesia	3	183.00
01740	Anesthesia	4	244.00
01742	Anesthesia	5	305.00
01744	Anesthesia	5	305.00
01756	Anesthesia	6	366.00
01758	Anesthesia	5	305.00
01760	Anesthesia	7	427.00
01770	Anesthesia	6	366.00
01772	Anesthesia	6	366.00
01780	Anesthesia	3	183.00
01782	Anesthesia	4	244.00
01810	Anesthesia	3	183.00
01820	Anesthesia	3	183.00
01829	Anesthesia	3	183.00
01830	Anesthesia	3	183.00
01832	Anesthesia	6	366.00
01840	Anesthesia	6	366.00
01842	Anesthesia	6	366.00
01844	Anesthesia	6	366.00
01850	Anesthesia	3	183.00
01852	Anesthesia	4	244.00
01860	Anesthesia	3	183.00
01916	Anesthesia	5	305.00
01920	Anesthesia	7	427.00
01922	Anesthesia	7	427.00
01924	Anesthesia	5	305.00
01925	Anesthesia	7	427.00
01926	Anesthesia	8	488.00
01930	Anesthesia	5	305.00
01931	Anesthesia	7	427.00
01932	Anesthesia	6	366.00
01933	Anesthesia	7	427.00
01937	Anesthesia	4	244.00
01938	Anesthesia	4	244.00
01939	Anesthesia	4	244.00
01940	Anesthesia	4	244.00
01941	Anesthesia	5	305.00
01942	Anesthesia	5	305.00
01951	Anesthesia	3	183.00

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Code	Category	Base Unit	RBRVS Rate
01952	Anesthesia	5	305.00
01953	Anesthesia	1	61.00
01958	Anesthesia	5	305.00
01960	Anesthesia	5	305.00
01961	Anesthesia	7	427.00
01962	Anesthesia	8	488.00
01963	Anesthesia	8	488.00
01965	Anesthesia	4	244.00
01966	Anesthesia	4	244.00
01967	Anesthesia	5	305.00
01968	Anesthesia	2	122.00
01969	Anesthesia	5	305.00
01990	Anesthesia	7	427.00
01991	Anesthesia	3	183.00
01992	Anesthesia	5	305.00
01996	Anesthesia	3	183.00
99100	Anesthesia	1	61.00
99116	Anesthesia	5	305.00
99135	Anesthesia	5	305.00
99140	Anesthesia	2	122.00

Historical Note

Anesthesia Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Anesthesia Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Anesthesia Codes 2019-2020 repealed; new Anesthesia Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Codes 2020-2021 repealed; new

Appendix A, Anesthesia Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

Appendix A, Anesthesia Codes 2021-2022 repealed; new Anesthesia Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Anesthesia Codes 2022-2023 repealed; new Anesthesia Codes

2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A.

Anesthesia Codes 2023-2024 repealed; new Appendix A, Anesthesia Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for surgical services. To the extent that a conflict may exist between CMS, an incorporated portion of the CPT®, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. **MATERIALS AND SUPPLIES:** A healthcare provider may charge for materials and supplies as described in the HCPCS Section of this Fee Schedule.
- B. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated “add-on” codes.
- C. **SPECIAL REPORT:** A typical request for more detailed information from an insurance carrier regarding a billing does not constitute a “special report”, which is defined in the CPT® book.
- D. **MODIFIERS:** Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code, which may be reported in either of two ways. The modifier may be reported by a two-digit number placed after the usual procedure number from which it is separated by a hyphen. Or the modifier may be reported by a separate five-digit code that is used in addition to the procedure code. If more than one modifier is used, the “Multiple Modifiers” code placed first after the procedure code indicates that one or more additional modifier codes will follow.

Modifiers either unique to Arizona or containing explanatory language specific to Arizona are as follows:

- 22 Increased Procedural Services: Use of this modifier will result in a twenty-five percent (25%) increase in the listed value for the listed procedure.
- 25 Separately Identifiable Evaluation and Management Service by the same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. It may be necessary to indicate that on the day a procedure or service identified by a CPT® code was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). As such, different diagnoses are not required for reporting of the E/M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.
- 47 Anesthesia by Surgeon: Used to report anesthesia by the attending or assistant surgeon (does not include local anesthesia). Reimbursement shall be fifty percent (50%) of the base unit as indicated in the Anesthesia section of the Fee Schedule. This modifier shall be allowed no more than once per surgical encounter.

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50 Bilateral Procedure: Unless otherwise identified in the listings, when bilateral procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify the secondary or lesser procedure(s) by adding this modifier 50 to the usual procedure number(s) and value at fifty percent (50%) of the listed value(s). If, however, the procedures are independently complex and involve different parts of the body, including digits, the bilateral procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.

51 Multiple Procedures: When multiple procedures are performed during the same operative session*, the procedures should be valued at the appropriate percent of its listed value, as shown below:

100% (full value) for the first or major procedure 50% for the second and multiple procedure(s) Sixth and subsequent procedures – by report.

*Multiple Procedure Guidelines do not apply to codes specifically identified as “Add-on/Additional Procedures, Global indicator ZZZ”.

The major or primary procedure is defined as the procedure with the highest value and is the code that determines the follow-up days when a surgery has multiple procedures. The second procedure is the procedure with the next highest value, the third the next highest value, and so on. If, however, the procedures are independently complex such as digits, tendons, nerves, or artery repair, the multiple procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.

When performing multiple procedures with different global period values during the same operative session, the global period value for the session is the largest global period value.

57 Decision for Surgery: An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

59 Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

Note: If an epidural or peripheral nerve block injection (62320-62327 or 64400-64530) for postoperative pain management is reported separately on the same date of service as an anesthesia 0XXXX code, **modifier 59** shall

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be appended to the epidural or peripheral nerve block injection code (62320-62327 or 64400-64530) to indicate that it was administered for postoperative pain management. An epidural or peripheral nerve block injection (62320-62327 or 64400-64530) for postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or regional anesthesia by epidural injection as described above may be administered preoperatively, intraoperatively, or postoperatively.

- 62 Two Surgeons: By prior agreement, the total value of services performed by two surgeons working together as primary surgeons may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. If no apportionment is listed, the fee should be split evenly between the co-surgeons. The total value may be increased by twenty-five percent (25%) in lieu of the usual assistant's charge. Under these circumstances, the services of each surgeon should be identified by adding this modifier 62 to the joint procedure number(s) and valued as agreed upon. (Usual charges for surgical assistance may be warranted if still another physician is required as part of the surgical team.) The value of the procedure should be 125% of the customary value listed. Payment of 125% of the maximum allowable would be divided between the participating surgeons.

Two Surgeons – When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on codes(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported with modifier 62 added.

Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80, 81, or 82 added, as appropriate.

- 80 Assistant Surgeon: These services are valued at twenty percent (20%) of the listed value of the surgical procedure(s).
- 81 Minimum Assistant Surgeon: These services are valued at sixteen percent (16%) of the listed value of the surgical procedure(s).
- 82 Assistant Surgeon (when qualified resident surgeon not available): These services are valued at sixteen percent (16%) of the listed value of the surgical procedure(s).

AS Use the modifier AS for assistant at surgery services when services are provided by a Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS). These services are valued at fourteen percent (14%) of the listed value of the surgical procedure(s). No further adjustment for mid-level medical providers as mentioned in section C of the Introduction shall be applied.

Note: A Medical Doctor or Doctor of Osteopathic Medicine should not submit the AS modifier. This modifier is only valid for use by a PA, NP, and CNS when billing under their own provider number.

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Historical Note

New Appendix A. Surgery Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A., Surgery Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A. Surgery Guidelines repealed; new Appendix A.

Surgery Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3) Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

ARIZONA PHYSICIANS' FEE SCHEDULE**Surgery Codes 2024****Surgery Conversion Factor \$72.00**

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
10004 00	Surgery	1.57	1.29	113.04	92.88
10005 00	Surgery	4.03	2.16	290.16	155.52
10006 00	Surgery	1.80	1.48	129.60	106.56
10007 00	Surgery	9.11	2.65	655.92	190.80
10008 00	Surgery	4.23	1.52	304.56	109.44
10009 00	Surgery	12.79	3.20	920.88	230.40
10010 00	Surgery	7.05	2.13	507.60	153.36
10011 00	Surgery	-	-	1224.72	600.48
10012 00	Surgery	-	-	740.16	362.88
10021 00	Surgery	3.04	1.63	218.88	117.36
10030 00	Surgery	18.99	3.97	1367.28	285.84
10035 00	Surgery	10.82	2.47	779.04	177.84
10036 00	Surgery	8.85	1.25	637.20	90.00
10040 00	Surgery	3.50	1.55	252.00	111.60
10060 00	Surgery	3.83	3.22	275.76	231.84
10061 00	Surgery	6.47	5.56	465.84	400.32
10080 00	Surgery	7.54	3.18	542.88	228.96
10081 00	Surgery	10.35	5.15	745.20	370.80
10120 00	Surgery	4.59	3.19	330.48	229.68
10121 00	Surgery	7.97	5.52	573.84	397.44
10140 00	Surgery	5.12	3.57	368.64	257.04
10160 00	Surgery	3.91	2.91	281.52	209.52
10180 00	Surgery	7.92	5.39	570.24	388.08
11000 00	Surgery	1.78	0.82	128.16	59.04
11001 00	Surgery	0.82	0.44	59.04	31.68
11004 00	Surgery	16.84	16.84	1212.48	1212.48
11005 00	Surgery	22.95	22.95	1652.40	1652.40
11006 00	Surgery	20.76	20.76	1494.72	1494.72
11008 00	Surgery	8.08	8.08	581.76	581.76
11010 00	Surgery	13.44	8.26	967.68	594.72
11011 00	Surgery	15.01	8.88	1080.72	639.36
11012 00	Surgery	19.54	12.40	1406.88	892.80
11042 00	Surgery	3.90	1.81	280.80	130.32
11043 00	Surgery	6.99	4.58	503.28	329.76
11044 00	Surgery	9.35	6.72	673.20	483.84
11045 00	Surgery	1.20	0.75	86.40	54.00
11046 00	Surgery	2.19	1.63	157.68	117.36

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
11047 00	Surgery	3.62	2.88	260.64	207.36
11055 00	Surgery	2.14	0.46	154.08	33.12
11056 00	Surgery	2.48	0.65	178.56	46.80
11057 00	Surgery	2.71	0.85	195.12	61.20
11102 00	Surgery	3.02	1.12	217.44	80.64
11103 00	Surgery	1.51	0.65	108.72	46.80
11104 00	Surgery	3.76	1.39	270.72	100.08
11105 00	Surgery	1.79	0.76	128.88	54.72
11106 00	Surgery	4.67	1.68	336.24	120.96
11107 00	Surgery	2.14	0.91	154.08	65.52
11200 00	Surgery	2.79	2.31	200.88	166.32
11201 00	Surgery	0.55	0.48	39.60	34.56
11300 00	Surgery	3.02	1.01	217.44	72.72
11301 00	Surgery	3.65	1.52	262.80	109.44
11302 00	Surgery	4.12	1.77	296.64	127.44
11303 00	Surgery	4.56	2.11	328.32	151.92
11305 00	Surgery	3.16	1.11	227.52	79.92
11306 00	Surgery	3.68	1.45	264.96	104.40
11307 00	Surgery	4.16	1.85	299.52	133.20
11308 00	Surgery	4.38	2.07	315.36	149.04
11310 00	Surgery	3.48	1.35	250.56	97.20
11311 00	Surgery	4.11	1.86	295.92	133.92
11312 00	Surgery	4.67	2.20	336.24	158.40
11313 00	Surgery	5.44	2.85	391.68	205.20
11400 00	Surgery	3.87	2.55	278.64	183.60
11401 00	Surgery	4.71	3.19	339.12	229.68
11402 00	Surgery	5.19	3.49	373.68	251.28
11403 00	Surgery	5.98	4.52	430.56	325.44
11404 00	Surgery	6.77	4.97	487.44	357.84
11406 00	Surgery	9.63	7.49	693.36	539.28
11420 00	Surgery	3.82	2.48	275.04	178.56
11421 00	Surgery	4.82	3.29	347.04	236.88
11422 00	Surgery	5.41	4.10	389.52	295.20
11423 00	Surgery	6.20	4.74	446.40	341.28
11424 00	Surgery	7.18	5.46	516.96	393.12
11426 00	Surgery	9.89	8.06	712.08	580.32
11440 00	Surgery	4.33	3.24	311.76	233.28
11441 00	Surgery	5.26	4.03	378.72	290.16
11442 00	Surgery	5.84	4.44	420.48	319.68
11443 00	Surgery	6.88	5.40	495.36	388.80
11444 00	Surgery	8.54	6.79	614.88	488.88
11446 00	Surgery	11.57	9.53	833.04	686.16

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
11450 00	Surgery	12.98	7.94	934.56	571.68
11451 00	Surgery	15.81	10.02	1138.32	721.44
11462 00	Surgery	12.62	7.56	908.64	544.32
11463 00	Surgery	16.01	10.07	1152.72	725.04
11470 00	Surgery	13.72	8.68	987.84	624.96
11471 00	Surgery	16.45	10.62	1184.40	764.64
11600 00	Surgery	5.95	3.68	428.40	264.96
11601 00	Surgery	6.89	4.45	496.08	320.40
11602 00	Surgery	7.37	4.83	530.64	347.76
11603 00	Surgery	8.39	5.77	604.08	415.44
11604 00	Surgery	9.35	6.35	673.20	457.20
11606 00	Surgery	13.49	9.46	971.28	681.12
11620 00	Surgery	5.98	3.71	430.56	267.12
11621 00	Surgery	6.91	4.47	497.52	321.84
11622 00	Surgery	7.63	5.07	549.36	365.04
11623 00	Surgery	8.91	6.25	641.52	450.00
11624 00	Surgery	10.15	7.11	730.80	511.92
11626 00	Surgery	12.21	8.69	879.12	625.68
11640 00	Surgery	6.13	3.81	441.36	274.32
11641 00	Surgery	7.14	4.66	514.08	335.52
11642 00	Surgery	8.08	5.45	581.76	392.40
11643 00	Surgery	9.48	6.79	682.56	488.88
11644 00	Surgery	11.70	8.41	842.40	605.52
11646 00	Surgery	15.17	11.61	1092.24	835.92
11719 00	Surgery	0.43	0.22	30.96	15.84
11720 00	Surgery	0.99	0.42	71.28	30.24
11721 00	Surgery	1.34	0.70	96.48	50.40
11730 00	Surgery	3.46	1.60	249.12	115.20
11732 00	Surgery	0.99	0.50	71.28	36.00
11740 00	Surgery	1.74	0.97	125.28	69.84
11750 00	Surgery	4.84	3.06	348.48	220.32
11755 00	Surgery	3.67	1.80	264.24	129.60
11760 00	Surgery	5.56	3.29	400.32	236.88
11762 00	Surgery	8.66	5.61	623.52	403.92
11765 00	Surgery	5.00	2.80	360.00	201.60
11770 00	Surgery	10.67	5.60	768.24	403.20
11771 00	Surgery	19.00	13.62	1368.00	980.64
11772 00	Surgery	23.27	17.51	1675.44	1260.72
11900 00	Surgery	1.73	0.89	124.56	64.08
11901 00	Surgery	2.11	1.35	151.92	97.20
11920 00	Surgery	6.04	3.41	434.88	245.52
11921 00	Surgery	6.67	3.91	480.24	281.52

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
11922 00	Surgery	1.84	0.86	132.48	61.92
11950 00	Surgery	2.46	1.55	177.12	111.60
11951 00	Surgery	3.27	2.17	235.44	156.24
11952 00	Surgery	4.37	3.05	314.64	219.60
11954 00	Surgery	4.81	3.33	346.32	239.76
11960 00	Surgery	30.59	30.59	2202.48	2202.48
11970 00	Surgery	16.95	16.95	1220.40	1220.40
11971 00	Surgery	16.70	16.70	1202.40	1202.40
11976 00	Surgery	4.37	2.77	314.64	199.44
11980 00	Surgery	2.83	1.65	203.76	118.80
11981 00	Surgery	3.03	1.87	218.16	134.64
11982 00	Surgery	3.34	2.18	240.48	156.96
11983 00	Surgery	4.27	3.08	307.44	221.76
12001 00	Surgery	2.84	1.34	204.48	96.48
12002 00	Surgery	3.44	1.76	247.68	126.72
12004 00	Surgery	4.01	2.20	288.72	158.40
12005 00	Surgery	5.34	2.83	384.48	203.76
12006 00	Surgery	6.16	3.46	443.52	249.12
12007 00	Surgery	6.99	4.30	503.28	309.60
12011 00	Surgery	3.38	1.66	243.36	119.52
12013 00	Surgery	3.52	1.73	253.44	124.56
12014 00	Surgery	4.30	2.24	309.60	161.28
12015 00	Surgery	5.19	2.81	373.68	202.32
12016 00	Surgery	6.58	3.81	473.76	274.32
12017 00	Surgery	4.60	4.60	331.20	331.20
12018 00	Surgery	5.18	5.18	372.96	372.96
12020 00	Surgery	9.03	5.66	650.16	407.52
12021 00	Surgery	5.35	4.25	385.20	306.00
12031 00	Surgery	7.91	4.54	569.52	326.88
12032 00	Surgery	9.14	5.70	658.08	410.40
12034 00	Surgery	10.07	6.15	725.04	442.80
12035 00	Surgery	11.71	7.24	843.12	521.28
12036 00	Surgery	13.05	8.47	939.60	609.84
12037 00	Surgery	14.66	9.84	1055.52	708.48
12041 00	Surgery	7.93	4.35	570.96	313.20
12042 00	Surgery	9.33	5.86	671.76	421.92
12044 00	Surgery	11.52	6.42	829.44	462.24
12045 00	Surgery	12.44	8.22	895.68	591.84
12046 00	Surgery	15.07	9.58	1085.04	689.76
12047 00	Surgery	16.50	10.62	1188.00	764.64
12051 00	Surgery	8.53	5.08	614.16	365.76
12052 00	Surgery	9.49	5.97	683.28	429.84

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
12053 00	Surgery	10.93	6.44	786.96	463.68
12054 00	Surgery	11.51	6.59	828.72	474.48
12055 00	Surgery	15.13	9.05	1089.36	651.60
12056 00	Surgery	17.42	11.52	1254.24	829.44
12057 00	Surgery	18.23	12.57	1312.56	905.04
13100 00	Surgery	10.23	5.98	736.56	430.56
13101 00	Surgery	11.91	7.36	857.52	529.92
13102 00	Surgery	3.49	2.13	251.28	153.36
13120 00	Surgery	10.66	6.91	767.52	497.52
13121 00	Surgery	12.76	7.68	918.72	552.96
13122 00	Surgery	3.80	2.45	273.60	176.40
13131 00	Surgery	11.65	7.21	838.80	519.12
13132 00	Surgery	14.12	9.00	1016.64	648.00
13133 00	Surgery	5.04	3.72	362.88	267.84
13151 00	Surgery	12.69	8.28	913.68	596.16
13152 00	Surgery	14.90	9.98	1072.80	718.56
13153 00	Surgery	5.54	4.05	398.88	291.60
13160 00	Surgery	23.89	23.89	1720.08	1720.08
14000 00	Surgery	19.23	15.20	1384.56	1094.40
14001 00	Surgery	24.48	19.66	1762.56	1415.52
14020 00	Surgery	21.24	17.06	1529.28	1228.32
14021 00	Surgery	26.15	21.27	1882.80	1531.44
14040 00	Surgery	22.92	18.73	1650.24	1348.56
14041 00	Surgery	27.82	22.84	2003.04	1644.48
14060 00	Surgery	23.16	19.95	1667.52	1436.40
14061 00	Surgery	30.03	24.53	2162.16	1766.16
14301 00	Surgery	32.59	26.05	2346.48	1875.60
14302 00	Surgery	6.40	6.40	460.80	460.80
14350 00	Surgery	20.29	20.29	1460.88	1460.88
15002 00	Surgery	10.30	6.53	741.60	470.16
15003 00	Surgery	2.08	1.34	149.76	96.48
15004 00	Surgery	11.76	7.71	846.72	555.12
15005 00	Surgery	3.48	2.66	250.56	191.52
15040 00	Surgery	7.84	3.74	564.48	269.28
15050 00	Surgery	17.67	13.78	1272.24	992.16
15100 00	Surgery	26.13	21.51	1881.36	1548.72
15101 00	Surgery	5.56	3.30	400.32	237.60
15110 00	Surgery	25.07	21.48	1805.04	1546.56
15111 00	Surgery	3.39	3.02	244.08	217.44
15115 00	Surgery	24.32	20.90	1751.04	1504.80
15116 00	Surgery	4.59	4.11	330.48	295.92
15120 00	Surgery	25.46	20.73	1833.12	1492.56

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
15121 00	Surgery	6.20	3.92	446.40	282.24
15130 00	Surgery	21.66	17.97	1559.52	1293.84
15131 00	Surgery	2.91	2.65	209.52	190.80
15135 00	Surgery	26.22	22.73	1887.84	1636.56
15136 00	Surgery	2.87	2.65	206.64	190.80
15150 00	Surgery	21.23	19.25	1528.56	1386.00
15151 00	Surgery	3.54	3.24	254.88	233.28
15152 00	Surgery	4.41	4.13	317.52	297.36
15155 00	Surgery	23.87	21.86	1718.64	1573.92
15156 00	Surgery	4.77	4.47	343.44	321.84
15157 00	Surgery	5.30	4.87	381.60	350.64
15200 00	Surgery	25.32	20.25	1823.04	1458.00
15201 00	Surgery	4.19	2.27	301.68	163.44
15220 00	Surgery	23.21	18.34	1671.12	1320.48
15221 00	Surgery	3.87	2.05	278.64	147.60
15240 00	Surgery	28.01	23.92	2016.72	1722.24
15241 00	Surgery	5.23	3.18	376.56	228.96
15260 00	Surgery	30.11	25.35	2167.92	1825.20
15261 00	Surgery	6.14	4.02	442.08	289.44
15271 00	Surgery	4.63	2.50	333.36	180.00
15272 00	Surgery	0.74	0.50	53.28	36.00
15273 00	Surgery	9.26	5.80	666.72	417.60
15274 00	Surgery	2.43	1.32	174.96	95.04
15275 00	Surgery	4.77	2.77	343.44	199.44
15276 00	Surgery	0.97	0.74	69.84	53.28
15277 00	Surgery	10.22	6.61	735.84	475.92
15278 00	Surgery	2.84	1.65	204.48	118.80
15570 00	Surgery	27.28	21.90	1964.16	1576.80
15572 00	Surgery	26.57	22.15	1913.04	1594.80
15574 00	Surgery	26.67	22.23	1920.24	1600.56
15576 00	Surgery	23.49	19.42	1691.28	1398.24
15600 00	Surgery	10.22	6.43	735.84	462.96
15610 00	Surgery	11.12	7.40	800.64	532.80
15620 00	Surgery	13.51	9.87	972.72	710.64
15630 00	Surgery	13.97	10.38	1005.84	747.36
15650 00	Surgery	16.36	12.20	1177.92	878.40
15730 00	Surgery	42.67	27.39	3072.24	1972.08
15731 00	Surgery	33.77	29.92	2431.44	2154.24
15733 00	Surgery	30.85	30.85	2221.20	2221.20
15734 00	Surgery	45.01	45.01	3240.72	3240.72
15736 00	Surgery	36.57	36.57	2633.04	2633.04
15738 00	Surgery	37.99	37.99	2735.28	2735.28

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
15740 00	Surgery	30.54	25.30	2198.88	1821.60
15750 00	Surgery	28.10	28.10	2023.20	2023.20
15756 00	Surgery	68.22	68.22	4911.84	4911.84
15757 00	Surgery	67.77	67.77	4879.44	4879.44
15758 00	Surgery	67.49	67.49	4859.28	4859.28
15760 00	Surgery	25.48	20.97	1834.56	1509.84
15769 00	Surgery	14.48	14.48	1042.56	1042.56
15770 00	Surgery	20.31	20.31	1462.32	1462.32
15771 00	Surgery	18.43	15.44	1326.96	1111.68
15772 00	Surgery	5.75	4.41	414.00	317.52
15773 00	Surgery	17.98	15.11	1294.56	1087.92
15774 00	Surgery	5.59	4.26	402.48	306.72
15775 00	Surgery	11.30	7.61	813.60	547.92
15776 00	Surgery	15.28	10.43	1100.16	750.96
15777 00	Surgery	6.37	6.37	458.64	458.64
15778 00	Surgery	11.49	11.49	827.28	827.28
15780 00	Surgery	25.50	19.93	1836.00	1434.96
15781 00	Surgery	16.13	12.85	1161.36	925.20
15782 00	Surgery	14.64	11.14	1054.08	802.08
15783 00	Surgery	13.58	10.70	977.76	770.40
15786 00	Surgery	6.90	4.04	496.80	290.88
15787 00	Surgery	0.90	0.49	64.80	35.28
15788 00	Surgery	11.73	6.54	844.56	470.88
15789 00	Surgery	16.06	12.36	1156.32	889.92
15792 00	Surgery	10.11	6.36	727.92	457.92
15793 00	Surgery	14.33	10.77	1031.76	775.44
15819 00	Surgery	24.08	24.08	1733.76	1733.76
15820 00	Surgery	17.44	15.48	1255.68	1114.56
15821 00	Surgery	18.67	16.51	1344.24	1188.72
15822 00	Surgery	13.91	11.99	1001.52	863.28
15823 00	Surgery	18.70	16.52	1346.40	1189.44
15824 00	Surgery	-	-	4861.44	3451.68
15825 00	Surgery	-	-	8507.52	6040.08
15826 00	Surgery	0.00	0.00	BR	BR
15828 00	Surgery	-	-	6886.80	4889.52
15829 00	Surgery	-	-	8223.84	5839.20
15830 00	Surgery	35.19	35.19	2533.68	2533.68
15832 00	Surgery	27.73	27.73	1996.56	1996.56
15833 00	Surgery	26.39	26.39	1900.08	1900.08
15834 00	Surgery	26.86	26.86	1933.92	1933.92
15835 00	Surgery	27.99	27.99	2015.28	2015.28
15836 00	Surgery	24.00	24.00	1728.00	1728.00

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
15837 00	Surgery	26.14	21.57	1882.08	1553.04
15838 00	Surgery	19.58	19.58	1409.76	1409.76
15839 00	Surgery	26.91	22.26	1937.52	1602.72
15840 00	Surgery	30.38	30.38	2187.36	2187.36
15841 00	Surgery	53.29	53.29	3836.88	3836.88
15842 00	Surgery	80.61	80.61	5803.92	5803.92
15845 00	Surgery	31.94	31.94	2299.68	2299.68
15847 00	Surgery	-	-	1519.20	1078.56
15851 00	Surgery	1.70	1.95	122.40	140.40
15852 00	Surgery	1.33	1.33	95.76	95.76
15853 00	Surgery	0.35	0.35	25.20	25.20
15854 00	Surgery	0.48	0.48	34.56	34.56
15860 00	Surgery	3.16	3.16	227.52	227.52
15876 00	Surgery	-	-	1880.64	1335.60
15877 00	Surgery	-	-	2458.08	1745.28
15878 00	Surgery	0.00	0.00	BR	BR
15879 00	Surgery	-	-	3458.88	2455.92
15920 00	Surgery	19.05	19.05	1371.60	1371.60
15922 00	Surgery	24.02	24.02	1729.44	1729.44
15931 00	Surgery	21.25	21.25	1530.00	1530.00
15933 00	Surgery	26.31	26.31	1894.32	1894.32
15934 00	Surgery	29.62	29.62	2132.64	2132.64
15935 00	Surgery	34.73	34.73	2500.56	2500.56
15936 00	Surgery	27.01	27.01	1944.72	1944.72
15937 00	Surgery	31.15	31.15	2242.80	2242.80
15940 00	Surgery	21.38	21.38	1539.36	1539.36
15941 00	Surgery	27.94	27.94	2011.68	2011.68
15944 00	Surgery	28.12	28.12	2024.64	2024.64
15945 00	Surgery	30.70	30.70	2210.40	2210.40
15946 00	Surgery	48.34	48.34	3480.48	3480.48
15950 00	Surgery	19.21	19.21	1383.12	1383.12
15951 00	Surgery	27.07	27.07	1949.04	1949.04
15952 00	Surgery	27.58	27.58	1985.76	1985.76
15953 00	Surgery	30.37	30.37	2186.64	2186.64
15956 00	Surgery	35.69	35.69	2569.68	2569.68
15958 00	Surgery	35.30	35.30	2541.60	2541.60
15999 00	Surgery	0.00	0.00	BR	BR
16000 00	Surgery	2.40	1.36	172.80	97.92
16020 00	Surgery	2.59	1.68	186.48	120.96
16025 00	Surgery	4.74	3.34	341.28	240.48
16030 00	Surgery	5.94	3.95	427.68	284.40
16035 00	Surgery	5.83	5.83	419.76	419.76

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
16036 00	Surgery	2.45	2.45	176.40	176.40
17000 00	Surgery	2.04	1.66	146.88	119.52
17003 00	Surgery	0.20	0.06	14.40	4.32
17004 00	Surgery	5.04	2.95	362.88	212.40
17106 00	Surgery	10.40	8.31	748.80	598.32
17107 00	Surgery	13.49	10.81	971.28	778.32
17108 00	Surgery	19.17	15.86	1380.24	1141.92
17110 00	Surgery	3.43	2.07	246.96	149.04
17111 00	Surgery	4.01	2.51	288.72	180.72
17250 00	Surgery	2.62	1.13	188.64	81.36
17260 00	Surgery	3.01	2.12	216.72	152.64
17261 00	Surgery	4.48	2.62	322.56	188.64
17262 00	Surgery	5.38	3.31	387.36	238.32
17263 00	Surgery	5.82	3.66	419.04	263.52
17264 00	Surgery	6.24	3.91	449.28	281.52
17266 00	Surgery	7.09	4.58	510.48	329.76
17270 00	Surgery	4.52	2.87	325.44	206.64
17271 00	Surgery	5.02	3.15	361.44	226.80
17272 00	Surgery	5.69	3.63	409.68	261.36
17273 00	Surgery	6.31	4.10	454.32	295.20
17274 00	Surgery	7.37	5.00	530.64	360.00
17276 00	Surgery	8.55	6.03	615.60	434.16
17280 00	Surgery	4.25	2.61	306.00	187.92
17281 00	Surgery	5.43	3.54	390.96	254.88
17282 00	Surgery	6.20	4.08	446.40	293.76
17283 00	Surgery	7.33	5.10	527.76	367.20
17284 00	Surgery	8.32	5.93	599.04	426.96
17286 00	Surgery	10.67	8.05	768.24	579.60
17311 00	Surgery	20.45	10.52	1472.40	757.44
17312 00	Surgery	12.41	5.60	893.52	403.20
17313 00	Surgery	19.22	9.44	1383.84	679.68
17314 00	Surgery	11.89	5.19	856.08	373.68
17315 00	Surgery	2.40	1.48	172.80	106.56
17340 00	Surgery	1.58	1.47	113.76	105.84
17360 00	Surgery	3.71	2.79	267.12	200.88
17380 00	Surgery	-	-	97.20	69.12
17999 00	Surgery	0.00	0.00	BR	BR
19000 00	Surgery	3.01	1.25	216.72	90.00
19001 00	Surgery	0.79	0.62	56.88	44.64
19020 00	Surgery	14.18	9.52	1020.96	685.44
19030 00	Surgery	4.91	2.23	353.52	160.56
19081 00	Surgery	14.85	4.79	1069.20	344.88

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
19082 00	Surgery	11.41	2.40	821.52	172.80
19083 00	Surgery	14.80	4.53	1065.60	326.16
19084 00	Surgery	11.23	2.26	808.56	162.72
19085 00	Surgery	22.67	5.26	1632.24	378.72
19086 00	Surgery	17.53	2.62	1262.16	188.64
19100 00	Surgery	4.48	2.06	322.56	148.32
19101 00	Surgery	9.88	6.74	711.36	485.28
19105 00	Surgery	68.01	6.27	4896.72	451.44
19110 00	Surgery	14.71	10.70	1059.12	770.40
19112 00	Surgery	13.93	9.82	1002.96	707.04
19120 00	Surgery	15.73	12.66	1132.56	911.52
19125 00	Surgery	17.33	14.00	1247.76	1008.00
19126 00	Surgery	4.77	4.77	343.44	343.44
19281 00	Surgery	7.21	2.89	519.12	208.08
19282 00	Surgery	5.10	1.45	367.20	104.40
19283 00	Surgery	7.73	2.92	556.56	210.24
19284 00	Surgery	5.65	1.46	406.80	105.12
19285 00	Surgery	10.91	2.47	785.52	177.84
19286 00	Surgery	8.91	1.24	641.52	89.28
19287 00	Surgery	18.82	3.69	1355.04	265.68
19288 00	Surgery	14.49	1.84	1043.28	132.48
19294 00	Surgery	4.89	4.89	352.08	352.08
19296 00	Surgery	107.75	6.28	7758.00	452.16
19297 00	Surgery	2.79	2.79	200.88	200.88
19298 00	Surgery	26.05	9.45	1875.60	680.40
19300 00	Surgery	17.41	13.07	1253.52	941.04
19301 00	Surgery	19.93	19.93	1434.96	1434.96
19302 00	Surgery	27.36	27.36	1969.92	1969.92
19303 00	Surgery	28.88	28.88	2079.36	2079.36
19305 00	Surgery	34.63	34.63	2493.36	2493.36
19306 00	Surgery	36.80	36.80	2649.60	2649.60
19307 00	Surgery	35.55	35.55	2559.60	2559.60
19316 00	Surgery	23.86	23.86	1717.92	1717.92
19318 00	Surgery	32.83	32.83	2363.76	2363.76
19325 00	Surgery	18.56	18.56	1336.32	1336.32
19328 00	Surgery	16.71	16.71	1203.12	1203.12
19330 00	Surgery	19.46	19.46	1401.12	1401.12
19340 00	Surgery	22.87	22.87	1646.64	1646.64
19342 00	Surgery	22.93	22.93	1650.96	1650.96
19350 00	Surgery	25.05	20.29	1803.60	1460.88
19355 00	Surgery	22.76	18.59	1638.72	1338.48
19357 00	Surgery	34.91	34.91	2513.52	2513.52

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
19361 00	Surgery	46.68	46.68	3360.96	3360.96
19364 00	Surgery	81.23	81.23	5848.56	5848.56
19367 00	Surgery	52.99	52.99	3815.28	3815.28
19368 00	Surgery	64.81	64.81	4666.32	4666.32
19369 00	Surgery	60.23	60.23	4336.56	4336.56
19370 00	Surgery	20.25	20.25	1458.00	1458.00
19371 00	Surgery	21.43	21.43	1542.96	1542.96
19380 00	Surgery	24.31	24.31	1750.32	1750.32
19396 00	Surgery	8.17	4.27	588.24	307.44
19499 00	Surgery	0.00	0.00	BR	BR
20100 00	Surgery	17.99	17.99	1295.28	1295.28
20101 00	Surgery	17.25	6.30	1242.00	453.60
20102 00	Surgery	18.40	7.71	1324.80	555.12
20103 00	Surgery	16.96	10.38	1221.12	747.36
20150 00	Surgery	30.28	30.28	2180.16	2180.16
20200 00	Surgery	6.50	2.86	468.00	205.92
20205 00	Surgery	9.15	4.66	658.80	335.52
20206 00	Surgery	6.55	1.69	471.60	121.68
20220 00	Surgery	6.93	2.57	498.96	185.04
20225 00	Surgery	11.32	3.81	815.04	274.32
20240 00	Surgery	4.18	4.18	300.96	300.96
20245 00	Surgery	10.25	10.25	738.00	738.00
20250 00	Surgery	11.84	11.84	852.48	852.48
20251 00	Surgery	12.66	12.66	911.52	911.52
20500 00	Surgery	3.73	2.69	268.56	193.68
20501 00	Surgery	4.23	1.07	304.56	77.04
20520 00	Surgery	6.58	4.47	473.76	321.84
20525 00	Surgery	13.95	7.45	1004.40	536.40
20526 00	Surgery	2.48	1.70	178.56	122.40
20527 00	Surgery	2.64	1.97	190.08	141.84
20550 00	Surgery	1.74	1.16	125.28	83.52
20551 00	Surgery	1.73	1.15	124.56	82.80
20552 00	Surgery	1.58	1.10	113.76	79.20
20553 00	Surgery	1.82	1.25	131.04	90.00
20555 00	Surgery	10.00	10.00	720.00	720.00
20560 00	Surgery	0.77	0.44	55.44	31.68
20561 00	Surgery	1.11	0.66	79.92	47.52
20600 00	Surgery	1.62	1.07	116.64	77.04
20604 00	Surgery	2.49	1.36	179.28	97.92
20605 00	Surgery	1.66	1.10	119.52	79.20
20606 00	Surgery	2.71	1.55	195.12	111.60
20610 00	Surgery	1.96	1.36	141.12	97.92

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
20611 00	Surgery	2.99	1.76	215.28	126.72
20612 00	Surgery	1.96	1.23	141.12	88.56
20615 00	Surgery	7.67	4.90	552.24	352.80
20650 00	Surgery	7.01	5.06	504.72	364.32
20660 00	Surgery	7.20	7.20	518.40	518.40
20661 00	Surgery	16.06	16.06	1156.32	1156.32
20662 00	Surgery	15.92	15.92	1146.24	1146.24
20663 00	Surgery	14.71	14.71	1059.12	1059.12
20664 00	Surgery	27.23	27.23	1960.56	1960.56
20665 00	Surgery	3.55	2.94	255.60	211.68
20670 00	Surgery	10.68	4.38	768.96	315.36
20680 00	Surgery	18.11	12.71	1303.92	915.12
20690 00	Surgery	18.04	18.04	1298.88	1298.88
20692 00	Surgery	34.09	34.09	2454.48	2454.48
20693 00	Surgery	13.58	13.58	977.76	977.76
20694 00	Surgery	13.10	10.42	943.20	750.24
20696 00	Surgery	35.09	35.09	2526.48	2526.48
20697 00	Surgery	53.10	53.10	3823.20	3823.20
20700 00	Surgery	2.52	2.52	181.44	181.44
20701 00	Surgery	1.91	1.91	137.52	137.52
20702 00	Surgery	4.24	4.24	305.28	305.28
20703 00	Surgery	3.10	3.10	223.20	223.20
20704 00	Surgery	4.46	4.46	321.12	321.12
20705 00	Surgery	3.69	3.69	265.68	265.68
20802 00	Surgery	82.20	82.20	5918.40	5918.40
20805 00	Surgery	97.57	97.57	7025.04	7025.04
20808 00	Surgery	117.64	117.64	8470.08	8470.08
20816 00	Surgery	61.54	61.54	4430.88	4430.88
20822 00	Surgery	53.24	53.24	3833.28	3833.28
20824 00	Surgery	61.66	61.66	4439.52	4439.52
20827 00	Surgery	54.65	54.65	3934.80	3934.80
20838 00	Surgery	83.42	83.42	6006.24	6006.24
20900 00	Surgery	11.56	5.39	832.32	388.08
20902 00	Surgery	8.22	8.22	591.84	591.84
20910 00	Surgery	14.55	14.55	1047.60	1047.60
20912 00	Surgery	14.62	14.62	1052.64	1052.64
20920 00	Surgery	12.13	12.13	873.36	873.36
20922 00	Surgery	18.63	15.11	1341.36	1087.92
20924 00	Surgery	15.32	15.32	1103.04	1103.04
20930 00	Surgery	-	-	534.96	491.76
20931 00	Surgery	3.30	3.30	237.60	237.60
20932 00	Surgery	22.43	22.43	1614.96	1614.96

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
20933 00	Surgery	20.57	20.57	1481.04	1481.04
20934 00	Surgery	22.41	22.41	1613.52	1613.52
20936 00	Surgery	-	-	707.04	650.88
20937 00	Surgery	4.98	4.98	358.56	358.56
20938 00	Surgery	5.49	5.49	395.28	395.28
20939 00	Surgery	2.08	2.08	149.76	149.76
20950 00	Surgery	7.96	2.66	573.12	191.52
20955 00	Surgery	73.00	73.00	5256.00	5256.00
20956 00	Surgery	79.03	79.03	5690.16	5690.16
20957 00	Surgery	82.35	82.35	5929.20	5929.20
20962 00	Surgery	80.13	80.13	5769.36	5769.36
20969 00	Surgery	81.12	81.12	5840.64	5840.64
20970 00	Surgery	85.25	85.25	6138.00	6138.00
20972 00	Surgery	85.00	85.00	6120.00	6120.00
20973 00	Surgery	89.77	89.77	6463.44	6463.44
20974 00	Surgery	2.53	1.54	182.16	110.88
20975 00	Surgery	5.29	5.29	380.88	380.88
20979 00	Surgery	1.72	0.95	123.84	68.40
20982 00	Surgery	102.91	10.82	7409.52	779.04
20983 00	Surgery	149.77	10.06	10783.44	724.32
20985 00	Surgery	4.30	4.30	309.60	309.60
20999 00	Surgery	0.00	0.00	BR	BR
21010 00	Surgery	22.21	22.21	1599.12	1599.12
21011 00	Surgery	11.30	7.91	813.60	569.52
21012 00	Surgery	10.29	10.29	740.88	740.88
21013 00	Surgery	16.16	12.17	1163.52	876.24
21014 00	Surgery	15.78	15.78	1136.16	1136.16
21015 00	Surgery	21.04	21.04	1514.88	1514.88
21016 00	Surgery	30.30	30.30	2181.60	2181.60
21025 00	Surgery	23.85	19.89	1717.20	1432.08
21026 00	Surgery	16.12	12.91	1160.64	929.52
21029 00	Surgery	23.31	18.87	1678.32	1358.64
21030 00	Surgery	13.77	10.84	991.44	780.48
21031 00	Surgery	11.52	8.20	829.44	590.40
21032 00	Surgery	11.20	7.85	806.40	565.20
21034 00	Surgery	39.00	33.79	2808.00	2432.88
21040 00	Surgery	13.91	10.88	1001.52	783.36
21044 00	Surgery	25.95	25.95	1868.40	1868.40
21045 00	Surgery	36.00	36.00	2592.00	2592.00
21046 00	Surgery	29.57	29.57	2129.04	2129.04
21047 00	Surgery	36.22	36.22	2607.84	2607.84
21048 00	Surgery	29.83	29.83	2147.76	2147.76

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
21049 00	Surgery	34.42	34.42	2478.24	2478.24
21050 00	Surgery	25.86	25.86	1861.92	1861.92
21060 00	Surgery	23.44	23.44	1687.68	1687.68
21070 00	Surgery	18.46	18.46	1329.12	1329.12
21073 00	Surgery	11.45	7.21	824.40	519.12
21076 00	Surgery	25.95	21.07	1868.40	1517.04
21077 00	Surgery	63.47	51.84	4569.84	3732.48
21079 00	Surgery	43.54	34.85	3134.88	2509.20
21080 00	Surgery	49.67	39.32	3576.24	2831.04
21081 00	Surgery	45.96	36.10	3309.12	2599.20
21082 00	Surgery	42.93	33.30	3090.96	2397.60
21083 00	Surgery	40.79	30.78	2936.88	2216.16
21084 00	Surgery	46.54	35.61	3350.88	2563.92
21085 00	Surgery	20.42	14.46	1470.24	1041.12
21086 00	Surgery	47.13	38.20	3393.36	2750.40
21087 00	Surgery	47.13	38.20	3393.36	2750.40
21088 00	Surgery	-	-	2025.36	1863.36
21089 00	Surgery	0.00	0.00	BR	BR
21100 00	Surgery	18.59	10.72	1338.48	771.84
21110 00	Surgery	25.71	21.32	1851.12	1535.04
21116 00	Surgery	6.36	1.32	457.92	95.04
21120 00	Surgery	19.94	15.31	1435.68	1102.32
21121 00	Surgery	19.00	15.90	1368.00	1144.80
21122 00	Surgery	22.51	22.51	1620.72	1620.72
21123 00	Surgery	25.28	25.28	1820.16	1820.16
21125 00	Surgery	77.47	20.01	5577.84	1440.72
21127 00	Surgery	119.93	23.18	8634.96	1668.96
21137 00	Surgery	22.61	22.61	1627.92	1627.92
21138 00	Surgery	27.49	27.49	1979.28	1979.28
21139 00	Surgery	32.70	32.70	2354.40	2354.40
21141 00	Surgery	39.75	39.75	2862.00	2862.00
21142 00	Surgery	40.80	40.80	2937.60	2937.60
21143 00	Surgery	42.04	42.04	3026.88	3026.88
21145 00	Surgery	46.17	46.17	3324.24	3324.24
21146 00	Surgery	48.22	48.22	3471.84	3471.84
21147 00	Surgery	50.72	50.72	3651.84	3651.84
21150 00	Surgery	49.26	49.26	3546.72	3546.72
21151 00	Surgery	54.20	54.20	3902.40	3902.40
21154 00	Surgery	58.34	58.34	4200.48	4200.48
21155 00	Surgery	64.70	64.70	4658.40	4658.40
21159 00	Surgery	77.46	77.46	5577.12	5577.12
21160 00	Surgery	83.99	83.99	6047.28	6047.28

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
21172 00	Surgery	64.35	64.35	4633.20	4633.20
21175 00	Surgery	66.01	66.01	4752.72	4752.72
21179 00	Surgery	45.49	45.49	3275.28	3275.28
21180 00	Surgery	50.77	50.77	3655.44	3655.44
21181 00	Surgery	22.30	22.30	1605.60	1605.60
21182 00	Surgery	63.19	63.19	4549.68	4549.68
21183 00	Surgery	68.72	68.72	4947.84	4947.84
21184 00	Surgery	73.91	73.91	5321.52	5321.52
21188 00	Surgery	47.05	47.05	3387.60	3387.60
21193 00	Surgery	36.70	36.70	2642.40	2642.40
21194 00	Surgery	42.42	42.42	3054.24	3054.24
21195 00	Surgery	39.94	39.94	2875.68	2875.68
21196 00	Surgery	42.66	42.66	3071.52	3071.52
21198 00	Surgery	30.20	30.20	2174.40	2174.40
21199 00	Surgery	30.31	30.31	2182.32	2182.32
21206 00	Surgery	29.00	29.00	2088.00	2088.00
21208 00	Surgery	48.96	22.09	3525.12	1590.48
21209 00	Surgery	23.87	18.21	1718.64	1311.12
21210 00	Surgery	52.64	22.74	3790.08	1637.28
21215 00	Surgery	121.58	23.63	8753.76	1701.36
21230 00	Surgery	22.49	22.49	1619.28	1619.28
21235 00	Surgery	22.25	17.24	1602.00	1241.28
21240 00	Surgery	31.29	31.29	2252.88	2252.88
21242 00	Surgery	30.25	30.25	2178.00	2178.00
21243 00	Surgery	50.05	50.05	3603.60	3603.60
21244 00	Surgery	30.22	30.22	2175.84	2175.84
21245 00	Surgery	36.56	28.28	2632.32	2036.16
21246 00	Surgery	25.36	25.36	1825.92	1825.92
21247 00	Surgery	47.09	47.09	3390.48	3390.48
21248 00	Surgery	29.42	23.74	2118.24	1709.28
21249 00	Surgery	39.86	33.14	2869.92	2386.08
21255 00	Surgery	39.85	39.85	2869.20	2869.20
21256 00	Surgery	37.24	37.24	2681.28	2681.28
21260 00	Surgery	41.00	41.00	2952.00	2952.00
21261 00	Surgery	72.54	72.54	5222.88	5222.88
21263 00	Surgery	67.12	67.12	4832.64	4832.64
21267 00	Surgery	47.94	47.94	3451.68	3451.68
21268 00	Surgery	60.14	60.14	4330.08	4330.08
21270 00	Surgery	30.65	22.49	2206.80	1619.28
21275 00	Surgery	25.37	25.37	1826.64	1826.64
21280 00	Surgery	17.70	17.70	1274.40	1274.40
21282 00	Surgery	12.06	12.06	868.32	868.32

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21295 00	Surgery	6.01	6.01	432.72	432.72
21296 00	Surgery	12.36	12.36	889.92	889.92
21299 00	Surgery	0.00	0.00	BR	BR
21315 00	Surgery	4.60	1.79	331.20	128.88
21320 00	Surgery	6.52	2.85	469.44	205.20
21325 00	Surgery	13.45	13.45	968.40	968.40
21330 00	Surgery	16.16	16.16	1163.52	1163.52
21335 00	Surgery	21.64	21.64	1558.08	1558.08
21336 00	Surgery	19.23	19.23	1384.56	1384.56
21337 00	Surgery	12.62	9.14	908.64	658.08
21338 00	Surgery	20.24	20.24	1457.28	1457.28
21339 00	Surgery	22.85	22.85	1645.20	1645.20
21340 00	Surgery	22.74	22.74	1637.28	1637.28
21343 00	Surgery	32.76	32.76	2358.72	2358.72
21344 00	Surgery	41.84	41.84	3012.48	3012.48
21345 00	Surgery	24.33	19.40	1751.76	1396.80
21346 00	Surgery	30.73	30.73	2212.56	2212.56
21347 00	Surgery	31.20	31.20	2246.40	2246.40
21348 00	Surgery	32.94	32.94	2371.68	2371.68
21355 00	Surgery	13.59	9.97	978.48	717.84
21356 00	Surgery	16.49	12.20	1187.28	878.40
21360 00	Surgery	15.93	15.93	1146.96	1146.96
21365 00	Surgery	32.40	32.40	2332.80	2332.80
21366 00	Surgery	38.28	38.28	2756.16	2756.16
21385 00	Surgery	22.06	22.06	1588.32	1588.32
21386 00	Surgery	20.85	20.85	1501.20	1501.20
21387 00	Surgery	23.02	23.02	1657.44	1657.44
21390 00	Surgery	24.14	24.14	1738.08	1738.08
21395 00	Surgery	30.23	30.23	2176.56	2176.56
21400 00	Surgery	6.62	5.18	476.64	372.96
21401 00	Surgery	15.39	10.02	1108.08	721.44
21406 00	Surgery	17.63	17.63	1269.36	1269.36
21407 00	Surgery	19.32	19.32	1391.04	1391.04
21408 00	Surgery	27.12	27.12	1952.64	1952.64
21421 00	Surgery	19.36	16.35	1393.92	1177.20
21422 00	Surgery	18.75	18.75	1350.00	1350.00
21423 00	Surgery	23.95	23.95	1724.40	1724.40
21431 00	Surgery	20.77	20.77	1495.44	1495.44
21432 00	Surgery	21.42	21.42	1542.24	1542.24
21433 00	Surgery	51.86	51.86	3733.92	3733.92
21435 00	Surgery	42.22	42.22	3039.84	3039.84
21436 00	Surgery	60.99	60.99	4391.28	4391.28

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
21440 00	Surgery	22.82	18.24	1643.04	1313.28
21445 00	Surgery	23.31	18.88	1678.32	1359.36
21450 00	Surgery	17.72	14.42	1275.84	1038.24
21451 00	Surgery	23.05	19.22	1659.60	1383.84
21452 00	Surgery	21.96	13.74	1581.12	989.28
21453 00	Surgery	32.82	27.93	2363.04	2010.96
21454 00	Surgery	14.71	14.71	1059.12	1059.12
21461 00	Surgery	55.01	31.92	3960.72	2298.24
21462 00	Surgery	58.62	34.80	4220.64	2505.60
21465 00	Surgery	23.93	23.93	1722.96	1722.96
21470 00	Surgery	34.98	34.98	2518.56	2518.56
21480 00	Surgery	4.25	0.93	306.00	66.96
21485 00	Surgery	28.73	23.47	2068.56	1689.84
21490 00	Surgery	23.59	23.59	1698.48	1698.48
21497 00	Surgery	21.23	17.65	1528.56	1270.80
21499 00	Surgery	0.00	0.00	BR	BR
21501 00	Surgery	14.77	10.25	1063.44	738.00
21502 00	Surgery	15.31	15.31	1102.32	1102.32
21510 00	Surgery	13.68	13.68	984.96	984.96
21550 00	Surgery	8.04	4.70	578.88	338.40
21552 00	Surgery	13.56	13.56	976.32	976.32
21554 00	Surgery	22.10	22.10	1591.20	1591.20
21555 00	Surgery	13.12	9.34	944.64	672.48
21556 00	Surgery	16.04	16.04	1154.88	1154.88
21557 00	Surgery	28.88	28.88	2079.36	2079.36
21558 00	Surgery	40.25	40.25	2898.00	2898.00
21600 00	Surgery	17.19	17.19	1237.68	1237.68
21601 00	Surgery	34.46	34.46	2481.12	2481.12
21602 00	Surgery	45.89	45.89	3304.08	3304.08
21603 00	Surgery	50.30	50.30	3621.60	3621.60
21610 00	Surgery	36.87	36.87	2654.64	2654.64
21615 00	Surgery	18.66	18.66	1343.52	1343.52
21616 00	Surgery	21.32	21.32	1535.04	1535.04
21620 00	Surgery	15.16	15.16	1091.52	1091.52
21627 00	Surgery	16.55	16.55	1191.60	1191.60
21630 00	Surgery	39.43	39.43	2838.96	2838.96
21632 00	Surgery	36.27	36.27	2611.44	2611.44
21685 00	Surgery	29.60	29.60	2131.20	2131.20
21700 00	Surgery	10.63	10.63	765.36	765.36
21705 00	Surgery	15.85	15.85	1141.20	1141.20
21720 00	Surgery	16.36	16.36	1177.92	1177.92
21725 00	Surgery	16.54	16.54	1190.88	1190.88

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
21740 00	Surgery	30.59	30.59	2202.48	2202.48
21742 00	Surgery	-	-	3044.88	2801.52
21743 00	Surgery	-	-	5196.24	4780.08
21750 00	Surgery	20.19	20.19	1453.68	1453.68
21811 00	Surgery	17.66	17.66	1271.52	1271.52
21812 00	Surgery	21.31	21.31	1534.32	1534.32
21813 00	Surgery	29.20	29.20	2102.40	2102.40
21820 00	Surgery	4.67	4.61	336.24	331.92
21825 00	Surgery	16.68	16.68	1200.96	1200.96
21899 00	Surgery	0.00	0.00	BR	BR
21920 00	Surgery	7.74	4.67	557.28	336.24
21925 00	Surgery	15.01	11.53	1080.72	830.16
21930 00	Surgery	15.23	11.10	1096.56	799.20
21931 00	Surgery	14.24	14.24	1025.28	1025.28
21932 00	Surgery	20.04	20.04	1442.88	1442.88
21933 00	Surgery	22.29	22.29	1604.88	1604.88
21935 00	Surgery	30.78	30.78	2216.16	2216.16
21936 00	Surgery	42.54	42.54	3062.88	3062.88
22010 00	Surgery	29.55	29.55	2127.60	2127.60
22015 00	Surgery	28.83	28.83	2075.76	2075.76
22100 00	Surgery	28.97	28.97	2085.84	2085.84
22101 00	Surgery	26.72	26.72	1923.84	1923.84
22102 00	Surgery	23.36	23.36	1681.92	1681.92
22103 00	Surgery	4.01	4.01	288.72	288.72
22110 00	Surgery	32.27	32.27	2323.44	2323.44
22112 00	Surgery	34.81	34.81	2506.32	2506.32
22114 00	Surgery	34.81	34.81	2506.32	2506.32
22116 00	Surgery	4.21	4.21	303.12	303.12
22206 00	Surgery	74.06	74.06	5332.32	5332.32
22207 00	Surgery	72.45	72.45	5216.40	5216.40
22208 00	Surgery	17.63	17.63	1269.36	1269.36
22210 00	Surgery	54.26	54.26	3906.72	3906.72
22212 00	Surgery	45.91	45.91	3305.52	3305.52
22214 00	Surgery	45.92	45.92	3306.24	3306.24
22216 00	Surgery	10.81	10.81	778.32	778.32
22220 00	Surgery	49.07	49.07	3533.04	3533.04
22222 00	Surgery	53.80	53.80	3873.60	3873.60
22224 00	Surgery	47.84	47.84	3444.48	3444.48
22226 00	Surgery	10.70	10.70	770.40	770.40
22310 00	Surgery	9.53	9.10	686.16	655.20
22315 00	Surgery	27.36	23.70	1969.92	1706.40
22318 00	Surgery	50.42	50.42	3630.24	3630.24

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
22319 00	Surgery	55.91	55.91	4025.52	4025.52
22325 00	Surgery	44.95	44.95	3236.40	3236.40
22326 00	Surgery	45.99	45.99	3311.28	3311.28
22327 00	Surgery	46.84	46.84	3372.48	3372.48
22328 00	Surgery	8.42	8.42	606.24	606.24
22505 00	Surgery	3.93	3.93	282.96	282.96
22510 00	Surgery	53.41	12.83	3845.52	923.76
22511 00	Surgery	53.35	12.08	3841.20	869.76
22512 00	Surgery	21.66	6.13	1559.52	441.36
22513 00	Surgery	168.31	15.21	12118.32	1095.12
22514 00	Surgery	167.57	14.18	12065.04	1020.96
22515 00	Surgery	86.20	6.45	6206.40	464.40
22526 00	Surgery	58.60	9.78	4219.20	704.16
22527 00	Surgery	48.10	4.52	3463.20	325.44
22532 00	Surgery	54.33	54.33	3911.76	3911.76
22533 00	Surgery	50.17	50.17	3612.24	3612.24
22534 00	Surgery	10.77	10.77	775.44	775.44
22548 00	Surgery	59.93	59.93	4314.96	4314.96
22551 00	Surgery	51.50	51.50	3708.00	3708.00
22552 00	Surgery	11.85	11.85	853.20	853.20
22554 00	Surgery	38.35	38.35	2761.20	2761.20
22556 00	Surgery	51.05	51.05	3675.60	3675.60
22558 00	Surgery	46.05	46.05	3315.60	3315.60
22585 00	Surgery	9.69	9.69	697.68	697.68
22586 00	Surgery	61.98	61.98	4462.56	4462.56
22590 00	Surgery	48.43	48.43	3486.96	3486.96
22595 00	Surgery	46.30	46.30	3333.60	3333.60
22600 00	Surgery	39.70	39.70	2858.40	2858.40
22610 00	Surgery	39.00	39.00	2808.00	2808.00
22612 00	Surgery	47.79	47.79	3440.88	3440.88
22614 00	Surgery	11.70	11.70	842.40	842.40
22630 00	Surgery	47.39	47.39	3412.08	3412.08
22632 00	Surgery	9.62	9.62	692.64	692.64
22633 00	Surgery	54.69	54.69	3937.68	3937.68
22634 00	Surgery	14.49	14.49	1043.28	1043.28
22800 00	Surgery	41.41	41.41	2981.52	2981.52
22802 00	Surgery	63.92	63.92	4602.24	4602.24
22804 00	Surgery	73.31	73.31	5278.32	5278.32
22808 00	Surgery	55.28	55.28	3980.16	3980.16
22810 00	Surgery	60.23	60.23	4336.56	4336.56
22812 00	Surgery	66.01	66.01	4752.72	4752.72
22818 00	Surgery	64.41	64.41	4637.52	4637.52

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
22819 00	Surgery	74.14	74.14	5338.08	5338.08
22830 00	Surgery	25.02	25.02	1801.44	1801.44
22836 00	Surgery	51.36	51.36	3697.92	3697.92
22837 00	Surgery	56.57	56.57	4073.04	4073.04
22838 00	Surgery	57.32	57.32	4127.04	4127.04
22840 00	Surgery	22.60	22.60	1627.20	1627.20
22841 00	Surgery	-	-	2187.36	2012.40
22842 00	Surgery	22.81	22.81	1642.32	1642.32
22843 00	Surgery	24.43	24.43	1758.96	1758.96
22844 00	Surgery	29.35	29.35	2113.20	2113.20
22845 00	Surgery	21.72	21.72	1563.84	1563.84
22846 00	Surgery	22.61	22.61	1627.92	1627.92
22847 00	Surgery	23.73	23.73	1708.56	1708.56
22848 00	Surgery	10.74	10.74	773.28	773.28
22849 00	Surgery	39.53	39.53	2846.16	2846.16
22850 00	Surgery	22.38	22.38	1611.36	1611.36
22852 00	Surgery	21.58	21.58	1553.76	1553.76
22853 00	Surgery	7.70	7.70	554.40	554.40
22854 00	Surgery	10.03	10.03	722.16	722.16
22855 00	Surgery	33.62	33.62	2420.64	2420.64
22856 00	Surgery	49.12	49.12	3536.64	3536.64
22857 00	Surgery	52.42	52.42	3774.24	3774.24
22858 00	Surgery	15.11	15.11	1087.92	1087.92
22859 00	Surgery	9.96	9.96	717.12	717.12
22860 00	Surgery	10.25	10.25	738.00	738.00
22861 00	Surgery	70.49	70.49	5075.28	5075.28
22862 00	Surgery	70.54	70.54	5078.88	5078.88
22864 00	Surgery	62.98	62.98	4534.56	4534.56
22865 00	Surgery	68.85	68.85	4957.20	4957.20
22867 00	Surgery	32.47	32.47	2337.84	2337.84
22868 00	Surgery	7.25	7.25	522.00	522.00
22869 00	Surgery	13.01	13.01	936.72	936.72
22870 00	Surgery	3.49	3.49	251.28	251.28
22899 00	Surgery	0.00	0.00	BR	BR
22900 00	Surgery	17.15	17.15	1234.80	1234.80
22901 00	Surgery	20.15	20.15	1450.80	1450.80
22902 00	Surgery	14.28	10.16	1028.16	731.52
22903 00	Surgery	13.35	13.35	961.20	961.20
22904 00	Surgery	31.55	31.55	2271.60	2271.60
22905 00	Surgery	39.96	39.96	2877.12	2877.12
22999 00	Surgery	0.00	0.00	BR	BR
23000 00	Surgery	16.69	10.94	1201.68	787.68

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
23020 00	Surgery	21.00	21.00	1512.00	1512.00
23030 00	Surgery	13.26	7.73	954.72	556.56
23031 00	Surgery	13.04	6.77	938.88	487.44
23035 00	Surgery	20.61	20.61	1483.92	1483.92
23040 00	Surgery	21.81	21.81	1570.32	1570.32
23044 00	Surgery	17.23	17.23	1240.56	1240.56
23065 00	Surgery	6.81	4.83	490.32	347.76
23066 00	Surgery	17.34	11.28	1248.48	812.16
23071 00	Surgery	12.76	12.76	918.72	918.72
23073 00	Surgery	21.10	21.10	1519.20	1519.20
23075 00	Surgery	15.57	10.04	1121.04	722.88
23076 00	Surgery	16.51	16.51	1188.72	1188.72
23077 00	Surgery	34.05	34.05	2451.60	2451.60
23078 00	Surgery	43.16	43.16	3107.52	3107.52
23100 00	Surgery	15.53	15.53	1118.16	1118.16
23101 00	Surgery	14.05	14.05	1011.60	1011.60
23105 00	Surgery	19.57	19.57	1409.04	1409.04
23106 00	Surgery	15.41	15.41	1109.52	1109.52
23107 00	Surgery	20.27	20.27	1459.44	1459.44
23120 00	Surgery	18.00	18.00	1296.00	1296.00
23125 00	Surgery	21.63	21.63	1557.36	1557.36
23130 00	Surgery	18.89	18.89	1360.08	1360.08
23140 00	Surgery	17.00	17.00	1224.00	1224.00
23145 00	Surgery	21.20	21.20	1526.40	1526.40
23146 00	Surgery	19.07	19.07	1373.04	1373.04
23150 00	Surgery	20.35	20.35	1465.20	1465.20
23155 00	Surgery	24.26	24.26	1746.72	1746.72
23156 00	Surgery	20.70	20.70	1490.40	1490.40
23170 00	Surgery	17.29	17.29	1244.88	1244.88
23172 00	Surgery	17.46	17.46	1257.12	1257.12
23174 00	Surgery	23.30	23.30	1677.60	1677.60
23180 00	Surgery	20.12	20.12	1448.64	1448.64
23182 00	Surgery	20.51	20.51	1476.72	1476.72
23184 00	Surgery	22.57	22.57	1625.04	1625.04
23190 00	Surgery	17.59	17.59	1266.48	1266.48
23195 00	Surgery	22.73	22.73	1636.56	1636.56
23200 00	Surgery	45.25	45.25	3258.00	3258.00
23210 00	Surgery	53.03	53.03	3818.16	3818.16
23220 00	Surgery	58.02	58.02	4177.44	4177.44
23330 00	Surgery	9.10	5.11	655.20	367.92
23333 00	Surgery	14.49	14.49	1043.28	1043.28
23334 00	Surgery	31.97	31.97	2301.84	2301.84

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
23335 00	Surgery	38.17	38.17	2748.24	2748.24
23350 00	Surgery	4.85	1.47	349.20	105.84
23395 00	Surgery	38.76	38.76	2790.72	2790.72
23397 00	Surgery	34.45	34.45	2480.40	2480.40
23400 00	Surgery	29.44	29.44	2119.68	2119.68
23405 00	Surgery	18.71	18.71	1347.12	1347.12
23406 00	Surgery	22.13	22.13	1593.36	1593.36
23410 00	Surgery	24.86	24.86	1789.92	1789.92
23412 00	Surgery	25.84	25.84	1860.48	1860.48
23415 00	Surgery	21.26	21.26	1530.72	1530.72
23420 00	Surgery	29.53	29.53	2126.16	2126.16
23430 00	Surgery	22.63	22.63	1629.36	1629.36
23440 00	Surgery	23.01	23.01	1656.72	1656.72
23450 00	Surgery	28.61	28.61	2059.92	2059.92
23455 00	Surgery	29.80	29.80	2145.60	2145.60
23460 00	Surgery	32.95	32.95	2372.40	2372.40
23462 00	Surgery	32.24	32.24	2321.28	2321.28
23465 00	Surgery	33.78	33.78	2432.16	2432.16
23466 00	Surgery	33.97	33.97	2445.84	2445.84
23470 00	Surgery	36.10	36.10	2599.20	2599.20
23472 00	Surgery	43.43	43.43	3126.96	3126.96
23473 00	Surgery	48.29	48.29	3476.88	3476.88
23474 00	Surgery	52.12	52.12	3752.64	3752.64
23480 00	Surgery	24.89	24.89	1792.08	1792.08
23485 00	Surgery	28.85	28.85	2077.20	2077.20
23490 00	Surgery	26.10	26.10	1879.20	1879.20
23491 00	Surgery	30.73	30.73	2212.56	2212.56
23500 00	Surgery	7.02	7.18	505.44	516.96
23505 00	Surgery	11.24	10.43	809.28	750.96
23515 00	Surgery	21.93	21.93	1578.96	1578.96
23520 00	Surgery	7.56	7.50	544.32	540.00
23525 00	Surgery	12.41	11.33	893.52	815.76
23530 00	Surgery	17.60	17.60	1267.20	1267.20
23532 00	Surgery	19.14	19.14	1378.08	1378.08
23540 00	Surgery	7.49	7.43	539.28	534.96
23545 00	Surgery	11.30	10.13	813.60	729.36
23550 00	Surgery	17.47	17.47	1257.84	1257.84
23552 00	Surgery	19.79	19.79	1424.88	1424.88
23570 00	Surgery	7.38	7.62	531.36	548.64
23575 00	Surgery	12.81	11.82	922.32	851.04
23585 00	Surgery	29.50	29.50	2124.00	2124.00
23600 00	Surgery	10.45	9.91	752.40	713.52

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23605 00	Surgery	14.62	13.26	1052.64	954.72
23615 00	Surgery	26.79	26.79	1928.88	1928.88
23616 00	Surgery	37.29	37.29	2684.88	2684.88
23620 00	Surgery	8.51	8.15	612.72	586.80
23625 00	Surgery	12.06	11.01	868.32	792.72
23630 00	Surgery	23.76	23.76	1710.72	1710.72
23650 00	Surgery	10.42	9.40	750.24	676.80
23655 00	Surgery	12.60	12.60	907.20	907.20
23660 00	Surgery	17.88	17.88	1287.36	1287.36
23665 00	Surgery	13.57	12.46	977.04	897.12
23670 00	Surgery	26.47	26.47	1905.84	1905.84
23675 00	Surgery	17.17	15.52	1236.24	1117.44
23680 00	Surgery	27.90	27.90	2008.80	2008.80
23700 00	Surgery	5.96	5.96	429.12	429.12
23800 00	Surgery	31.07	31.07	2237.04	2237.04
23802 00	Surgery	38.75	38.75	2790.00	2790.00
23900 00	Surgery	41.69	41.69	3001.68	3001.68
23920 00	Surgery	33.95	33.95	2444.40	2444.40
23921 00	Surgery	14.47	14.47	1041.84	1041.84
23929 00	Surgery	0.00	0.00	BR	BR
23930 00	Surgery	10.84	6.53	780.48	470.16
23931 00	Surgery	9.16	4.92	659.52	354.24
23935 00	Surgery	15.74	15.74	1133.28	1133.28
24000 00	Surgery	14.67	14.67	1056.24	1056.24
24006 00	Surgery	21.74	21.74	1565.28	1565.28
24065 00	Surgery	7.83	4.93	563.76	354.96
24066 00	Surgery	18.98	12.91	1366.56	929.52
24071 00	Surgery	12.32	12.32	887.04	887.04
24073 00	Surgery	20.98	20.98	1510.56	1510.56
24075 00	Surgery	16.02	10.05	1153.44	723.60
24076 00	Surgery	16.64	16.64	1198.08	1198.08
24077 00	Surgery	30.98	30.98	2230.56	2230.56
24079 00	Surgery	39.89	39.89	2872.08	2872.08
24100 00	Surgery	12.93	12.93	930.96	930.96
24101 00	Surgery	15.42	15.42	1110.24	1110.24
24102 00	Surgery	18.84	18.84	1356.48	1356.48
24105 00	Surgery	11.12	11.12	800.64	800.64
24110 00	Surgery	18.07	18.07	1301.04	1301.04
24115 00	Surgery	22.45	22.45	1616.40	1616.40
24116 00	Surgery	26.09	26.09	1878.48	1878.48
24120 00	Surgery	16.31	16.31	1174.32	1174.32
24125 00	Surgery	19.04	19.04	1370.88	1370.88

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24126 00	Surgery	19.86	19.86	1429.92	1429.92
24130 00	Surgery	15.65	15.65	1126.80	1126.80
24134 00	Surgery	22.75	22.75	1638.00	1638.00
24136 00	Surgery	19.31	19.31	1390.32	1390.32
24138 00	Surgery	21.02	21.02	1513.44	1513.44
24140 00	Surgery	21.40	21.40	1540.80	1540.80
24145 00	Surgery	18.17	18.17	1308.24	1308.24
24147 00	Surgery	19.19	19.19	1381.68	1381.68
24149 00	Surgery	35.78	35.78	2576.16	2576.16
24150 00	Surgery	46.43	46.43	3342.96	3342.96
24152 00	Surgery	40.46	40.46	2913.12	2913.12
24155 00	Surgery	25.83	25.83	1859.76	1859.76
24160 00	Surgery	37.88	37.88	2727.36	2727.36
24164 00	Surgery	22.05	22.05	1587.60	1587.60
24200 00	Surgery	6.65	4.30	478.80	309.60
24201 00	Surgery	18.67	12.27	1344.24	883.44
24220 00	Surgery	5.67	1.96	408.24	141.12
24300 00	Surgery	13.59	13.59	978.48	978.48
24301 00	Surgery	22.82	22.82	1643.04	1643.04
24305 00	Surgery	17.72	17.72	1275.84	1275.84
24310 00	Surgery	14.53	14.53	1046.16	1046.16
24320 00	Surgery	23.71	23.71	1707.12	1707.12
24330 00	Surgery	21.87	21.87	1574.64	1574.64
24331 00	Surgery	23.86	23.86	1717.92	1717.92
24332 00	Surgery	18.83	18.83	1355.76	1355.76
24340 00	Surgery	18.23	18.23	1312.56	1312.56
24341 00	Surgery	22.89	22.89	1648.08	1648.08
24342 00	Surgery	23.51	23.51	1692.72	1692.72
24343 00	Surgery	21.81	21.81	1570.32	1570.32
24344 00	Surgery	33.49	33.49	2411.28	2411.28
24345 00	Surgery	21.71	21.71	1563.12	1563.12
24346 00	Surgery	33.49	33.49	2411.28	2411.28
24357 00	Surgery	12.72	12.72	915.84	915.84
24358 00	Surgery	16.23	16.23	1168.56	1168.56
24359 00	Surgery	20.24	20.24	1457.28	1457.28
24360 00	Surgery	27.38	27.38	1971.36	1971.36
24361 00	Surgery	30.48	30.48	2194.56	2194.56
24362 00	Surgery	32.08	32.08	2309.76	2309.76
24363 00	Surgery	43.61	43.61	3139.92	3139.92
24365 00	Surgery	19.55	19.55	1407.60	1407.60
24366 00	Surgery	20.70	20.70	1490.40	1490.40
24370 00	Surgery	46.19	46.19	3325.68	3325.68

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
24371 00	Surgery	53.07	53.07	3821.04	3821.04
24400 00	Surgery	25.13	25.13	1809.36	1809.36
24410 00	Surgery	32.01	32.01	2304.72	2304.72
24420 00	Surgery	32.21	32.21	2319.12	2319.12
24430 00	Surgery	31.91	31.91	2297.52	2297.52
24435 00	Surgery	32.74	32.74	2357.28	2357.28
24470 00	Surgery	20.51	20.51	1476.72	1476.72
24495 00	Surgery	27.89	27.89	2008.08	2008.08
24498 00	Surgery	26.29	26.29	1892.88	1892.88
24500 00	Surgery	11.38	10.48	819.36	754.56
24505 00	Surgery	15.70	14.03	1130.40	1010.16
24515 00	Surgery	26.72	26.72	1923.84	1923.84
24516 00	Surgery	26.03	26.03	1874.16	1874.16
24530 00	Surgery	12.00	10.99	864.00	791.28
24535 00	Surgery	19.28	17.68	1388.16	1272.96
24538 00	Surgery	24.05	24.05	1731.60	1731.60
24545 00	Surgery	28.14	28.14	2026.08	2026.08
24546 00	Surgery	31.37	31.37	2258.64	2258.64
24560 00	Surgery	10.43	9.24	750.96	665.28
24565 00	Surgery	16.82	15.34	1211.04	1104.48
24566 00	Surgery	22.03	22.03	1586.16	1586.16
24575 00	Surgery	22.34	22.34	1608.48	1608.48
24576 00	Surgery	11.06	9.85	796.32	709.20
24577 00	Surgery	17.27	15.72	1243.44	1131.84
24579 00	Surgery	25.37	25.37	1826.64	1826.64
24582 00	Surgery	24.93	24.93	1794.96	1794.96
24586 00	Surgery	32.83	32.83	2363.76	2363.76
24587 00	Surgery	32.90	32.90	2368.80	2368.80
24600 00	Surgery	11.78	10.66	848.16	767.52
24605 00	Surgery	14.74	14.74	1061.28	1061.28
24615 00	Surgery	21.71	21.71	1563.12	1563.12
24620 00	Surgery	18.09	18.09	1302.48	1302.48
24635 00	Surgery	20.61	20.61	1483.92	1483.92
24640 00	Surgery	3.16	2.42	227.52	174.24
24650 00	Surgery	8.31	7.74	598.32	557.28
24655 00	Surgery	14.06	12.66	1012.32	911.52
24665 00	Surgery	20.08	20.08	1445.76	1445.76
24666 00	Surgery	22.29	22.29	1604.88	1604.88
24670 00	Surgery	9.19	8.40	661.68	604.80
24675 00	Surgery	14.33	12.97	1031.76	933.84
24685 00	Surgery	19.97	19.97	1437.84	1437.84
24800 00	Surgery	25.34	25.34	1824.48	1824.48

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
24802 00	Surgery	30.34	30.34	2184.48	2184.48
24900 00	Surgery	22.47	22.47	1617.84	1617.84
24920 00	Surgery	22.29	22.29	1604.88	1604.88
24925 00	Surgery	17.42	17.42	1254.24	1254.24
24930 00	Surgery	23.49	23.49	1691.28	1691.28
24931 00	Surgery	28.16	28.16	2027.52	2027.52
24935 00	Surgery	36.93	36.93	2658.96	2658.96
24940 00	Surgery	0.00	0.00	BR	BR
24999 00	Surgery	0.00	0.00	BR	BR
25000 00	Surgery	10.68	10.68	768.96	768.96
25001 00	Surgery	10.73	10.73	772.56	772.56
25020 00	Surgery	22.42	22.42	1614.24	1614.24
25023 00	Surgery	39.56	39.56	2848.32	2848.32
25024 00	Surgery	23.69	23.69	1705.68	1705.68
25025 00	Surgery	37.04	37.04	2666.88	2666.88
25028 00	Surgery	21.00	21.00	1512.00	1512.00
25031 00	Surgery	11.35	11.35	817.20	817.20
25035 00	Surgery	18.03	18.03	1298.16	1298.16
25040 00	Surgery	17.06	17.06	1228.32	1228.32
25065 00	Surgery	7.73	4.78	556.56	344.16
25066 00	Surgery	11.28	11.28	812.16	812.16
25071 00	Surgery	12.91	12.91	929.52	929.52
25073 00	Surgery	16.33	16.33	1175.76	1175.76
25075 00	Surgery	15.65	9.65	1126.80	694.80
25076 00	Surgery	15.84	15.84	1140.48	1140.48
25077 00	Surgery	25.96	25.96	1869.12	1869.12
25078 00	Surgery	35.16	35.16	2531.52	2531.52
25085 00	Surgery	13.78	13.78	992.16	992.16
25100 00	Surgery	10.79	10.79	776.88	776.88
25101 00	Surgery	12.50	12.50	900.00	900.00
25105 00	Surgery	14.95	14.95	1076.40	1076.40
25107 00	Surgery	18.92	18.92	1362.24	1362.24
25109 00	Surgery	16.41	16.41	1181.52	1181.52
25110 00	Surgery	10.66	10.66	767.52	767.52
25111 00	Surgery	10.04	10.04	722.88	722.88
25112 00	Surgery	12.04	12.04	866.88	866.88
25115 00	Surgery	23.06	23.06	1660.32	1660.32
25116 00	Surgery	18.51	18.51	1332.72	1332.72
25118 00	Surgery	11.80	11.80	849.60	849.60
25119 00	Surgery	15.41	15.41	1109.52	1109.52
25120 00	Surgery	15.39	15.39	1108.08	1108.08
25125 00	Surgery	18.23	18.23	1312.56	1312.56

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
25126 00	Surgery	18.36	18.36	1321.92	1321.92
25130 00	Surgery	13.87	13.87	998.64	998.64
25135 00	Surgery	17.22	17.22	1239.84	1239.84
25136 00	Surgery	15.28	15.28	1100.16	1100.16
25145 00	Surgery	15.99	15.99	1151.28	1151.28
25150 00	Surgery	17.33	17.33	1247.76	1247.76
25151 00	Surgery	17.86	17.86	1285.92	1285.92
25170 00	Surgery	44.14	44.14	3178.08	3178.08
25210 00	Surgery	15.14	15.14	1090.08	1090.08
25215 00	Surgery	18.93	18.93	1362.96	1362.96
25230 00	Surgery	13.31	13.31	958.32	958.32
25240 00	Surgery	13.23	13.23	952.56	952.56
25246 00	Surgery	5.84	2.16	420.48	155.52
25248 00	Surgery	13.02	13.02	937.44	937.44
25250 00	Surgery	16.36	16.36	1177.92	1177.92
25251 00	Surgery	21.92	21.92	1578.24	1578.24
25259 00	Surgery	13.36	13.36	961.92	961.92
25260 00	Surgery	19.40	19.40	1396.80	1396.80
25263 00	Surgery	19.40	19.40	1396.80	1396.80
25265 00	Surgery	22.96	22.96	1653.12	1653.12
25270 00	Surgery	15.16	15.16	1091.52	1091.52
25272 00	Surgery	17.15	17.15	1234.80	1234.80
25274 00	Surgery	20.27	20.27	1459.44	1459.44
25275 00	Surgery	20.51	20.51	1476.72	1476.72
25280 00	Surgery	17.32	17.32	1247.04	1247.04
25290 00	Surgery	13.40	13.40	964.80	964.80
25295 00	Surgery	16.14	16.14	1162.08	1162.08
25300 00	Surgery	21.07	21.07	1517.04	1517.04
25301 00	Surgery	19.65	19.65	1414.80	1414.80
25310 00	Surgery	18.99	18.99	1367.28	1367.28
25312 00	Surgery	21.84	21.84	1572.48	1572.48
25315 00	Surgery	23.41	23.41	1685.52	1685.52
25316 00	Surgery	27.79	27.79	2000.88	2000.88
25320 00	Surgery	30.13	30.13	2169.36	2169.36
25332 00	Surgery	25.67	25.67	1848.24	1848.24
25335 00	Surgery	28.61	28.61	2059.92	2059.92
25337 00	Surgery	27.02	27.02	1945.44	1945.44
25350 00	Surgery	20.56	20.56	1480.32	1480.32
25355 00	Surgery	23.28	23.28	1676.16	1676.16
25360 00	Surgery	20.03	20.03	1442.16	1442.16
25365 00	Surgery	27.81	27.81	2002.32	2002.32
25370 00	Surgery	30.67	30.67	2208.24	2208.24

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
25375 00	Surgery	28.89	28.89	2080.08	2080.08
25390 00	Surgery	23.36	23.36	1681.92	1681.92
25391 00	Surgery	30.14	30.14	2170.08	2170.08
25392 00	Surgery	30.66	30.66	2207.52	2207.52
25393 00	Surgery	34.10	34.10	2455.20	2455.20
25394 00	Surgery	23.86	23.86	1717.92	1717.92
25400 00	Surgery	24.35	24.35	1753.20	1753.20
25405 00	Surgery	31.34	31.34	2256.48	2256.48
25415 00	Surgery	29.31	29.31	2110.32	2110.32
25420 00	Surgery	35.22	35.22	2535.84	2535.84
25425 00	Surgery	29.18	29.18	2100.96	2100.96
25426 00	Surgery	33.91	33.91	2441.52	2441.52
25430 00	Surgery	22.32	22.32	1607.04	1607.04
25431 00	Surgery	23.96	23.96	1725.12	1725.12
25440 00	Surgery	23.37	23.37	1682.64	1682.64
25441 00	Surgery	28.43	28.43	2046.96	2046.96
25442 00	Surgery	24.58	24.58	1769.76	1769.76
25443 00	Surgery	23.91	23.91	1721.52	1721.52
25444 00	Surgery	24.98	24.98	1798.56	1798.56
25445 00	Surgery	21.93	21.93	1578.96	1578.96
25446 00	Surgery	35.39	35.39	2548.08	2548.08
25447 00	Surgery	25.32	25.32	1823.04	1823.04
25449 00	Surgery	31.23	31.23	2248.56	2248.56
25450 00	Surgery	18.89	18.89	1360.08	1360.08
25455 00	Surgery	22.27	22.27	1603.44	1603.44
25490 00	Surgery	21.91	21.91	1577.52	1577.52
25491 00	Surgery	22.51	22.51	1620.72	1620.72
25492 00	Surgery	27.51	27.51	1980.72	1980.72
25500 00	Surgery	8.96	8.11	645.12	583.92
25505 00	Surgery	15.84	14.33	1140.48	1031.76
25515 00	Surgery	20.49	20.49	1475.28	1475.28
25520 00	Surgery	17.87	16.84	1286.64	1212.48
25525 00	Surgery	24.08	24.08	1733.76	1733.76
25526 00	Surgery	29.05	29.05	2091.60	2091.60
25530 00	Surgery	8.34	7.65	600.48	550.80
25535 00	Surgery	15.40	14.20	1108.80	1022.40
25545 00	Surgery	19.12	19.12	1376.64	1376.64
25560 00	Surgery	9.13	8.15	657.36	586.80
25565 00	Surgery	16.14	14.41	1162.08	1037.52
25574 00	Surgery	20.62	20.62	1484.64	1484.64
25575 00	Surgery	27.48	27.48	1978.56	1978.56
25600 00	Surgery	10.64	10.18	766.08	732.96

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
25605 00	Surgery	16.77	15.82	1207.44	1139.04
25606 00	Surgery	20.48	20.48	1474.56	1474.56
25607 00	Surgery	22.60	22.60	1627.20	1627.20
25608 00	Surgery	25.23	25.23	1816.56	1816.56
25609 00	Surgery	31.95	31.95	2300.40	2300.40
25622 00	Surgery	9.67	8.92	696.24	642.24
25624 00	Surgery	15.32	13.86	1103.04	997.92
25628 00	Surgery	21.91	21.91	1577.52	1577.52
25630 00	Surgery	9.59	8.91	690.48	641.52
25635 00	Surgery	14.54	13.18	1046.88	948.96
25645 00	Surgery	17.49	17.49	1259.28	1259.28
25650 00	Surgery	10.34	9.58	744.48	689.76
25651 00	Surgery	15.11	15.11	1087.92	1087.92
25652 00	Surgery	19.06	19.06	1372.32	1372.32
25660 00	Surgery	13.93	13.93	1002.96	1002.96
25670 00	Surgery	18.56	18.56	1336.32	1336.32
25671 00	Surgery	16.46	16.46	1185.12	1185.12
25675 00	Surgery	14.25	12.85	1026.00	925.20
25676 00	Surgery	19.29	19.29	1388.88	1388.88
25680 00	Surgery	16.37	16.37	1178.64	1178.64
25685 00	Surgery	22.39	22.39	1612.08	1612.08
25690 00	Surgery	15.22	15.22	1095.84	1095.84
25695 00	Surgery	19.37	19.37	1394.64	1394.64
25800 00	Surgery	22.23	22.23	1600.56	1600.56
25805 00	Surgery	25.75	25.75	1854.00	1854.00
25810 00	Surgery	26.34	26.34	1896.48	1896.48
25820 00	Surgery	19.79	19.79	1424.88	1424.88
25825 00	Surgery	24.14	24.14	1738.08	1738.08
25830 00	Surgery	31.22	31.22	2247.84	2247.84
25900 00	Surgery	21.83	21.83	1571.76	1571.76
25905 00	Surgery	21.38	21.38	1539.36	1539.36
25907 00	Surgery	18.79	18.79	1352.88	1352.88
25909 00	Surgery	20.87	20.87	1502.64	1502.64
25915 00	Surgery	35.19	35.19	2533.68	2533.68
25920 00	Surgery	22.21	22.21	1599.12	1599.12
25922 00	Surgery	19.71	19.71	1419.12	1419.12
25924 00	Surgery	21.70	21.70	1562.40	1562.40
25927 00	Surgery	26.18	26.18	1884.96	1884.96
25929 00	Surgery	18.31	18.31	1318.32	1318.32
25931 00	Surgery	24.25	24.25	1746.00	1746.00
25999 00	Surgery	0.00	0.00	BR	BR
26010 00	Surgery	10.36	4.30	745.92	309.60

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
26011 00	Surgery	14.33	5.63	1031.76	405.36
26020 00	Surgery	17.01	17.01	1224.72	1224.72
26025 00	Surgery	12.84	12.84	924.48	924.48
26030 00	Surgery	15.04	15.04	1082.88	1082.88
26034 00	Surgery	16.88	16.88	1215.36	1215.36
26035 00	Surgery	26.20	26.20	1886.40	1886.40
26037 00	Surgery	17.13	17.13	1233.36	1233.36
26040 00	Surgery	9.76	9.76	702.72	702.72
26045 00	Surgery	14.51	14.51	1044.72	1044.72
26055 00	Surgery	17.81	8.98	1282.32	646.56
26060 00	Surgery	7.87	7.87	566.64	566.64
26070 00	Surgery	9.96	9.96	717.12	717.12
26075 00	Surgery	10.43	10.43	750.96	750.96
26080 00	Surgery	12.29	12.29	884.88	884.88
26100 00	Surgery	10.49	10.49	755.28	755.28
26105 00	Surgery	10.55	10.55	759.60	759.60
26110 00	Surgery	10.04	10.04	722.88	722.88
26111 00	Surgery	12.71	12.71	915.12	915.12
26113 00	Surgery	16.71	16.71	1203.12	1203.12
26115 00	Surgery	16.65	10.20	1198.80	734.40
26116 00	Surgery	16.05	16.05	1155.60	1155.60
26117 00	Surgery	22.61	22.61	1627.92	1627.92
26118 00	Surgery	31.71	31.71	2283.12	2283.12
26121 00	Surgery	18.33	18.33	1319.76	1319.76
26123 00	Surgery	25.54	25.54	1838.88	1838.88
26125 00	Surgery	8.00	8.00	576.00	576.00
26130 00	Surgery	14.43	14.43	1038.96	1038.96
26135 00	Surgery	16.94	16.94	1219.68	1219.68
26140 00	Surgery	15.59	15.59	1122.48	1122.48
26145 00	Surgery	15.82	15.82	1139.04	1139.04
26160 00	Surgery	18.60	9.74	1339.20	701.28
26170 00	Surgery	12.56	12.56	904.32	904.32
26180 00	Surgery	13.84	13.84	996.48	996.48
26185 00	Surgery	17.13	17.13	1233.36	1233.36
26200 00	Surgery	13.84	13.84	996.48	996.48
26205 00	Surgery	18.49	18.49	1331.28	1331.28
26210 00	Surgery	13.78	13.78	992.16	992.16
26215 00	Surgery	17.37	17.37	1250.64	1250.64
26230 00	Surgery	15.31	15.31	1102.32	1102.32
26235 00	Surgery	15.11	15.11	1087.92	1087.92
26236 00	Surgery	13.57	13.57	977.04	977.04
26250 00	Surgery	32.23	32.23	2320.56	2320.56

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
26260 00	Surgery	24.18	24.18	1740.96	1740.96
26262 00	Surgery	19.25	19.25	1386.00	1386.00
26320 00	Surgery	10.74	10.74	773.28	773.28
26340 00	Surgery	11.05	11.05	795.60	795.60
26341 00	Surgery	3.56	2.38	256.32	171.36
26350 00	Surgery	22.72	22.72	1635.84	1635.84
26352 00	Surgery	25.26	25.26	1818.72	1818.72
26356 00	Surgery	24.25	24.25	1746.00	1746.00
26357 00	Surgery	27.15	27.15	1954.80	1954.80
26358 00	Surgery	29.92	29.92	2154.24	2154.24
26370 00	Surgery	23.80	23.80	1713.60	1713.60
26372 00	Surgery	27.77	27.77	1999.44	1999.44
26373 00	Surgery	26.73	26.73	1924.56	1924.56
26390 00	Surgery	26.64	26.64	1918.08	1918.08
26392 00	Surgery	30.36	30.36	2185.92	2185.92
26410 00	Surgery	18.31	18.31	1318.32	1318.32
26412 00	Surgery	21.77	21.77	1567.44	1567.44
26415 00	Surgery	25.83	25.83	1859.76	1859.76
26416 00	Surgery	27.95	27.95	2012.40	2012.40
26418 00	Surgery	19.04	19.04	1370.88	1370.88
26420 00	Surgery	22.58	22.58	1625.76	1625.76
26426 00	Surgery	15.45	15.45	1112.40	1112.40
26428 00	Surgery	24.22	24.22	1743.84	1743.84
26432 00	Surgery	16.57	16.57	1193.04	1193.04
26433 00	Surgery	17.41	17.41	1253.52	1253.52
26434 00	Surgery	21.18	21.18	1524.96	1524.96
26437 00	Surgery	20.30	20.30	1461.60	1461.60
26440 00	Surgery	19.78	19.78	1424.16	1424.16
26442 00	Surgery	30.07	30.07	2165.04	2165.04
26445 00	Surgery	18.38	18.38	1323.36	1323.36
26449 00	Surgery	21.40	21.40	1540.80	1540.80
26450 00	Surgery	14.17	14.17	1020.24	1020.24
26455 00	Surgery	14.08	14.08	1013.76	1013.76
26460 00	Surgery	13.79	13.79	992.88	992.88
26471 00	Surgery	20.10	20.10	1447.20	1447.20
26474 00	Surgery	19.87	19.87	1430.64	1430.64
26476 00	Surgery	19.63	19.63	1413.36	1413.36
26477 00	Surgery	19.17	19.17	1380.24	1380.24
26478 00	Surgery	20.03	20.03	1442.16	1442.16
26479 00	Surgery	20.59	20.59	1482.48	1482.48
26480 00	Surgery	23.87	23.87	1718.64	1718.64
26483 00	Surgery	26.46	26.46	1905.12	1905.12

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
26485 00	Surgery	25.40	25.40	1828.80	1828.80
26489 00	Surgery	29.26	29.26	2106.72	2106.72
26490 00	Surgery	25.49	25.49	1835.28	1835.28
26492 00	Surgery	28.19	28.19	2029.68	2029.68
26494 00	Surgery	25.60	25.60	1843.20	1843.20
26496 00	Surgery	27.54	27.54	1982.88	1982.88
26497 00	Surgery	27.50	27.50	1980.00	1980.00
26498 00	Surgery	35.70	35.70	2570.40	2570.40
26499 00	Surgery	26.48	26.48	1906.56	1906.56
26500 00	Surgery	20.95	20.95	1508.40	1508.40
26502 00	Surgery	23.00	23.00	1656.00	1656.00
26508 00	Surgery	20.62	20.62	1484.64	1484.64
26510 00	Surgery	19.51	19.51	1404.72	1404.72
26516 00	Surgery	22.61	22.61	1627.92	1627.92
26517 00	Surgery	26.32	26.32	1895.04	1895.04
26518 00	Surgery	26.65	26.65	1918.80	1918.80
26520 00	Surgery	20.73	20.73	1492.56	1492.56
26525 00	Surgery	20.85	20.85	1501.20	1501.20
26530 00	Surgery	16.61	16.61	1195.92	1195.92
26531 00	Surgery	19.30	19.30	1389.60	1389.60
26535 00	Surgery	13.46	13.46	969.12	969.12
26536 00	Surgery	22.79	22.79	1640.88	1640.88
26540 00	Surgery	21.28	21.28	1532.16	1532.16
26541 00	Surgery	25.39	25.39	1828.08	1828.08
26542 00	Surgery	21.97	21.97	1581.84	1581.84
26545 00	Surgery	22.36	22.36	1609.92	1609.92
26546 00	Surgery	31.52	31.52	2269.44	2269.44
26548 00	Surgery	24.31	24.31	1750.32	1750.32
26550 00	Surgery	49.81	49.81	3586.32	3586.32
26551 00	Surgery	98.83	98.83	7115.76	7115.76
26553 00	Surgery	98.17	98.17	7068.24	7068.24
26554 00	Surgery	114.23	114.23	8224.56	8224.56
26555 00	Surgery	41.90	41.90	3016.80	3016.80
26556 00	Surgery	102.14	102.14	7354.08	7354.08
26560 00	Surgery	19.38	19.38	1395.36	1395.36
26561 00	Surgery	29.81	29.81	2146.32	2146.32
26562 00	Surgery	41.69	41.69	3001.68	3001.68
26565 00	Surgery	21.62	21.62	1556.64	1556.64
26567 00	Surgery	21.88	21.88	1575.36	1575.36
26568 00	Surgery	28.22	28.22	2031.84	2031.84
26580 00	Surgery	46.59	46.59	3354.48	3354.48
26587 00	Surgery	31.64	31.64	2278.08	2278.08

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
26590 00	Surgery	43.26	43.26	3114.72	3114.72
26591 00	Surgery	14.91	14.91	1073.52	1073.52
26593 00	Surgery	19.63	19.63	1413.36	1413.36
26596 00	Surgery	24.87	24.87	1790.64	1790.64
26600 00	Surgery	9.47	9.02	681.84	649.44
26605 00	Surgery	10.34	9.32	744.48	671.04
26607 00	Surgery	15.58	15.58	1121.76	1121.76
26608 00	Surgery	14.84	14.84	1068.48	1068.48
26615 00	Surgery	17.63	17.63	1269.36	1269.36
26641 00	Surgery	13.10	11.92	943.20	858.24
26645 00	Surgery	13.51	12.29	972.72	884.88
26650 00	Surgery	14.83	14.83	1067.76	1067.76
26665 00	Surgery	19.16	19.16	1379.52	1379.52
26670 00	Surgery	10.98	9.80	790.56	705.60
26675 00	Surgery	14.40	13.13	1036.80	945.36
26676 00	Surgery	15.71	15.71	1131.12	1131.12
26685 00	Surgery	17.65	17.65	1270.80	1270.80
26686 00	Surgery	19.02	19.02	1369.44	1369.44
26700 00	Surgery	10.64	9.80	766.08	705.60
26705 00	Surgery	13.65	12.35	982.80	889.20
26706 00	Surgery	13.78	13.78	992.16	992.16
26715 00	Surgery	17.57	17.57	1265.04	1265.04
26720 00	Surgery	6.35	5.97	457.20	429.84
26725 00	Surgery	10.71	9.53	771.12	686.16
26727 00	Surgery	14.63	14.63	1053.36	1053.36
26735 00	Surgery	18.22	18.22	1311.84	1311.84
26740 00	Surgery	7.34	6.94	528.48	499.68
26742 00	Surgery	11.65	10.44	838.80	751.68
26746 00	Surgery	22.59	22.59	1626.48	1626.48
26750 00	Surgery	5.93	6.00	426.96	432.00
26755 00	Surgery	10.01	8.57	720.72	617.04
26756 00	Surgery	13.10	13.10	943.20	943.20
26765 00	Surgery	15.48	15.48	1114.56	1114.56
26770 00	Surgery	9.08	8.25	653.76	594.00
26775 00	Surgery	12.36	11.09	889.92	798.48
26776 00	Surgery	13.87	13.87	998.64	998.64
26785 00	Surgery	16.79	16.79	1208.88	1208.88
26820 00	Surgery	25.23	25.23	1816.56	1816.56
26841 00	Surgery	23.59	23.59	1698.48	1698.48
26842 00	Surgery	25.30	25.30	1821.60	1821.60
26843 00	Surgery	23.80	23.80	1713.60	1713.60
26844 00	Surgery	26.15	26.15	1882.80	1882.80

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
26850 00	Surgery	22.34	22.34	1608.48	1608.48
26852 00	Surgery	25.35	25.35	1825.20	1825.20
26860 00	Surgery	18.67	18.67	1344.24	1344.24
26861 00	Surgery	3.03	3.03	218.16	218.16
26862 00	Surgery	23.34	23.34	1680.48	1680.48
26863 00	Surgery	6.76	6.76	486.72	486.72
26910 00	Surgery	23.15	23.15	1666.80	1666.80
26951 00	Surgery	21.40	21.40	1540.80	1540.80
26952 00	Surgery	20.81	20.81	1498.32	1498.32
26989 00	Surgery	0.00	0.00	BR	BR
26990 00	Surgery	20.68	20.68	1488.96	1488.96
26991 00	Surgery	21.45	16.06	1544.40	1156.32
26992 00	Surgery	30.59	30.59	2202.48	2202.48
27000 00	Surgery	11.87	11.87	854.64	854.64
27001 00	Surgery	16.47	16.47	1185.84	1185.84
27003 00	Surgery	18.31	18.31	1318.32	1318.32
27005 00	Surgery	21.88	21.88	1575.36	1575.36
27006 00	Surgery	21.69	21.69	1561.68	1561.68
27025 00	Surgery	28.12	28.12	2024.64	2024.64
27027 00	Surgery	26.78	26.78	1928.16	1928.16
27030 00	Surgery	28.30	28.30	2037.60	2037.60
27033 00	Surgery	29.36	29.36	2113.92	2113.92
27035 00	Surgery	33.90	33.90	2440.80	2440.80
27036 00	Surgery	30.82	30.82	2219.04	2219.04
27040 00	Surgery	10.20	5.99	734.40	431.28
27041 00	Surgery	21.46	21.46	1545.12	1545.12
27043 00	Surgery	14.23	14.23	1024.56	1024.56
27045 00	Surgery	22.16	22.16	1595.52	1595.52
27047 00	Surgery	15.00	11.01	1080.00	792.72
27048 00	Surgery	18.57	18.57	1337.04	1337.04
27049 00	Surgery	42.88	42.88	3087.36	3087.36
27050 00	Surgery	12.48	12.48	898.56	898.56
27052 00	Surgery	17.71	17.71	1275.12	1275.12
27054 00	Surgery	20.96	20.96	1509.12	1509.12
27057 00	Surgery	30.42	30.42	2190.24	2190.24
27059 00	Surgery	54.36	54.36	3913.92	3913.92
27060 00	Surgery	14.30	14.30	1029.60	1029.60
27062 00	Surgery	13.90	13.90	1000.80	1000.80
27065 00	Surgery	15.99	15.99	1151.28	1151.28
27066 00	Surgery	24.76	24.76	1782.72	1782.72
27067 00	Surgery	31.34	31.34	2256.48	2256.48
27070 00	Surgery	26.77	26.77	1927.44	1927.44

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
27071 00	Surgery	29.42	29.42	2118.24	2118.24
27075 00	Surgery	62.38	62.38	4491.36	4491.36
27076 00	Surgery	75.30	75.30	5421.60	5421.60
27077 00	Surgery	83.94	83.94	6043.68	6043.68
27078 00	Surgery	61.52	61.52	4429.44	4429.44
27080 00	Surgery	15.48	15.48	1114.56	1114.56
27086 00	Surgery	9.40	5.15	676.80	370.80
27087 00	Surgery	18.68	18.68	1344.96	1344.96
27090 00	Surgery	25.13	25.13	1809.36	1809.36
27091 00	Surgery	47.84	47.84	3444.48	3444.48
27093 00	Surgery	6.90	2.01	496.80	144.72
27095 00	Surgery	9.16	2.43	659.52	174.96
27096 00	Surgery	4.93	2.47	354.96	177.84
27097 00	Surgery	20.80	20.80	1497.60	1497.60
27098 00	Surgery	21.18	21.18	1524.96	1524.96
27100 00	Surgery	25.23	25.23	1816.56	1816.56
27105 00	Surgery	26.42	26.42	1902.24	1902.24
27110 00	Surgery	29.39	29.39	2116.08	2116.08
27111 00	Surgery	27.39	27.39	1972.08	1972.08
27120 00	Surgery	39.13	39.13	2817.36	2817.36
27122 00	Surgery	33.31	33.31	2398.32	2398.32
27125 00	Surgery	34.13	34.13	2457.36	2457.36
27130 00	Surgery	38.63	38.63	2781.36	2781.36
27132 00	Surgery	50.16	50.16	3611.52	3611.52
27134 00	Surgery	57.04	57.04	4106.88	4106.88
27137 00	Surgery	43.99	43.99	3167.28	3167.28
27138 00	Surgery	45.68	45.68	3288.96	3288.96
27140 00	Surgery	27.16	27.16	1955.52	1955.52
27146 00	Surgery	38.55	38.55	2775.60	2775.60
27147 00	Surgery	44.00	44.00	3168.00	3168.00
27151 00	Surgery	47.51	47.51	3420.72	3420.72
27156 00	Surgery	51.16	51.16	3683.52	3683.52
27158 00	Surgery	42.10	42.10	3031.20	3031.20
27161 00	Surgery	36.80	36.80	2649.60	2649.60
27165 00	Surgery	41.32	41.32	2975.04	2975.04
27170 00	Surgery	35.23	35.23	2536.56	2536.56
27175 00	Surgery	20.26	20.26	1458.72	1458.72
27176 00	Surgery	27.94	27.94	2011.68	2011.68
27177 00	Surgery	33.71	33.71	2427.12	2427.12
27178 00	Surgery	27.94	27.94	2011.68	2011.68
27179 00	Surgery	29.60	29.60	2131.20	2131.20
27181 00	Surgery	33.85	33.85	2437.20	2437.20

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
27185 00	Surgery	21.87	21.87	1574.64	1574.64
27187 00	Surgery	30.13	30.13	2169.36	2169.36
27197 00	Surgery	4.04	4.04	290.88	290.88
27198 00	Surgery	9.50	9.50	684.00	684.00
27200 00	Surgery	5.91	5.98	425.52	430.56
27202 00	Surgery	16.07	16.07	1157.04	1157.04
27215 00	Surgery	18.18	18.18	1308.96	1308.96
27216 00	Surgery	26.84	26.84	1932.48	1932.48
27217 00	Surgery	25.24	25.24	1817.28	1817.28
27218 00	Surgery	34.59	34.59	2490.48	2490.48
27220 00	Surgery	12.80	12.63	921.60	909.36
27222 00	Surgery	29.64	29.64	2134.08	2134.08
27226 00	Surgery	31.94	31.94	2299.68	2299.68
27227 00	Surgery	49.58	49.58	3569.76	3569.76
27228 00	Surgery	56.31	56.31	4054.32	4054.32
27230 00	Surgery	15.01	14.73	1080.72	1060.56
27232 00	Surgery	21.96	21.96	1581.12	1581.12
27235 00	Surgery	27.43	27.43	1974.96	1974.96
27236 00	Surgery	35.99	35.99	2591.28	2591.28
27238 00	Surgery	14.39	14.39	1036.08	1036.08
27240 00	Surgery	28.82	28.82	2075.04	2075.04
27244 00	Surgery	37.00	37.00	2664.00	2664.00
27245 00	Surgery	36.95	36.95	2660.40	2660.40
27246 00	Surgery	12.04	11.92	866.88	858.24
27248 00	Surgery	22.54	22.54	1622.88	1622.88
27250 00	Surgery	5.37	5.37	386.64	386.64
27252 00	Surgery	22.70	22.70	1634.40	1634.40
27253 00	Surgery	28.40	28.40	2044.80	2044.80
27254 00	Surgery	38.31	38.31	2758.32	2758.32
27256 00	Surgery	9.62	7.27	692.64	523.44
27257 00	Surgery	10.92	10.92	786.24	786.24
27258 00	Surgery	33.57	33.57	2417.04	2417.04
27259 00	Surgery	46.41	46.41	3341.52	3341.52
27265 00	Surgery	12.90	12.90	928.80	928.80
27266 00	Surgery	17.79	17.79	1280.88	1280.88
27267 00	Surgery	13.61	13.61	979.92	979.92
27268 00	Surgery	16.66	16.66	1199.52	1199.52
27269 00	Surgery	37.30	37.30	2685.60	2685.60
27275 00	Surgery	5.61	5.61	403.92	403.92
27278 00	Surgery	BR	BR	BR	BR
27279 00	Surgery	24.16	24.16	1739.52	1739.52
27280 00	Surgery	41.14	41.14	2962.08	2962.08

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
27282 00	Surgery	26.09	26.09	1878.48	1878.48
27284 00	Surgery	48.11	48.11	3463.92	3463.92
27286 00	Surgery	49.33	49.33	3551.76	3551.76
27290 00	Surgery	48.82	48.82	3515.04	3515.04
27295 00	Surgery	37.94	37.94	2731.68	2731.68
27299 00	Surgery	0.00	0.00	BR	BR
27301 00	Surgery	20.42	15.49	1470.24	1115.28
27303 00	Surgery	19.53	19.53	1406.16	1406.16
27305 00	Surgery	14.78	14.78	1064.16	1064.16
27306 00	Surgery	10.48	10.48	754.56	754.56
27307 00	Surgery	12.43	12.43	894.96	894.96
27310 00	Surgery	22.29	22.29	1604.88	1604.88
27323 00	Surgery	8.28	5.29	596.16	380.88
27324 00	Surgery	12.55	12.55	903.60	903.60
27325 00	Surgery	17.27	17.27	1243.44	1243.44
27326 00	Surgery	16.01	16.01	1152.72	1152.72
27327 00	Surgery	15.13	9.62	1089.36	692.64
27328 00	Surgery	18.94	18.94	1363.68	1363.68
27329 00	Surgery	31.38	31.38	2259.36	2259.36
27330 00	Surgery	13.00	13.00	936.00	936.00
27331 00	Surgery	14.62	14.62	1052.64	1052.64
27332 00	Surgery	19.71	19.71	1419.12	1419.12
27333 00	Surgery	18.03	18.03	1298.16	1298.16
27334 00	Surgery	20.92	20.92	1506.24	1506.24
27335 00	Surgery	23.30	23.30	1677.60	1677.60
27337 00	Surgery	12.74	12.74	917.28	917.28
27339 00	Surgery	22.87	22.87	1646.64	1646.64
27340 00	Surgery	11.55	11.55	831.60	831.60
27345 00	Surgery	14.90	14.90	1072.80	1072.80
27347 00	Surgery	16.14	16.14	1162.08	1162.08
27350 00	Surgery	19.96	19.96	1437.12	1437.12
27355 00	Surgery	18.55	18.55	1335.60	1335.60
27356 00	Surgery	22.53	22.53	1622.16	1622.16
27357 00	Surgery	24.86	24.86	1789.92	1789.92
27358 00	Surgery	8.15	8.15	586.80	586.80
27360 00	Surgery	27.38	27.38	1971.36	1971.36
27364 00	Surgery	46.97	46.97	3381.84	3381.84
27365 00	Surgery	61.50	61.50	4428.00	4428.00
27369 00	Surgery	5.49	1.19	395.28	85.68
27372 00	Surgery	17.73	12.19	1276.56	877.68
27380 00	Surgery	18.99	18.99	1367.28	1367.28
27381 00	Surgery	24.91	24.91	1793.52	1793.52

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27385 00	Surgery	18.53	18.53	1334.16	1334.16
27386 00	Surgery	26.00	26.00	1872.00	1872.00
27390 00	Surgery	13.84	13.84	996.48	996.48
27391 00	Surgery	17.70	17.70	1274.40	1274.40
27392 00	Surgery	21.74	21.74	1565.28	1565.28
27393 00	Surgery	15.33	15.33	1103.76	1103.76
27394 00	Surgery	19.98	19.98	1438.56	1438.56
27395 00	Surgery	26.78	26.78	1928.16	1928.16
27396 00	Surgery	18.88	18.88	1359.36	1359.36
27397 00	Surgery	27.78	27.78	2000.16	2000.16
27400 00	Surgery	21.20	21.20	1526.40	1526.40
27403 00	Surgery	19.69	19.69	1417.68	1417.68
27405 00	Surgery	20.61	20.61	1483.92	1483.92
27407 00	Surgery	24.23	24.23	1744.56	1744.56
27409 00	Surgery	29.28	29.28	2108.16	2108.16
27412 00	Surgery	49.57	49.57	3569.04	3569.04
27415 00	Surgery	41.40	41.40	2980.80	2980.80
27416 00	Surgery	29.65	29.65	2134.80	2134.80
27418 00	Surgery	24.93	24.93	1794.96	1794.96
27420 00	Surgery	22.82	22.82	1643.04	1643.04
27422 00	Surgery	22.56	22.56	1624.32	1624.32
27424 00	Surgery	22.78	22.78	1640.16	1640.16
27425 00	Surgery	13.96	13.96	1005.12	1005.12
27427 00	Surgery	21.55	21.55	1551.60	1551.60
27428 00	Surgery	33.84	33.84	2436.48	2436.48
27429 00	Surgery	38.14	38.14	2746.08	2746.08
27430 00	Surgery	22.59	22.59	1626.48	1626.48
27435 00	Surgery	24.54	24.54	1766.88	1766.88
27437 00	Surgery	20.16	20.16	1451.52	1451.52
27438 00	Surgery	25.50	25.50	1836.00	1836.00
27440 00	Surgery	24.23	24.23	1744.56	1744.56
27441 00	Surgery	25.00	25.00	1800.00	1800.00
27442 00	Surgery	26.32	26.32	1895.04	1895.04
27443 00	Surgery	24.79	24.79	1784.88	1784.88
27445 00	Surgery	37.79	37.79	2720.88	2720.88
27446 00	Surgery	34.59	34.59	2490.48	2490.48
27447 00	Surgery	38.57	38.57	2777.04	2777.04
27448 00	Surgery	25.12	25.12	1808.64	1808.64
27450 00	Surgery	30.51	30.51	2196.72	2196.72
27454 00	Surgery	38.99	38.99	2807.28	2807.28
27455 00	Surgery	29.08	29.08	2093.76	2093.76
27457 00	Surgery	28.53	28.53	2054.16	2054.16

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
27465 00	Surgery	37.59	37.59	2706.48	2706.48
27466 00	Surgery	35.76	35.76	2574.72	2574.72
27468 00	Surgery	40.38	40.38	2907.36	2907.36
27470 00	Surgery	35.66	35.66	2567.52	2567.52
27472 00	Surgery	38.13	38.13	2745.36	2745.36
27475 00	Surgery	20.22	20.22	1455.84	1455.84
27477 00	Surgery	22.31	22.31	1606.32	1606.32
27479 00	Surgery	27.81	27.81	2002.32	2002.32
27485 00	Surgery	20.46	20.46	1473.12	1473.12
27486 00	Surgery	42.25	42.25	3042.00	3042.00
27487 00	Surgery	52.61	52.61	3787.92	3787.92
27488 00	Surgery	36.21	36.21	2607.12	2607.12
27495 00	Surgery	34.10	34.10	2455.20	2455.20
27496 00	Surgery	16.82	16.82	1211.04	1211.04
27497 00	Surgery	17.73	17.73	1276.56	1276.56
27498 00	Surgery	20.05	20.05	1443.60	1443.60
27499 00	Surgery	21.39	21.39	1540.08	1540.08
27500 00	Surgery	16.07	14.74	1157.04	1061.28
27501 00	Surgery	15.48	15.25	1114.56	1098.00
27502 00	Surgery	22.85	22.85	1645.20	1645.20
27503 00	Surgery	24.27	24.27	1747.44	1747.44
27506 00	Surgery	40.34	40.34	2904.48	2904.48
27507 00	Surgery	29.17	29.17	2100.24	2100.24
27508 00	Surgery	16.20	15.33	1166.40	1103.76
27509 00	Surgery	20.57	20.57	1481.04	1481.04
27510 00	Surgery	20.76	20.76	1494.72	1494.72
27511 00	Surgery	29.99	29.99	2159.28	2159.28
27513 00	Surgery	37.09	37.09	2670.48	2670.48
27514 00	Surgery	29.08	29.08	2093.76	2093.76
27516 00	Surgery	16.06	15.01	1156.32	1080.72
27517 00	Surgery	21.06	21.06	1516.32	1516.32
27519 00	Surgery	26.85	26.85	1933.20	1933.20
27520 00	Surgery	10.21	9.42	735.12	678.24
27524 00	Surgery	22.89	22.89	1648.08	1648.08
27530 00	Surgery	9.65	9.06	694.80	652.32
27532 00	Surgery	19.08	17.78	1373.76	1280.16
27535 00	Surgery	27.04	27.04	1946.88	1946.88
27536 00	Surgery	35.84	35.84	2580.48	2580.48
27538 00	Surgery	14.99	13.93	1079.28	1002.96
27540 00	Surgery	24.69	24.69	1777.68	1777.68
27550 00	Surgery	15.82	14.51	1139.04	1044.72
27552 00	Surgery	19.41	19.41	1397.52	1397.52

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
27556 00	Surgery	26.43	26.43	1902.96	1902.96
27557 00	Surgery	31.43	31.43	2262.96	2262.96
27558 00	Surgery	35.71	35.71	2571.12	2571.12
27560 00	Surgery	11.67	10.64	840.24	766.08
27562 00	Surgery	15.10	15.10	1087.20	1087.20
27566 00	Surgery	27.06	27.06	1948.32	1948.32
27570 00	Surgery	4.70	4.70	338.40	338.40
27580 00	Surgery	44.50	44.50	3204.00	3204.00
27590 00	Surgery	23.44	23.44	1687.68	1687.68
27591 00	Surgery	29.14	29.14	2098.08	2098.08
27592 00	Surgery	20.07	20.07	1445.04	1445.04
27594 00	Surgery	15.22	15.22	1095.84	1095.84
27596 00	Surgery	21.33	21.33	1535.76	1535.76
27598 00	Surgery	20.79	20.79	1496.88	1496.88
27599 00	Surgery	0.00	0.00	BR	BR
27600 00	Surgery	12.06	12.06	868.32	868.32
27601 00	Surgery	13.41	13.41	965.52	965.52
27602 00	Surgery	14.28	14.28	1028.16	1028.16
27603 00	Surgery	15.84	11.82	1140.48	851.04
27604 00	Surgery	13.57	9.80	977.04	705.60
27605 00	Surgery	9.89	5.52	712.08	397.44
27606 00	Surgery	8.14	8.14	586.08	586.08
27607 00	Surgery	18.16	18.16	1307.52	1307.52
27610 00	Surgery	19.58	19.58	1409.76	1409.76
27612 00	Surgery	17.37	17.37	1250.64	1250.64
27613 00	Surgery	7.66	4.89	551.52	352.08
27614 00	Surgery	17.81	12.63	1282.32	909.36
27615 00	Surgery	30.54	30.54	2198.88	2198.88
27616 00	Surgery	37.89	37.89	2728.08	2728.08
27618 00	Surgery	14.69	9.32	1057.68	671.04
27619 00	Surgery	14.29	14.29	1028.88	1028.88
27620 00	Surgery	13.64	13.64	982.08	982.08
27625 00	Surgery	17.38	17.38	1251.36	1251.36
27626 00	Surgery	18.79	18.79	1352.88	1352.88
27630 00	Surgery	16.26	10.88	1170.72	783.36
27632 00	Surgery	12.39	12.39	892.08	892.08
27634 00	Surgery	20.34	20.34	1464.48	1464.48
27635 00	Surgery	17.61	17.61	1267.92	1267.92
27637 00	Surgery	22.68	22.68	1632.96	1632.96
27638 00	Surgery	22.49	22.49	1619.28	1619.28
27640 00	Surgery	25.16	25.16	1811.52	1811.52
27641 00	Surgery	19.76	19.76	1422.72	1422.72

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
27645 00	Surgery	53.03	53.03	3818.16	3818.16
27646 00	Surgery	46.12	46.12	3320.64	3320.64
27647 00	Surgery	29.78	29.78	2144.16	2144.16
27648 00	Surgery	6.33	1.53	455.76	110.16
27650 00	Surgery	19.94	19.94	1435.68	1435.68
27652 00	Surgery	20.32	20.32	1463.04	1463.04
27654 00	Surgery	21.69	21.69	1561.68	1561.68
27656 00	Surgery	15.91	10.39	1145.52	748.08
27658 00	Surgery	11.24	11.24	809.28	809.28
27659 00	Surgery	14.35	14.35	1033.20	1033.20
27664 00	Surgery	11.04	11.04	794.88	794.88
27665 00	Surgery	12.92	12.92	930.24	930.24
27675 00	Surgery	15.05	15.05	1083.60	1083.60
27676 00	Surgery	18.50	18.50	1332.00	1332.00
27680 00	Surgery	12.80	12.80	921.60	921.60
27681 00	Surgery	15.44	15.44	1111.68	1111.68
27685 00	Surgery	19.83	14.17	1427.76	1020.24
27686 00	Surgery	16.16	16.16	1163.52	1163.52
27687 00	Surgery	13.81	13.81	994.32	994.32
27690 00	Surgery	19.34	19.34	1392.48	1392.48
27691 00	Surgery	22.52	22.52	1621.44	1621.44
27692 00	Surgery	3.03	3.03	218.16	218.16
27695 00	Surgery	14.79	14.79	1064.88	1064.88
27696 00	Surgery	16.61	16.61	1195.92	1195.92
27698 00	Surgery	19.31	19.31	1390.32	1390.32
27700 00	Surgery	21.65	21.65	1558.80	1558.80
27702 00	Surgery	29.04	29.04	2090.88	2090.88
27703 00	Surgery	33.47	33.47	2409.84	2409.84
27704 00	Surgery	17.22	17.22	1239.84	1239.84
27705 00	Surgery	22.70	22.70	1634.40	1634.40
27707 00	Surgery	12.40	12.40	892.80	892.80
27709 00	Surgery	34.53	34.53	2486.16	2486.16
27712 00	Surgery	33.32	33.32	2399.04	2399.04
27715 00	Surgery	32.41	32.41	2333.52	2333.52
27720 00	Surgery	26.42	26.42	1902.24	1902.24
27722 00	Surgery	27.14	27.14	1954.08	1954.08
27724 00	Surgery	37.74	37.74	2717.28	2717.28
27725 00	Surgery	36.75	36.75	2646.00	2646.00
27726 00	Surgery	28.85	28.85	2077.20	2077.20
27727 00	Surgery	31.42	31.42	2262.24	2262.24
27730 00	Surgery	17.98	17.98	1294.56	1294.56
27732 00	Surgery	13.94	13.94	1003.68	1003.68

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
27734 00	Surgery	20.06	20.06	1444.32	1444.32
27740 00	Surgery	21.57	21.57	1553.04	1553.04
27742 00	Surgery	23.65	23.65	1702.80	1702.80
27745 00	Surgery	22.61	22.61	1627.92	1627.92
27750 00	Surgery	10.88	10.10	783.36	727.20
27752 00	Surgery	16.55	15.10	1191.60	1087.20
27756 00	Surgery	17.65	17.65	1270.80	1270.80
27758 00	Surgery	27.17	27.17	1956.24	1956.24
27759 00	Surgery	30.13	30.13	2169.36	2169.36
27760 00	Surgery	10.43	9.62	750.96	692.64
27762 00	Surgery	15.17	13.66	1092.24	983.52
27766 00	Surgery	18.42	18.42	1326.24	1326.24
27767 00	Surgery	9.07	9.06	653.04	652.32
27768 00	Surgery	13.88	13.88	999.36	999.36
27769 00	Surgery	22.05	22.05	1587.60	1587.60
27780 00	Surgery	9.69	8.92	697.68	642.24
27781 00	Surgery	13.64	12.54	982.08	902.88
27784 00	Surgery	21.76	21.76	1566.72	1566.72
27786 00	Surgery	9.80	8.97	705.60	645.84
27788 00	Surgery	13.24	11.95	953.28	860.40
27792 00	Surgery	19.62	19.62	1412.64	1412.64
27808 00	Surgery	10.52	9.57	757.44	689.04
27810 00	Surgery	14.76	13.27	1062.72	955.44
27814 00	Surgery	23.19	23.19	1669.68	1669.68
27816 00	Surgery	10.38	9.21	747.36	663.12
27818 00	Surgery	15.31	13.63	1102.32	981.36
27822 00	Surgery	26.48	26.48	1906.56	1906.56
27823 00	Surgery	29.81	29.81	2146.32	2146.32
27824 00	Surgery	9.85	9.51	709.20	684.72
27825 00	Surgery	16.82	15.13	1211.04	1089.36
27826 00	Surgery	25.88	25.88	1863.36	1863.36
27827 00	Surgery	33.89	33.89	2440.08	2440.08
27828 00	Surgery	40.05	40.05	2883.60	2883.60
27829 00	Surgery	21.48	21.48	1546.56	1546.56
27830 00	Surgery	12.15	11.21	874.80	807.12
27831 00	Surgery	12.65	12.65	910.80	910.80
27832 00	Surgery	23.08	23.08	1661.76	1661.76
27840 00	Surgery	12.00	12.00	864.00	864.00
27842 00	Surgery	15.11	15.11	1087.92	1087.92
27846 00	Surgery	22.08	22.08	1589.76	1589.76
27848 00	Surgery	23.90	23.90	1720.80	1720.80
27860 00	Surgery	4.95	4.95	356.40	356.40

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
27870 00	Surgery	30.43	30.43	2190.96	2190.96
27871 00	Surgery	20.98	20.98	1510.56	1510.56
27880 00	Surgery	26.84	26.84	1932.48	1932.48
27881 00	Surgery	25.21	25.21	1815.12	1815.12
27882 00	Surgery	17.70	17.70	1274.40	1274.40
27884 00	Surgery	17.39	17.39	1252.08	1252.08
27886 00	Surgery	19.47	19.47	1401.84	1401.84
27888 00	Surgery	17.12	17.12	1232.64	1232.64
27889 00	Surgery	19.18	19.18	1380.96	1380.96
27892 00	Surgery	16.21	16.21	1167.12	1167.12
27893 00	Surgery	18.75	18.75	1350.00	1350.00
27894 00	Surgery	24.51	24.51	1764.72	1764.72
27899 00	Surgery	0.00	0.00	BR	BR
28001 00	Surgery	5.13	2.86	369.36	205.92
28002 00	Surgery	7.36	4.19	529.92	301.68
28003 00	Surgery	11.31	7.71	814.32	555.12
28005 00	Surgery	17.23	17.23	1240.56	1240.56
28008 00	Surgery	12.83	8.91	923.76	641.52
28010 00	Surgery	7.09	6.32	510.48	455.04
28011 00	Surgery	9.55	8.47	687.60	609.84
28020 00	Surgery	16.29	11.08	1172.88	797.76
28022 00	Surgery	14.63	9.93	1053.36	714.96
28024 00	Surgery	13.88	9.35	999.36	673.20
28035 00	Surgery	15.87	10.87	1142.64	782.64
28039 00	Surgery	14.33	10.23	1031.76	736.56
28041 00	Surgery	13.63	13.63	981.36	981.36
28043 00	Surgery	11.51	7.91	828.72	569.52
28045 00	Surgery	14.42	10.50	1038.24	756.00
28046 00	Surgery	21.04	21.04	1514.88	1514.88
28047 00	Surgery	31.12	31.12	2240.64	2240.64
28050 00	Surgery	12.48	8.45	898.56	608.40
28052 00	Surgery	11.69	7.75	841.68	558.00
28054 00	Surgery	10.99	7.09	791.28	510.48
28055 00	Surgery	11.77	11.77	847.44	847.44
28060 00	Surgery	15.57	10.92	1121.04	786.24
28062 00	Surgery	17.33	12.22	1247.76	879.84
28070 00	Surgery	15.23	10.38	1096.56	747.36
28072 00	Surgery	14.75	9.87	1062.00	710.64
28080 00	Surgery	16.04	11.50	1154.88	828.00
28086 00	Surgery	15.75	10.62	1134.00	764.64
28088 00	Surgery	13.95	8.93	1004.40	642.96
28090 00	Surgery	14.00	9.36	1008.00	673.92

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
28092 00	Surgery	12.71	8.28	915.12	596.16
28100 00	Surgery	18.40	12.67	1324.80	912.24
28102 00	Surgery	18.65	18.65	1342.80	1342.80
28103 00	Surgery	11.69	11.69	841.68	841.68
28104 00	Surgery	15.78	10.75	1136.16	774.00
28106 00	Surgery	12.85	12.85	925.20	925.20
28107 00	Surgery	15.21	10.46	1095.12	753.12
28108 00	Surgery	13.03	8.75	938.16	630.00
28110 00	Surgery	13.90	8.91	1000.80	641.52
28111 00	Surgery	14.25	9.64	1026.00	694.08
28112 00	Surgery	14.47	9.49	1041.84	683.28
28113 00	Surgery	17.56	12.93	1264.32	930.96
28114 00	Surgery	32.06	25.31	2308.32	1822.32
28116 00	Surgery	23.12	17.60	1664.64	1267.20
28118 00	Surgery	18.20	12.82	1310.40	923.04
28119 00	Surgery	15.81	11.05	1138.32	795.60
28120 00	Surgery	20.15	15.01	1450.80	1080.72
28122 00	Surgery	17.80	13.30	1281.60	957.60
28124 00	Surgery	14.34	10.14	1032.48	730.08
28126 00	Surgery	11.76	7.61	846.72	547.92
28130 00	Surgery	18.71	18.71	1347.12	1347.12
28140 00	Surgery	17.06	12.84	1228.32	924.48
28150 00	Surgery	12.57	8.47	905.04	609.84
28153 00	Surgery	12.15	8.01	874.80	576.72
28160 00	Surgery	12.26	8.10	882.72	583.20
28171 00	Surgery	33.38	33.38	2403.36	2403.36
28173 00	Surgery	21.75	21.75	1566.00	1566.00
28175 00	Surgery	14.14	14.14	1018.08	1018.08
28190 00	Surgery	7.22	4.00	519.84	288.00
28192 00	Surgery	13.76	9.38	990.72	675.36
28193 00	Surgery	15.61	11.04	1123.92	794.88
28200 00	Surgery	14.84	9.91	1068.48	713.52
28202 00	Surgery	17.92	12.94	1290.24	931.68
28208 00	Surgery	14.57	9.75	1049.04	702.00
28210 00	Surgery	17.83	12.84	1283.76	924.48
28220 00	Surgery	13.54	9.26	974.88	666.72
28222 00	Surgery	16.16	11.22	1163.52	807.84
28225 00	Surgery	12.41	8.04	893.52	578.88
28226 00	Surgery	18.62	12.22	1340.64	879.84
28230 00	Surgery	12.97	8.63	933.84	621.36
28232 00	Surgery	11.32	7.32	815.04	527.04
28234 00	Surgery	12.32	8.20	887.04	590.40

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
28238 00	Surgery	20.17	14.79	1452.24	1064.88
28240 00	Surgery	13.30	8.90	957.60	640.80
28250 00	Surgery	17.70	12.50	1274.40	900.00
28260 00	Surgery	21.95	16.37	1580.40	1178.64
28261 00	Surgery	32.29	25.47	2324.88	1833.84
28262 00	Surgery	41.32	33.39	2975.04	2404.08
28264 00	Surgery	26.18	20.24	1884.96	1457.28
28270 00	Surgery	14.61	10.13	1051.92	729.36
28272 00	Surgery	11.48	7.61	826.56	547.92
28280 00	Surgery	15.16	10.44	1091.52	751.68
28285 00	Surgery	16.23	11.73	1168.56	844.56
28286 00	Surgery	13.30	9.02	957.60	649.44
28288 00	Surgery	18.15	13.21	1306.80	951.12
28289 00	Surgery	20.68	13.98	1488.96	1006.56
28291 00	Surgery	20.67	14.52	1488.24	1045.44
28292 00	Surgery	21.02	14.72	1513.44	1059.84
28295 00	Surgery	31.44	18.23	2263.68	1312.56
28296 00	Surgery	26.52	15.53	1909.44	1118.16
28297 00	Surgery	30.67	18.19	2208.24	1309.68
28298 00	Surgery	25.08	15.38	1805.76	1107.36
28299 00	Surgery	30.37	18.01	2186.64	1296.72
28300 00	Surgery	19.70	19.70	1418.40	1418.40
28302 00	Surgery	21.78	21.78	1568.16	1568.16
28304 00	Surgery	24.92	18.58	1794.24	1337.76
28305 00	Surgery	20.40	20.40	1468.80	1468.80
28306 00	Surgery	18.36	12.36	1321.92	889.92
28307 00	Surgery	23.66	15.79	1703.52	1136.88
28308 00	Surgery	17.19	11.78	1237.68	848.16
28309 00	Surgery	27.34	27.34	1968.48	1968.48
28310 00	Surgery	16.43	11.03	1182.96	794.16
28312 00	Surgery	16.37	10.48	1178.64	754.56
28313 00	Surgery	15.89	10.98	1144.08	790.56
28315 00	Surgery	14.35	9.87	1033.20	710.64
28320 00	Surgery	18.68	18.68	1344.96	1344.96
28322 00	Surgery	23.69	17.53	1705.68	1262.16
28340 00	Surgery	17.02	12.32	1225.44	887.04
28341 00	Surgery	19.75	14.64	1422.00	1054.08
28344 00	Surgery	12.58	8.46	905.76	609.12
28345 00	Surgery	15.39	10.94	1108.08	787.68
28360 00	Surgery	33.27	33.27	2395.44	2395.44
28400 00	Surgery	7.70	7.15	554.40	514.80
28405 00	Surgery	14.00	12.56	1008.00	904.32

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
28406 00	Surgery	18.07	18.07	1301.04	1301.04
28415 00	Surgery	33.87	33.87	2438.64	2438.64
28420 00	Surgery	39.20	39.20	2822.40	2822.40
28430 00	Surgery	7.46	6.55	537.12	471.60
28435 00	Surgery	11.51	10.20	828.72	734.40
28436 00	Surgery	15.24	15.24	1097.28	1097.28
28445 00	Surgery	31.70	31.70	2282.40	2282.40
28446 00	Surgery	36.98	36.98	2662.56	2662.56
28450 00	Surgery	6.56	5.94	472.32	427.68
28455 00	Surgery	7.84	7.02	564.48	505.44
28456 00	Surgery	11.40	11.40	820.80	820.80
28465 00	Surgery	19.48	19.48	1402.56	1402.56
28470 00	Surgery	6.77	6.38	487.44	459.36
28475 00	Surgery	8.04	7.08	578.88	509.76
28476 00	Surgery	11.85	11.85	853.20	853.20
28485 00	Surgery	17.14	17.14	1234.08	1234.08
28490 00	Surgery	4.40	3.87	316.80	278.64
28495 00	Surgery	5.56	4.62	400.32	332.64
28496 00	Surgery	15.27	8.43	1099.44	606.96
28505 00	Surgery	19.63	15.05	1413.36	1083.60
28510 00	Surgery	3.76	3.75	270.72	270.00
28515 00	Surgery	5.10	4.45	367.20	320.40
28525 00	Surgery	17.17	12.39	1236.24	892.08
28530 00	Surgery	3.62	3.16	260.64	227.52
28531 00	Surgery	9.92	5.52	714.24	397.44
28540 00	Surgery	6.05	5.43	435.60	390.96
28545 00	Surgery	9.63	8.44	693.36	607.68
28546 00	Surgery	17.79	10.88	1280.88	783.36
28555 00	Surgery	26.03	20.10	1874.16	1447.20
28570 00	Surgery	7.36	6.17	529.92	444.24
28575 00	Surgery	11.76	10.54	846.72	758.88
28576 00	Surgery	11.96	11.96	861.12	861.12
28585 00	Surgery	27.08	21.41	1949.76	1541.52
28600 00	Surgery	5.77	4.95	415.44	356.40
28605 00	Surgery	10.65	9.50	766.80	684.00
28606 00	Surgery	12.00	12.00	864.00	864.00
28615 00	Surgery	25.14	25.14	1810.08	1810.08
28630 00	Surgery	4.73	3.37	340.56	242.64
28635 00	Surgery	5.21	3.97	375.12	285.84
28636 00	Surgery	10.73	6.80	772.56	489.60
28645 00	Surgery	19.64	14.77	1414.08	1063.44
28660 00	Surgery	3.86	2.88	277.92	207.36

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
28665 00	Surgery	4.61	3.84	331.92	276.48
28666 00	Surgery	5.30	5.30	381.60	381.60
28675 00	Surgery	17.39	12.59	1252.08	906.48
28705 00	Surgery	36.72	36.72	2643.84	2643.84
28715 00	Surgery	28.39	28.39	2044.08	2044.08
28725 00	Surgery	23.56	23.56	1696.32	1696.32
28730 00	Surgery	21.93	21.93	1578.96	1578.96
28735 00	Surgery	23.43	23.43	1686.96	1686.96
28737 00	Surgery	20.89	20.89	1504.08	1504.08
28740 00	Surgery	24.84	18.65	1788.48	1342.80
28750 00	Surgery	23.44	17.43	1687.68	1254.96
28755 00	Surgery	15.16	10.15	1091.52	730.80
28760 00	Surgery	23.19	17.31	1669.68	1246.32
28800 00	Surgery	15.88	15.88	1143.36	1143.36
28805 00	Surgery	21.17	21.17	1524.24	1524.24
28810 00	Surgery	12.74	12.74	917.28	917.28
28820 00	Surgery	8.89	5.30	640.08	381.60
28825 00	Surgery	8.75	5.17	630.00	372.24
28890 00	Surgery	9.41	6.76	677.52	486.72
28899 00	Surgery	0.00	0.00	BR	BR
29000 00	Surgery	11.08	6.05	797.76	435.60
29010 00	Surgery	8.52	4.84	613.44	348.48
29015 00	Surgery	9.12	5.44	656.64	391.68
29035 00	Surgery	8.03	4.35	578.16	313.20
29040 00	Surgery	9.13	5.23	657.36	376.56
29044 00	Surgery	8.96	5.05	645.12	363.60
29046 00	Surgery	9.79	5.67	704.88	408.24
29049 00	Surgery	3.07	2.11	221.04	151.92
29055 00	Surgery	6.94	4.16	499.68	299.52
29058 00	Surgery	3.79	2.82	272.88	203.04
29065 00	Surgery	2.98	2.06	214.56	148.32
29075 00	Surgery	2.69	1.89	193.68	136.08
29085 00	Surgery	2.95	2.04	212.40	146.88
29086 00	Surgery	2.36	1.49	169.92	107.28
29105 00	Surgery	2.54	1.25	182.88	90.00
29125 00	Surgery	2.05	1.22	147.60	87.84
29126 00	Surgery	2.40	1.49	172.80	107.28
29130 00	Surgery	1.28	0.87	92.16	62.64
29131 00	Surgery	1.65	1.04	118.80	74.88
29200 00	Surgery	0.96	0.54	69.12	38.88
29240 00	Surgery	0.89	0.53	64.08	38.16
29260 00	Surgery	0.87	0.56	62.64	40.32

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
29280 00	Surgery	0.90	0.60	64.80	43.20
29305 00	Surgery	7.67	4.78	552.24	344.16
29325 00	Surgery	8.47	5.35	609.84	385.20
29345 00	Surgery	4.13	2.98	297.36	214.56
29355 00	Surgery	4.33	3.20	311.76	230.40
29358 00	Surgery	4.98	3.11	358.56	223.92
29365 00	Surgery	3.82	2.65	275.04	190.80
29405 00	Surgery	2.46	1.77	177.12	127.44
29425 00	Surgery	2.30	1.63	165.60	117.36
29435 00	Surgery	3.80	2.61	273.60	187.92
29440 00	Surgery	1.31	0.84	94.32	60.48
29445 00	Surgery	3.88	2.95	279.36	212.40
29450 00	Surgery	4.41	3.37	317.52	242.64
29505 00	Surgery	2.75	1.58	198.00	113.76
29515 00	Surgery	2.21	1.50	159.12	108.00
29520 00	Surgery	1.04	0.54	74.88	38.88
29530 00	Surgery	0.88	0.53	63.36	38.16
29540 00	Surgery	0.84	0.51	60.48	36.72
29550 00	Surgery	0.58	0.33	41.76	23.76
29580 00	Surgery	1.92	0.78	138.24	56.16
29581 00	Surgery	2.64	0.79	190.08	56.88
29584 00	Surgery	2.40	0.46	172.80	33.12
29700 00	Surgery	1.95	0.99	140.40	71.28
29705 00	Surgery	1.92	1.33	138.24	95.76
29710 00	Surgery	3.74	2.46	269.28	177.12
29720 00	Surgery	2.65	1.31	190.80	94.32
29730 00	Surgery	1.98	1.34	142.56	96.48
29740 00	Surgery	3.02	2.06	217.44	148.32
29750 00	Surgery	3.25	2.30	234.00	165.60
29799 00	Surgery	0.00	0.00	BR	BR
29800 00	Surgery	16.21	16.21	1167.12	1167.12
29804 00	Surgery	17.87	17.87	1286.64	1286.64
29805 00	Surgery	14.26	14.26	1026.72	1026.72
29806 00	Surgery	32.02	32.02	2305.44	2305.44
29807 00	Surgery	31.27	31.27	2251.44	2251.44
29819 00	Surgery	17.87	17.87	1286.64	1286.64
29820 00	Surgery	16.23	16.23	1168.56	1168.56
29821 00	Surgery	18.03	18.03	1298.16	1298.16
29822 00	Surgery	16.50	16.50	1188.00	1188.00
29823 00	Surgery	18.04	18.04	1298.88	1298.88
29824 00	Surgery	20.59	20.59	1482.48	1482.48
29825 00	Surgery	17.83	17.83	1283.76	1283.76

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
29826 00	Surgery	5.10	5.10	367.20	367.20
29827 00	Surgery	32.26	32.26	2322.72	2322.72
29828 00	Surgery	27.71	27.71	1995.12	1995.12
29830 00	Surgery	13.93	13.93	1002.96	1002.96
29834 00	Surgery	14.99	14.99	1079.28	1079.28
29835 00	Surgery	15.56	15.56	1120.32	1120.32
29836 00	Surgery	17.80	17.80	1281.60	1281.60
29837 00	Surgery	16.00	16.00	1152.00	1152.00
29838 00	Surgery	18.13	18.13	1305.36	1305.36
29840 00	Surgery	13.77	13.77	991.44	991.44
29843 00	Surgery	14.89	14.89	1072.08	1072.08
29844 00	Surgery	15.23	15.23	1096.56	1096.56
29845 00	Surgery	17.88	17.88	1287.36	1287.36
29846 00	Surgery	15.94	15.94	1147.68	1147.68
29847 00	Surgery	16.61	16.61	1195.92	1195.92
29848 00	Surgery	15.68	15.68	1128.96	1128.96
29850 00	Surgery	19.03	19.03	1370.16	1370.16
29851 00	Surgery	28.14	28.14	2026.08	2026.08
29855 00	Surgery	23.66	23.66	1703.52	1703.52
29856 00	Surgery	30.01	30.01	2160.72	2160.72
29860 00	Surgery	19.92	19.92	1434.24	1434.24
29861 00	Surgery	21.66	21.66	1559.52	1559.52
29862 00	Surgery	24.73	24.73	1780.56	1780.56
29863 00	Surgery	24.71	24.71	1779.12	1779.12
29866 00	Surgery	31.87	31.87	2294.64	2294.64
29867 00	Surgery	38.62	38.62	2780.64	2780.64
29868 00	Surgery	50.20	50.20	3614.40	3614.40
29870 00	Surgery	16.80	12.54	1209.60	902.88
29871 00	Surgery	15.72	15.72	1131.84	1131.84
29873 00	Surgery	16.44	16.44	1183.68	1183.68
29874 00	Surgery	16.40	16.40	1180.80	1180.80
29875 00	Surgery	15.15	15.15	1090.80	1090.80
29876 00	Surgery	19.85	19.85	1429.20	1429.20
29877 00	Surgery	18.89	18.89	1360.08	1360.08
29879 00	Surgery	20.12	20.12	1448.64	1448.64
29880 00	Surgery	17.12	17.12	1232.64	1232.64
29881 00	Surgery	16.50	16.50	1188.00	1188.00
29882 00	Surgery	20.90	20.90	1504.80	1504.80
29883 00	Surgery	25.56	25.56	1840.32	1840.32
29884 00	Surgery	18.86	18.86	1357.92	1357.92
29885 00	Surgery	23.00	23.00	1656.00	1656.00
29886 00	Surgery	19.40	19.40	1396.80	1396.80

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
29887 00	Surgery	22.92	22.92	1650.24	1650.24
29888 00	Surgery	29.42	29.42	2118.24	2118.24
29889 00	Surgery	37.04	37.04	2666.88	2666.88
29891 00	Surgery	20.44	20.44	1471.68	1471.68
29892 00	Surgery	19.41	19.41	1397.52	1397.52
29893 00	Surgery	20.02	13.29	1441.44	956.88
29894 00	Surgery	15.30	15.30	1101.60	1101.60
29895 00	Surgery	14.03	14.03	1010.16	1010.16
29897 00	Surgery	15.02	15.02	1081.44	1081.44
29898 00	Surgery	16.96	16.96	1221.12	1221.12
29899 00	Surgery	30.32	30.32	2183.04	2183.04
29900 00	Surgery	15.47	15.47	1113.84	1113.84
29901 00	Surgery	16.56	16.56	1192.32	1192.32
29902 00	Surgery	17.55	17.55	1263.60	1263.60
29904 00	Surgery	19.47	19.47	1401.84	1401.84
29905 00	Surgery	15.52	15.52	1117.44	1117.44
29906 00	Surgery	19.79	19.79	1424.88	1424.88
29907 00	Surgery	26.61	26.61	1915.92	1915.92
29914 00	Surgery	29.98	29.98	2158.56	2158.56
29915 00	Surgery	30.73	30.73	2212.56	2212.56
29916 00	Surgery	30.60	30.60	2203.20	2203.20
29999 00	Surgery	0.00	0.00	BR	BR
30000 00	Surgery	7.99	3.67	575.28	264.24
30020 00	Surgery	8.14	3.72	586.08	267.84
30100 00	Surgery	4.24	2.06	305.28	148.32
30110 00	Surgery	7.52	4.03	541.44	290.16
30115 00	Surgery	14.11	14.11	1015.92	1015.92
30117 00	Surgery	29.73	12.50	2140.56	900.00
30118 00	Surgery	21.44	21.44	1543.68	1543.68
30120 00	Surgery	15.42	12.68	1110.24	912.96
30124 00	Surgery	9.25	9.25	666.00	666.00
30125 00	Surgery	19.81	19.81	1426.32	1426.32
30130 00	Surgery	12.60	12.60	907.20	907.20
30140 00	Surgery	8.91	5.33	641.52	383.76
30150 00	Surgery	24.16	24.16	1739.52	1739.52
30160 00	Surgery	24.64	24.64	1774.08	1774.08
30200 00	Surgery	3.33	1.80	239.76	129.60
30210 00	Surgery	4.57	3.12	329.04	224.64
30220 00	Surgery	9.16	3.89	659.52	280.08
30300 00	Surgery	6.34	3.72	456.48	267.84
30310 00	Surgery	6.30	6.30	453.60	453.60
30320 00	Surgery	14.79	14.79	1064.88	1064.88

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
30400 00	Surgery	37.04	37.04	2666.88	2666.88
30410 00	Surgery	42.60	42.60	3067.20	3067.20
30420 00	Surgery	43.81	43.81	3154.32	3154.32
30430 00	Surgery	32.40	32.40	2332.80	2332.80
30435 00	Surgery	40.34	40.34	2904.48	2904.48
30450 00	Surgery	52.62	52.62	3788.64	3788.64
30460 00	Surgery	24.95	24.95	1796.40	1796.40
30462 00	Surgery	47.91	47.91	3449.52	3449.52
30465 00	Surgery	31.00	31.00	2232.00	2232.00
30468 00	Surgery	74.99	5.06	5399.28	364.32
30469 00	Surgery	73.29	4.51	5276.88	324.72
30520 00	Surgery	20.43	20.43	1470.96	1470.96
30540 00	Surgery	22.36	22.36	1609.92	1609.92
30545 00	Surgery	30.27	30.27	2179.44	2179.44
30560 00	Surgery	9.70	4.58	698.40	329.76
30580 00	Surgery	18.30	13.84	1317.60	996.48
30600 00	Surgery	15.55	11.56	1119.60	832.32
30620 00	Surgery	20.42	20.42	1470.24	1470.24
30630 00	Surgery	20.24	20.24	1457.28	1457.28
30801 00	Surgery	6.59	4.60	474.48	331.20
30802 00	Surgery	8.38	6.12	603.36	440.64
30901 00	Surgery	4.70	1.69	338.40	121.68
30903 00	Surgery	7.32	2.30	527.04	165.60
30905 00	Surgery	10.51	3.16	756.72	227.52
30906 00	Surgery	11.28	3.96	812.16	285.12
30915 00	Surgery	18.26	18.26	1314.72	1314.72
30920 00	Surgery	26.34	26.34	1896.48	1896.48
30930 00	Surgery	3.59	3.59	258.48	258.48
30999 00	Surgery	0.00	0.00	BR	BR
31000 00	Surgery	5.61	3.35	403.92	241.20
31002 00	Surgery	5.71	5.71	411.12	411.12
31020 00	Surgery	12.65	10.31	910.80	742.32
31030 00	Surgery	19.33	15.50	1391.76	1116.00
31032 00	Surgery	17.96	17.96	1293.12	1293.12
31040 00	Surgery	24.35	24.35	1753.20	1753.20
31050 00	Surgery	15.64	15.64	1126.08	1126.08
31051 00	Surgery	20.98	20.98	1510.56	1510.56
31070 00	Surgery	14.40	14.40	1036.80	1036.80
31075 00	Surgery	25.01	25.01	1800.72	1800.72
31080 00	Surgery	32.90	32.90	2368.80	2368.80
31081 00	Surgery	35.25	35.25	2538.00	2538.00
31084 00	Surgery	36.48	36.48	2626.56	2626.56

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
31085 00	Surgery	37.58	37.58	2705.76	2705.76
31086 00	Surgery	35.52	35.52	2557.44	2557.44
31087 00	Surgery	33.82	33.82	2435.04	2435.04
31090 00	Surgery	33.46	33.46	2409.12	2409.12
31200 00	Surgery	18.90	18.90	1360.80	1360.80
31201 00	Surgery	23.55	23.55	1695.60	1695.60
31205 00	Surgery	28.33	28.33	2039.76	2039.76
31225 00	Surgery	54.07	54.07	3893.04	3893.04
31230 00	Surgery	60.32	60.32	4343.04	4343.04
31231 00	Surgery	5.63	1.93	405.36	138.96
31233 00	Surgery	8.25	4.06	594.00	292.32
31235 00	Surgery	9.38	4.78	675.36	344.16
31237 00	Surgery	7.74	4.79	557.28	344.88
31238 00	Surgery	7.54	5.01	542.88	360.72
31239 00	Surgery	18.18	18.18	1308.96	1308.96
31240 00	Surgery	4.76	4.76	342.72	342.72
31241 00	Surgery	13.27	13.27	955.44	955.44
31242 00	Surgery	75.08	4.72	5405.76	339.84
31243 00	Surgery	72.88	4.72	5247.36	339.84
31253 00	Surgery	14.88	14.88	1071.36	1071.36
31254 00	Surgery	13.13	7.25	945.36	522.00
31255 00	Surgery	9.63	9.63	693.36	693.36
31256 00	Surgery	5.37	5.37	386.64	386.64
31257 00	Surgery	13.28	13.28	956.16	956.16
31259 00	Surgery	14.03	14.03	1010.16	1010.16
31267 00	Surgery	7.92	7.92	570.24	570.24
31276 00	Surgery	11.27	11.27	811.44	811.44
31287 00	Surgery	6.00	6.00	432.00	432.00
31288 00	Surgery	6.98	6.98	502.56	502.56
31290 00	Surgery	34.24	34.24	2465.28	2465.28
31291 00	Surgery	36.73	36.73	2644.56	2644.56
31292 00	Surgery	29.67	29.67	2136.24	2136.24
31293 00	Surgery	32.22	32.22	2319.84	2319.84
31294 00	Surgery	36.78	36.78	2648.16	2648.16
31295 00	Surgery	49.29	4.71	3548.88	339.12
31296 00	Surgery	50.05	5.35	3603.60	385.20
31297 00	Surgery	48.86	4.30	3517.92	309.60
31298 00	Surgery	92.68	7.63	6672.96	549.36
31299 00	Surgery	0.00	0.00	BR	BR
31300 00	Surgery	37.62	37.62	2708.64	2708.64
31360 00	Surgery	61.66	61.66	4439.52	4439.52
31365 00	Surgery	76.00	76.00	5472.00	5472.00

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
31367 00	Surgery	65.18	65.18	4692.96	4692.96
31368 00	Surgery	72.03	72.03	5186.16	5186.16
31370 00	Surgery	61.18	61.18	4404.96	4404.96
31375 00	Surgery	58.16	58.16	4187.52	4187.52
31380 00	Surgery	57.36	57.36	4129.92	4129.92
31382 00	Surgery	62.79	62.79	4520.88	4520.88
31390 00	Surgery	83.83	83.83	6035.76	6035.76
31395 00	Surgery	87.94	87.94	6331.68	6331.68
31400 00	Surgery	30.49	30.49	2195.28	2195.28
31420 00	Surgery	25.09	25.09	1806.48	1806.48
31500 00	Surgery	4.17	4.17	300.24	300.24
31502 00	Surgery	1.04	1.04	74.88	74.88
31505 00	Surgery	2.70	1.49	194.40	107.28
31510 00	Surgery	6.50	3.63	468.00	261.36
31511 00	Surgery	6.35	4.03	457.20	290.16
31512 00	Surgery	6.54	3.88	470.88	279.36
31513 00	Surgery	3.93	3.93	282.96	282.96
31515 00	Surgery	6.40	3.32	460.80	239.04
31520 00	Surgery	4.68	4.68	336.96	336.96
31525 00	Surgery	7.54	4.79	542.88	344.88
31526 00	Surgery	4.69	4.69	337.68	337.68
31527 00	Surgery	5.81	5.81	418.32	418.32
31528 00	Surgery	4.31	4.31	310.32	310.32
31529 00	Surgery	4.81	4.81	346.32	346.32
31530 00	Surgery	5.93	5.93	426.96	426.96
31531 00	Surgery	6.29	6.29	452.88	452.88
31535 00	Surgery	5.64	5.64	406.08	406.08
31536 00	Surgery	6.26	6.26	450.72	450.72
31540 00	Surgery	7.18	7.18	516.96	516.96
31541 00	Surgery	7.83	7.83	563.76	563.76
31545 00	Surgery	10.76	10.76	774.72	774.72
31546 00	Surgery	16.30	16.30	1173.60	1173.60
31551 00	Surgery	46.42	46.42	3342.24	3342.24
31552 00	Surgery	44.81	44.81	3226.32	3226.32
31553 00	Surgery	50.55	50.55	3639.60	3639.60
31554 00	Surgery	50.57	50.57	3641.04	3641.04
31560 00	Surgery	9.28	9.28	668.16	668.16
31561 00	Surgery	10.15	10.15	730.80	730.80
31570 00	Surgery	10.34	6.83	744.48	491.76
31571 00	Surgery	7.41	7.41	533.52	533.52
31572 00	Surgery	15.71	5.39	1131.12	388.08
31573 00	Surgery	8.66	4.45	623.52	320.40

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
31574 00	Surgery	28.02	4.47	2017.44	321.84
31575 00	Surgery	3.88	2.06	279.36	148.32
31576 00	Surgery	8.14	3.58	586.08	257.76
31577 00	Surgery	8.23	3.99	592.56	287.28
31578 00	Surgery	9.22	4.47	663.84	321.84
31579 00	Surgery	5.95	3.58	428.40	257.76
31580 00	Surgery	38.63	38.63	2781.36	2781.36
31584 00	Surgery	42.45	42.45	3056.40	3056.40
31587 00	Surgery	36.38	36.38	2619.36	2619.36
31590 00	Surgery	27.91	27.91	2009.52	2009.52
31591 00	Surgery	33.19	33.19	2389.68	2389.68
31592 00	Surgery	52.08	52.08	3749.76	3749.76
31599 00	Surgery	0.00	0.00	BR	BR
31600 00	Surgery	9.07	9.07	653.04	653.04
31601 00	Surgery	13.41	13.41	965.52	965.52
31603 00	Surgery	9.51	9.51	684.72	684.72
31605 00	Surgery	9.79	9.79	704.88	704.88
31610 00	Surgery	28.81	28.81	2074.32	2074.32
31611 00	Surgery	16.21	16.21	1167.12	1167.12
31612 00	Surgery	2.80	1.43	201.60	102.96
31613 00	Surgery	12.80	12.80	921.60	921.60
31614 00	Surgery	21.48	21.48	1546.56	1546.56
31615 00	Surgery	5.18	3.46	372.96	249.12
31622 00	Surgery	7.48	3.90	538.56	280.80
31623 00	Surgery	8.21	3.87	591.12	278.64
31624 00	Surgery	7.64	3.92	550.08	282.24
31625 00	Surgery	10.43	4.58	750.96	329.76
31626 00	Surgery	23.44	5.78	1687.68	416.16
31627 00	Surgery	31.81	2.82	2290.32	203.04
31628 00	Surgery	11.11	5.15	799.92	370.80
31629 00	Surgery	13.52	5.47	973.44	393.84
31630 00	Surgery	5.82	5.82	419.04	419.04
31631 00	Surgery	6.63	6.63	477.36	477.36
31632 00	Surgery	1.93	1.43	138.96	102.96
31633 00	Surgery	2.40	1.84	172.80	132.48
31634 00	Surgery	43.82	5.51	3155.04	396.72
31635 00	Surgery	8.77	5.15	631.44	370.80
31636 00	Surgery	6.34	6.34	456.48	456.48
31637 00	Surgery	2.22	2.22	159.84	159.84
31638 00	Surgery	7.20	7.20	518.40	518.40
31640 00	Surgery	7.24	7.24	521.28	521.28
31641 00	Surgery	7.44	7.44	535.68	535.68

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
31643 00	Surgery	4.96	4.96	357.12	357.12
31645 00	Surgery	8.21	4.32	591.12	311.04
31646 00	Surgery	4.17	4.17	300.24	300.24
31647 00	Surgery	6.01	6.01	432.72	432.72
31648 00	Surgery	5.80	5.80	417.60	417.60
31649 00	Surgery	1.95	1.95	140.40	140.40
31651 00	Surgery	2.22	2.22	159.84	159.84
31652 00	Surgery	37.10	6.45	2671.20	464.40
31653 00	Surgery	38.51	7.15	2772.72	514.80
31654 00	Surgery	3.60	1.96	259.20	141.12
31660 00	Surgery	5.55	5.55	399.60	399.60
31661 00	Surgery	5.86	5.86	421.92	421.92
31717 00	Surgery	8.55	3.12	615.60	224.64
31720 00	Surgery	1.43	1.43	102.96	102.96
31725 00	Surgery	2.32	2.32	167.04	167.04
31730 00	Surgery	31.41	4.39	2261.52	316.08
31750 00	Surgery	40.58	40.58	2921.76	2921.76
31755 00	Surgery	52.03	52.03	3746.16	3746.16
31760 00	Surgery	40.77	40.77	2935.44	2935.44
31766 00	Surgery	52.43	52.43	3774.96	3774.96
31770 00	Surgery	39.24	39.24	2825.28	2825.28
31775 00	Surgery	41.35	41.35	2977.20	2977.20
31780 00	Surgery	35.98	35.98	2590.56	2590.56
31781 00	Surgery	43.08	43.08	3101.76	3101.76
31785 00	Surgery	32.22	32.22	2319.84	2319.84
31786 00	Surgery	42.61	42.61	3067.92	3067.92
31800 00	Surgery	21.29	21.29	1532.88	1532.88
31805 00	Surgery	24.35	24.35	1753.20	1753.20
31820 00	Surgery	13.45	10.06	968.40	724.32
31825 00	Surgery	18.59	14.70	1338.48	1058.40
31830 00	Surgery	15.00	11.15	1080.00	802.80
31899 00	Surgery	0.00	0.00	BR	BR
32035 00	Surgery	21.92	21.92	1578.24	1578.24
32036 00	Surgery	23.61	23.61	1699.92	1699.92
32096 00	Surgery	23.72	23.72	1707.84	1707.84
32097 00	Surgery	23.76	23.76	1710.72	1710.72
32098 00	Surgery	22.47	22.47	1617.84	1617.84
32100 00	Surgery	24.07	24.07	1733.04	1733.04
32110 00	Surgery	43.81	43.81	3154.32	3154.32
32120 00	Surgery	25.94	25.94	1867.68	1867.68
32124 00	Surgery	27.39	27.39	1972.08	1972.08
32140 00	Surgery	29.41	29.41	2117.52	2117.52

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
32141 00	Surgery	44.92	44.92	3234.24	3234.24
32150 00	Surgery	30.22	30.22	2175.84	2175.84
32151 00	Surgery	29.84	29.84	2148.48	2148.48
32160 00	Surgery	23.73	23.73	1708.56	1708.56
32200 00	Surgery	33.89	33.89	2440.08	2440.08
32215 00	Surgery	23.89	23.89	1720.08	1720.08
32220 00	Surgery	47.42	47.42	3414.24	3414.24
32225 00	Surgery	29.52	29.52	2125.44	2125.44
32310 00	Surgery	27.29	27.29	1964.88	1964.88
32320 00	Surgery	47.56	47.56	3424.32	3424.32
32400 00	Surgery	5.04	2.46	362.88	177.12
32408 00	Surgery	25.18	4.46	1812.96	321.12
32440 00	Surgery	46.40	46.40	3340.80	3340.80
32442 00	Surgery	89.83	89.83	6467.76	6467.76
32445 00	Surgery	104.02	104.02	7489.44	7489.44
32480 00	Surgery	43.74	43.74	3149.28	3149.28
32482 00	Surgery	46.75	46.75	3366.00	3366.00
32484 00	Surgery	42.34	42.34	3048.48	3048.48
32486 00	Surgery	68.94	68.94	4963.68	4963.68
32488 00	Surgery	70.52	70.52	5077.44	5077.44
32491 00	Surgery	43.63	43.63	3141.36	3141.36
32501 00	Surgery	7.14	7.14	514.08	514.08
32503 00	Surgery	53.00	53.00	3816.00	3816.00
32504 00	Surgery	60.35	60.35	4345.20	4345.20
32505 00	Surgery	27.61	27.61	1987.92	1987.92
32506 00	Surgery	4.58	4.58	329.76	329.76
32507 00	Surgery	4.57	4.57	329.04	329.04
32540 00	Surgery	51.08	51.08	3677.76	3677.76
32550 00	Surgery	23.04	6.00	1658.88	432.00
32551 00	Surgery	4.59	4.59	330.48	330.48
32552 00	Surgery	5.46	4.66	393.12	335.52
32553 00	Surgery	15.04	5.13	1082.88	369.36
32554 00	Surgery	7.01	2.61	504.72	187.92
32555 00	Surgery	9.35	3.20	673.20	230.40
32556 00	Surgery	22.10	3.66	1591.20	263.52
32557 00	Surgery	19.60	4.37	1411.20	314.64
32560 00	Surgery	7.56	2.24	544.32	161.28
32561 00	Surgery	2.84	1.98	204.48	142.56
32562 00	Surgery	2.54	1.77	182.88	127.44
32601 00	Surgery	9.09	9.09	654.48	654.48
32604 00	Surgery	14.12	14.12	1016.64	1016.64
32606 00	Surgery	13.59	13.59	978.48	978.48

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
32607 00	Surgery	9.07	9.07	653.04	653.04
32608 00	Surgery	11.15	11.15	802.80	802.80
32609 00	Surgery	7.55	7.55	543.60	543.60
32650 00	Surgery	19.89	19.89	1432.08	1432.08
32651 00	Surgery	32.44	32.44	2335.68	2335.68
32652 00	Surgery	49.13	49.13	3537.36	3537.36
32653 00	Surgery	31.34	31.34	2256.48	2256.48
32654 00	Surgery	35.01	35.01	2520.72	2520.72
32655 00	Surgery	28.37	28.37	2042.64	2042.64
32656 00	Surgery	23.86	23.86	1717.92	1717.92
32658 00	Surgery	21.25	21.25	1530.00	1530.00
32659 00	Surgery	21.84	21.84	1572.48	1572.48
32661 00	Surgery	23.72	23.72	1707.84	1707.84
32662 00	Surgery	26.53	26.53	1910.16	1910.16
32663 00	Surgery	41.29	41.29	2972.88	2972.88
32664 00	Surgery	25.17	25.17	1812.24	1812.24
32665 00	Surgery	36.40	36.40	2620.80	2620.80
32666 00	Surgery	25.82	25.82	1859.04	1859.04
32667 00	Surgery	4.59	4.59	330.48	330.48
32668 00	Surgery	4.59	4.59	330.48	330.48
32669 00	Surgery	39.65	39.65	2854.80	2854.80
32670 00	Surgery	47.21	47.21	3399.12	3399.12
32671 00	Surgery	52.25	52.25	3762.00	3762.00
32672 00	Surgery	44.80	44.80	3225.60	3225.60
32673 00	Surgery	35.94	35.94	2587.68	2587.68
32674 00	Surgery	6.31	6.31	454.32	454.32
32701 00	Surgery	6.16	6.16	443.52	443.52
32800 00	Surgery	27.97	27.97	2013.84	2013.84
32810 00	Surgery	26.80	26.80	1929.60	1929.60
32815 00	Surgery	82.63	82.63	5949.36	5949.36
32820 00	Surgery	39.52	39.52	2845.44	2845.44
32850 00	Surgery	0.00	0.00	BR	BR
32851 00	Surgery	96.40	96.40	6940.80	6940.80
32852 00	Surgery	103.74	103.74	7469.28	7469.28
32853 00	Surgery	134.66	134.66	9695.52	9695.52
32854 00	Surgery	142.56	142.56	10264.32	10264.32
32855 00	Surgery	-	-	1803.60	1514.88
32856 00	Surgery	-	-	1998.72	1679.04
32900 00	Surgery	40.28	40.28	2900.16	2900.16
32905 00	Surgery	39.48	39.48	2842.56	2842.56
32906 00	Surgery	48.65	48.65	3502.80	3502.80
32940 00	Surgery	36.50	36.50	2628.00	2628.00

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
32960 00	Surgery	3.79	2.67	272.88	192.24
32994 00	Surgery	142.37	12.77	10250.64	919.44
32997 00	Surgery	9.88	9.88	711.36	711.36
32998 00	Surgery	90.90	12.79	6544.80	920.88
32999 00	Surgery	0.00	0.00	BR	BR
33016 00	Surgery	6.87	6.87	494.64	494.64
33017 00	Surgery	7.25	7.25	522.00	522.00
33018 00	Surgery	8.47	8.47	609.84	609.84
33019 00	Surgery	6.15	6.15	442.80	442.80
33020 00	Surgery	24.37	24.37	1754.64	1754.64
33025 00	Surgery	22.81	22.81	1642.32	1642.32
33030 00	Surgery	58.92	58.92	4242.24	4242.24
33031 00	Surgery	72.75	72.75	5238.00	5238.00
33050 00	Surgery	29.87	29.87	2150.64	2150.64
33120 00	Surgery	61.46	61.46	4425.12	4425.12
33130 00	Surgery	40.18	40.18	2892.96	2892.96
33140 00	Surgery	45.64	45.64	3286.08	3286.08
33141 00	Surgery	3.86	3.86	277.92	277.92
33202 00	Surgery	22.81	22.81	1642.32	1642.32
33203 00	Surgery	23.97	23.97	1725.84	1725.84
33206 00	Surgery	13.41	13.41	965.52	965.52
33207 00	Surgery	14.09	14.09	1014.48	1014.48
33208 00	Surgery	15.25	15.25	1098.00	1098.00
33210 00	Surgery	4.72	4.72	339.84	339.84
33211 00	Surgery	4.94	4.94	355.68	355.68
33212 00	Surgery	9.55	9.55	687.60	687.60
33213 00	Surgery	10.00	10.00	720.00	720.00
33214 00	Surgery	14.13	14.13	1017.36	1017.36
33215 00	Surgery	9.17	9.17	660.24	660.24
33216 00	Surgery	10.98	10.98	790.56	790.56
33217 00	Surgery	10.90	10.90	784.80	784.80
33218 00	Surgery	11.52	11.52	829.44	829.44
33220 00	Surgery	11.26	11.26	810.72	810.72
33221 00	Surgery	10.56	10.56	760.32	760.32
33222 00	Surgery	10.18	10.18	732.96	732.96
33223 00	Surgery	12.09	12.09	870.48	870.48
33224 00	Surgery	14.99	14.99	1079.28	1079.28
33225 00	Surgery	13.51	13.51	972.72	972.72
33226 00	Surgery	14.35	14.35	1033.20	1033.20
33227 00	Surgery	10.03	10.03	722.16	722.16
33228 00	Surgery	10.47	10.47	753.84	753.84
33229 00	Surgery	11.01	11.01	792.72	792.72

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
33230 00	Surgery	11.05	11.05	795.60	795.60
33231 00	Surgery	11.84	11.84	852.48	852.48
33233 00	Surgery	6.92	6.92	498.24	498.24
33234 00	Surgery	14.28	14.28	1028.16	1028.16
33235 00	Surgery	18.77	18.77	1351.44	1351.44
33236 00	Surgery	23.20	23.20	1670.40	1670.40
33237 00	Surgery	24.89	24.89	1792.08	1792.08
33238 00	Surgery	28.16	28.16	2027.52	2027.52
33240 00	Surgery	10.88	10.88	783.36	783.36
33241 00	Surgery	6.37	6.37	458.64	458.64
33243 00	Surgery	40.65	40.65	2926.80	2926.80
33244 00	Surgery	25.44	25.44	1831.68	1831.68
33249 00	Surgery	26.85	26.85	1933.20	1933.20
33250 00	Surgery	42.78	42.78	3080.16	3080.16
33251 00	Surgery	48.07	48.07	3461.04	3461.04
33254 00	Surgery	40.21	40.21	2895.12	2895.12
33255 00	Surgery	47.73	47.73	3436.56	3436.56
33256 00	Surgery	56.51	56.51	4068.72	4068.72
33257 00	Surgery	17.25	17.25	1242.00	1242.00
33258 00	Surgery	19.16	19.16	1379.52	1379.52
33259 00	Surgery	25.06	25.06	1804.32	1804.32
33261 00	Surgery	47.29	47.29	3404.88	3404.88
33262 00	Surgery	10.99	10.99	791.28	791.28
33263 00	Surgery	11.42	11.42	822.24	822.24
33264 00	Surgery	11.91	11.91	857.52	857.52
33265 00	Surgery	40.18	40.18	2892.96	2892.96
33266 00	Surgery	54.20	54.20	3902.40	3902.40
33267 00	Surgery	30.80	30.80	2217.60	2217.60
33268 00	Surgery	3.79	3.79	272.88	272.88
33269 00	Surgery	24.50	24.50	1764.00	1764.00
33270 00	Surgery	16.50	16.50	1188.00	1188.00
33271 00	Surgery	13.43	13.43	966.96	966.96
33272 00	Surgery	10.26	10.26	738.72	738.72
33273 00	Surgery	11.89	11.89	856.08	856.08
33274 00	Surgery	14.08	14.08	1013.76	1013.76
33275 00	Surgery	14.88	14.88	1071.36	1071.36
33276 00	Surgery	17.05	17.05	1227.60	1227.60
33277 00	Surgery	8.92	8.92	642.24	642.24
33278 00	Surgery	16.97	16.97	1221.84	1221.84
33279 00	Surgery	10.26	10.26	738.72	738.72
33280 00	Surgery	6.17	6.17	444.24	444.24
33281 00	Surgery	11.09	11.09	798.48	798.48

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
33285 00	Surgery	124.35	2.57	8953.20	185.04
33286 00	Surgery	3.87	2.52	278.64	181.44
33287 00	Surgery	11.44	11.44	823.68	823.68
33288 00	Surgery	15.08	15.08	1085.76	1085.76
33289 00	Surgery	9.79	9.79	704.88	704.88
33300 00	Surgery	71.80	71.80	5169.60	5169.60
33305 00	Surgery	120.18	120.18	8652.96	8652.96
33310 00	Surgery	34.42	34.42	2478.24	2478.24
33315 00	Surgery	56.40	56.40	4060.80	4060.80
33320 00	Surgery	31.63	31.63	2277.36	2277.36
33321 00	Surgery	34.95	34.95	2516.40	2516.40
33322 00	Surgery	41.26	41.26	2970.72	2970.72
33330 00	Surgery	41.86	41.86	3013.92	3013.92
33335 00	Surgery	54.77	54.77	3943.44	3943.44
33340 00	Surgery	22.84	22.84	1644.48	1644.48
33361 00	Surgery	35.42	35.42	2550.24	2550.24
33362 00	Surgery	38.60	38.60	2779.20	2779.20
33363 00	Surgery	40.06	40.06	2884.32	2884.32
33364 00	Surgery	39.88	39.88	2871.36	2871.36
33365 00	Surgery	41.73	41.73	3004.56	3004.56
33366 00	Surgery	45.92	45.92	3306.24	3306.24
33367 00	Surgery	17.79	17.79	1280.88	1280.88
33368 00	Surgery	21.56	21.56	1552.32	1552.32
33369 00	Surgery	28.46	28.46	2049.12	2049.12
33370 00	Surgery	3.90	3.90	280.80	280.80
33390 00	Surgery	56.48	56.48	4066.56	4066.56
33391 00	Surgery	66.94	66.94	4819.68	4819.68
33404 00	Surgery	51.33	51.33	3695.76	3695.76
33405 00	Surgery	66.76	66.76	4806.72	4806.72
33406 00	Surgery	84.81	84.81	6106.32	6106.32
33410 00	Surgery	74.68	74.68	5376.96	5376.96
33411 00	Surgery	98.41	98.41	7085.52	7085.52
33412 00	Surgery	91.94	91.94	6619.68	6619.68
33413 00	Surgery	94.25	94.25	6786.00	6786.00
33414 00	Surgery	63.21	63.21	4551.12	4551.12
33415 00	Surgery	59.62	59.62	4292.64	4292.64
33416 00	Surgery	59.56	59.56	4288.32	4288.32
33417 00	Surgery	49.33	49.33	3551.76	3551.76
33418 00	Surgery	52.84	52.84	3804.48	3804.48
33419 00	Surgery	12.38	12.38	891.36	891.36
33420 00	Surgery	42.63	42.63	3069.36	3069.36
33422 00	Surgery	48.85	48.85	3517.20	3517.20

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
33425 00	Surgery	80.23	80.23	5776.56	5776.56
33426 00	Surgery	70.08	70.08	5045.76	5045.76
33427 00	Surgery	71.66	71.66	5159.52	5159.52
33430 00	Surgery	82.37	82.37	5930.64	5930.64
33440 00	Surgery	99.41	99.41	7157.52	7157.52
33460 00	Surgery	70.17	70.17	5052.24	5052.24
33463 00	Surgery	90.29	90.29	6500.88	6500.88
33464 00	Surgery	71.63	71.63	5157.36	5157.36
33465 00	Surgery	80.89	80.89	5824.08	5824.08
33468 00	Surgery	72.07	72.07	5189.04	5189.04
33471 00	Surgery	39.22	39.22	2823.84	2823.84
33474 00	Surgery	64.23	64.23	4624.56	4624.56
33475 00	Surgery	68.21	68.21	4911.12	4911.12
33476 00	Surgery	45.09	45.09	3246.48	3246.48
33477 00	Surgery	38.37	38.37	2762.64	2762.64
33478 00	Surgery	46.55	46.55	3351.60	3351.60
33496 00	Surgery	48.87	48.87	3518.64	3518.64
33500 00	Surgery	45.83	45.83	3299.76	3299.76
33501 00	Surgery	32.84	32.84	2364.48	2364.48
33502 00	Surgery	37.90	37.90	2728.80	2728.80
33503 00	Surgery	39.40	39.40	2836.80	2836.80
33504 00	Surgery	43.42	43.42	3126.24	3126.24
33505 00	Surgery	60.51	60.51	4356.72	4356.72
33506 00	Surgery	60.35	60.35	4345.20	4345.20
33507 00	Surgery	50.66	50.66	3647.52	3647.52
33508 00	Surgery	0.47	0.47	33.84	33.84
33509 00	Surgery	5.05	5.05	363.60	363.60
33510 00	Surgery	56.88	56.88	4095.36	4095.36
33511 00	Surgery	62.46	62.46	4497.12	4497.12
33512 00	Surgery	71.15	71.15	5122.80	5122.80
33513 00	Surgery	72.65	72.65	5230.80	5230.80
33514 00	Surgery	76.38	76.38	5499.36	5499.36
33516 00	Surgery	79.05	79.05	5691.60	5691.60
33517 00	Surgery	5.48	5.48	394.56	394.56
33518 00	Surgery	12.00	12.00	864.00	864.00
33519 00	Surgery	15.88	15.88	1143.36	1143.36
33521 00	Surgery	19.03	19.03	1370.16	1370.16
33522 00	Surgery	21.39	21.39	1540.08	1540.08
33523 00	Surgery	24.07	24.07	1733.04	1733.04
33530 00	Surgery	15.32	15.32	1103.04	1103.04
33533 00	Surgery	55.09	55.09	3966.48	3966.48
33534 00	Surgery	64.69	64.69	4657.68	4657.68

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
33535 00	Surgery	71.87	71.87	5174.64	5174.64
33536 00	Surgery	77.44	77.44	5575.68	5575.68
33542 00	Surgery	77.04	77.04	5546.88	5546.88
33545 00	Surgery	89.68	89.68	6456.96	6456.96
33548 00	Surgery	86.37	86.37	6218.64	6218.64
33572 00	Surgery	6.75	6.75	486.00	486.00
33600 00	Surgery	50.82	50.82	3659.04	3659.04
33602 00	Surgery	49.34	49.34	3552.48	3552.48
33606 00	Surgery	52.52	52.52	3781.44	3781.44
33608 00	Surgery	53.19	53.19	3829.68	3829.68
33610 00	Surgery	52.46	52.46	3777.12	3777.12
33611 00	Surgery	57.40	57.40	4132.80	4132.80
33612 00	Surgery	58.94	58.94	4243.68	4243.68
33615 00	Surgery	58.91	58.91	4241.52	4241.52
33617 00	Surgery	63.79	63.79	4592.88	4592.88
33619 00	Surgery	81.02	81.02	5833.44	5833.44
33620 00	Surgery	48.54	48.54	3494.88	3494.88
33621 00	Surgery	27.48	27.48	1978.56	1978.56
33622 00	Surgery	100.70	100.70	7250.40	7250.40
33641 00	Surgery	48.30	48.30	3477.60	3477.60
33645 00	Surgery	51.00	51.00	3672.00	3672.00
33647 00	Surgery	53.48	53.48	3850.56	3850.56
33660 00	Surgery	51.71	51.71	3723.12	3723.12
33665 00	Surgery	56.31	56.31	4054.32	4054.32
33670 00	Surgery	57.92	57.92	4170.24	4170.24
33675 00	Surgery	58.00	58.00	4176.00	4176.00
33676 00	Surgery	59.54	59.54	4286.88	4286.88
33677 00	Surgery	61.82	61.82	4451.04	4451.04
33681 00	Surgery	54.50	54.50	3924.00	3924.00
33684 00	Surgery	55.57	55.57	4001.04	4001.04
33688 00	Surgery	55.33	55.33	3983.76	3983.76
33690 00	Surgery	35.66	35.66	2567.52	2567.52
33692 00	Surgery	57.46	57.46	4137.12	4137.12
33694 00	Surgery	57.40	57.40	4132.80	4132.80
33697 00	Surgery	60.46	60.46	4353.12	4353.12
33702 00	Surgery	45.73	45.73	3292.56	3292.56
33710 00	Surgery	60.33	60.33	4343.76	4343.76
33720 00	Surgery	45.76	45.76	3294.72	3294.72
33724 00	Surgery	45.31	45.31	3262.32	3262.32
33726 00	Surgery	59.78	59.78	4304.16	4304.16
33730 00	Surgery	59.16	59.16	4259.52	4259.52
33732 00	Surgery	48.76	48.76	3510.72	3510.72

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
33735 00	Surgery	38.46	38.46	2769.12	2769.12
33736 00	Surgery	41.69	41.69	3001.68	3001.68
33737 00	Surgery	38.47	38.47	2769.84	2769.84
33741 00	Surgery	21.99	21.99	1583.28	1583.28
33745 00	Surgery	31.42	31.42	2262.24	2262.24
33746 00	Surgery	12.56	12.56	904.32	904.32
33750 00	Surgery	37.30	37.30	2685.60	2685.60
33755 00	Surgery	39.07	39.07	2813.04	2813.04
33762 00	Surgery	37.89	37.89	2728.08	2728.08
33764 00	Surgery	39.07	39.07	2813.04	2813.04
33766 00	Surgery	39.35	39.35	2833.20	2833.20
33767 00	Surgery	41.99	41.99	3023.28	3023.28
33768 00	Surgery	12.18	12.18	876.96	876.96
33770 00	Surgery	62.19	62.19	4477.68	4477.68
33771 00	Surgery	63.91	63.91	4601.52	4601.52
33774 00	Surgery	53.20	53.20	3830.40	3830.40
33775 00	Surgery	54.73	54.73	3940.56	3940.56
33776 00	Surgery	57.91	57.91	4169.52	4169.52
33777 00	Surgery	55.74	55.74	4013.28	4013.28
33778 00	Surgery	69.24	69.24	4985.28	4985.28
33779 00	Surgery	68.24	68.24	4913.28	4913.28
33780 00	Surgery	69.55	69.55	5007.60	5007.60
33781 00	Surgery	67.83	67.83	4883.76	4883.76
33782 00	Surgery	94.71	94.71	6819.12	6819.12
33783 00	Surgery	102.35	102.35	7369.20	7369.20
33786 00	Surgery	66.96	66.96	4821.12	4821.12
33788 00	Surgery	45.22	45.22	3255.84	3255.84
33800 00	Surgery	29.16	29.16	2099.52	2099.52
33802 00	Surgery	32.24	32.24	2321.28	2321.28
33803 00	Surgery	34.01	34.01	2448.72	2448.72
33813 00	Surgery	36.77	36.77	2647.44	2647.44
33814 00	Surgery	45.12	45.12	3248.64	3248.64
33820 00	Surgery	28.66	28.66	2063.52	2063.52
33822 00	Surgery	30.21	30.21	2175.12	2175.12
33824 00	Surgery	35.03	35.03	2522.16	2522.16
33840 00	Surgery	36.73	36.73	2644.56	2644.56
33845 00	Surgery	39.57	39.57	2849.04	2849.04
33851 00	Surgery	37.72	37.72	2715.84	2715.84
33852 00	Surgery	41.43	41.43	2982.96	2982.96
33853 00	Surgery	54.16	54.16	3899.52	3899.52
33858 00	Surgery	99.45	99.45	7160.40	7160.40
33859 00	Surgery	71.49	71.49	5147.28	5147.28

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
33863 00	Surgery	92.18	92.18	6636.96	6636.96
33864 00	Surgery	94.14	94.14	6778.08	6778.08
33866 00	Surgery	26.88	26.88	1935.36	1935.36
33871 00	Surgery	95.42	95.42	6870.24	6870.24
33875 00	Surgery	80.54	80.54	5798.88	5798.88
33877 00	Surgery	105.63	105.63	7605.36	7605.36
33880 00	Surgery	52.26	52.26	3762.72	3762.72
33881 00	Surgery	44.89	44.89	3232.08	3232.08
33883 00	Surgery	32.58	32.58	2345.76	2345.76
33884 00	Surgery	11.52	11.52	829.44	829.44
33886 00	Surgery	28.13	28.13	2025.36	2025.36
33889 00	Surgery	23.22	23.22	1671.84	1671.84
33891 00	Surgery	28.08	28.08	2021.76	2021.76
33894 00	Surgery	28.71	28.71	2067.12	2067.12
33895 00	Surgery	22.85	22.85	1645.20	1645.20
33897 00	Surgery	16.98	16.98	1222.56	1222.56
33900 00	Surgery	16.96	16.96	1221.12	1221.12
33901 00	Surgery	22.29	22.29	1604.88	1604.88
33902 00	Surgery	21.52	21.52	1549.44	1549.44
33903 00	Surgery	25.36	25.36	1825.92	1825.92
33904 00	Surgery	8.52	8.52	613.44	613.44
33910 00	Surgery	76.53	76.53	5510.16	5510.16
33915 00	Surgery	40.34	40.34	2904.48	2904.48
33916 00	Surgery	122.14	122.14	8794.08	8794.08
33917 00	Surgery	43.18	43.18	3108.96	3108.96
33920 00	Surgery	53.31	53.31	3838.32	3838.32
33922 00	Surgery	41.15	41.15	2962.80	2962.80
33924 00	Surgery	8.34	8.34	600.48	600.48
33925 00	Surgery	50.51	50.51	3636.72	3636.72
33926 00	Surgery	70.98	70.98	5110.56	5110.56
33927 00	Surgery	74.60	74.60	5371.20	5371.20
33928 00	Surgery	0.00	0.00	BR	BR
33929 00	Surgery	0.00	0.00	BR	BR
33930 00	Surgery	0.00	0.00	BR	BR
33933 00	Surgery	0.00	0.00	BR	BR
33935 00	Surgery	144.09	144.09	10374.48	10374.48
33940 00	Surgery	0.00	0.00	BR	BR
33944 00	Surgery	-	-	1205.28	1036.80
33945 00	Surgery	142.73	142.73	10276.56	10276.56
33946 00	Surgery	9.07	9.07	653.04	653.04
33947 00	Surgery	10.04	10.04	722.88	722.88
33948 00	Surgery	6.97	6.97	501.84	501.84

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
33949 00	Surgery	6.81	6.81	490.32	490.32
33951 00	Surgery	12.31	12.31	886.32	886.32
33952 00	Surgery	12.50	12.50	900.00	900.00
33953 00	Surgery	13.75	13.75	990.00	990.00
33954 00	Surgery	13.92	13.92	1002.24	1002.24
33955 00	Surgery	24.08	24.08	1733.76	1733.76
33956 00	Surgery	24.46	24.46	1761.12	1761.12
33957 00	Surgery	5.36	5.36	385.92	385.92
33958 00	Surgery	5.36	5.36	385.92	385.92
33959 00	Surgery	6.83	6.83	491.76	491.76
33962 00	Surgery	6.83	6.83	491.76	491.76
33963 00	Surgery	13.59	13.59	978.48	978.48
33964 00	Surgery	14.35	14.35	1033.20	1033.20
33965 00	Surgery	5.36	5.36	385.92	385.92
33966 00	Surgery	6.94	6.94	499.68	499.68
33967 00	Surgery	7.57	7.57	545.04	545.04
33968 00	Surgery	0.99	0.99	71.28	71.28
33969 00	Surgery	7.93	7.93	570.96	570.96
33970 00	Surgery	10.32	10.32	743.04	743.04
33971 00	Surgery	20.94	20.94	1507.68	1507.68
33973 00	Surgery	14.59	14.59	1050.48	1050.48
33974 00	Surgery	26.31	26.31	1894.32	1894.32
33975 00	Surgery	38.16	38.16	2747.52	2747.52
33976 00	Surgery	46.07	46.07	3317.04	3317.04
33977 00	Surgery	32.92	32.92	2370.24	2370.24
33978 00	Surgery	38.80	38.80	2793.60	2793.60
33979 00	Surgery	56.86	56.86	4093.92	4093.92
33980 00	Surgery	52.24	52.24	3761.28	3761.28
33981 00	Surgery	24.12	24.12	1736.64	1736.64
33982 00	Surgery	56.72	56.72	4083.84	4083.84
33983 00	Surgery	66.75	66.75	4806.00	4806.00
33984 00	Surgery	8.30	8.30	597.60	597.60
33985 00	Surgery	14.92	14.92	1074.24	1074.24
33986 00	Surgery	15.32	15.32	1103.04	1103.04
33987 00	Surgery	6.06	6.06	436.32	436.32
33988 00	Surgery	22.58	22.58	1625.76	1625.76
33989 00	Surgery	14.35	14.35	1033.20	1033.20
33990 00	Surgery	10.55	10.55	759.60	759.60
33991 00	Surgery	13.24	13.24	953.28	953.28
33992 00	Surgery	5.50	5.50	396.00	396.00
33993 00	Surgery	4.86	4.86	349.92	349.92
33995 00	Surgery	10.38	10.38	747.36	747.36

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33997 00	Surgery	4.72	4.72	339.84	339.84
33999 00	Surgery	0.00	0.00	BR	BR
34001 00	Surgery	26.83	26.83	1931.76	1931.76
34051 00	Surgery	29.30	29.30	2109.60	2109.60
34101 00	Surgery	17.50	17.50	1260.00	1260.00
34111 00	Surgery	17.48	17.48	1258.56	1258.56
34151 00	Surgery	40.77	40.77	2935.44	2935.44
34201 00	Surgery	29.93	29.93	2154.96	2154.96
34203 00	Surgery	27.81	27.81	2002.32	2002.32
34401 00	Surgery	44.04	44.04	3170.88	3170.88
34421 00	Surgery	20.42	20.42	1470.24	1470.24
34451 00	Surgery	42.08	42.08	3029.76	3029.76
34471 00	Surgery	31.66	31.66	2279.52	2279.52
34490 00	Surgery	16.92	16.92	1218.24	1218.24
34501 00	Surgery	26.33	26.33	1895.76	1895.76
34502 00	Surgery	45.58	45.58	3281.76	3281.76
34510 00	Surgery	29.97	29.97	2157.84	2157.84
34520 00	Surgery	29.03	29.03	2090.16	2090.16
34530 00	Surgery	27.66	27.66	1991.52	1991.52
34701 00	Surgery	36.11	36.11	2599.92	2599.92
34702 00	Surgery	53.93	53.93	3882.96	3882.96
34703 00	Surgery	40.11	40.11	2887.92	2887.92
34704 00	Surgery	66.86	66.86	4813.92	4813.92
34705 00	Surgery	44.60	44.60	3211.20	3211.20
34706 00	Surgery	66.47	66.47	4785.84	4785.84
34707 00	Surgery	33.92	33.92	2442.24	2442.24
34708 00	Surgery	53.17	53.17	3828.24	3828.24
34709 00	Surgery	9.39	9.39	676.08	676.08
34710 00	Surgery	23.30	23.30	1677.60	1677.60
34711 00	Surgery	8.58	8.58	617.76	617.76
34712 00	Surgery	19.20	19.20	1382.40	1382.40
34713 00	Surgery	3.59	3.59	258.48	258.48
34714 00	Surgery	7.87	7.87	566.64	566.64
34715 00	Surgery	8.71	8.71	627.12	627.12
34716 00	Surgery	10.87	10.87	782.64	782.64
34717 00	Surgery	12.91	12.91	929.52	929.52
34718 00	Surgery	36.18	36.18	2604.96	2604.96
34808 00	Surgery	5.91	5.91	425.52	425.52
34812 00	Surgery	6.01	6.01	432.72	432.72
34813 00	Surgery	6.85	6.85	493.20	493.20
34820 00	Surgery	9.82	9.82	707.04	707.04
34830 00	Surgery	51.60	51.60	3715.20	3715.20

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
34831 00	Surgery	56.43	56.43	4062.96	4062.96
34832 00	Surgery	55.47	55.47	3993.84	3993.84
34833 00	Surgery	11.46	11.46	825.12	825.12
34834 00	Surgery	3.77	3.77	271.44	271.44
34839 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
34841 00	Surgery	0.00	0.00	BR	BR
34842 00	Surgery	0.00	0.00	BR	BR
34843 00	Surgery	-	-	5652.00	4860.72
34844 00	Surgery	-	-	6176.16	5311.44
34845 00	Surgery	0.00	0.00	BR	BR
34846 00	Surgery	-	-	6033.60	5189.04
34847 00	Surgery	-	-	6742.80	5798.88
34848 00	Surgery	-	-	8928.00	7678.08
35001 00	Surgery	32.93	32.93	2370.96	2370.96
35002 00	Surgery	33.39	33.39	2404.08	2404.08
35005 00	Surgery	29.24	29.24	2105.28	2105.28
35011 00	Surgery	29.68	29.68	2136.96	2136.96
35013 00	Surgery	37.25	37.25	2682.00	2682.00
35021 00	Surgery	37.06	37.06	2668.32	2668.32
35022 00	Surgery	42.37	42.37	3050.64	3050.64
35045 00	Surgery	28.49	28.49	2051.28	2051.28
35081 00	Surgery	50.67	50.67	3648.24	3648.24
35082 00	Surgery	63.25	63.25	4554.00	4554.00
35091 00	Surgery	52.04	52.04	3746.88	3746.88
35092 00	Surgery	75.93	75.93	5466.96	5466.96
35102 00	Surgery	55.09	55.09	3966.48	3966.48
35103 00	Surgery	64.85	64.85	4669.20	4669.20
35111 00	Surgery	38.94	38.94	2803.68	2803.68
35112 00	Surgery	47.85	47.85	3445.20	3445.20
35121 00	Surgery	46.28	46.28	3332.16	3332.16
35122 00	Surgery	55.35	55.35	3985.20	3985.20
35131 00	Surgery	40.48	40.48	2914.56	2914.56
35132 00	Surgery	47.85	47.85	3445.20	3445.20
35141 00	Surgery	32.00	32.00	2304.00	2304.00
35142 00	Surgery	38.65	38.65	2782.80	2782.80
35151 00	Surgery	36.38	36.38	2619.36	2619.36
35152 00	Surgery	40.94	40.94	2947.68	2947.68
35180 00	Surgery	23.06	23.06	1660.32	1660.32
35182 00	Surgery	52.91	52.91	3809.52	3809.52
35184 00	Surgery	28.30	28.30	2037.60	2037.60
35188 00	Surgery	39.12	39.12	2816.64	2816.64
35189 00	Surgery	44.23	44.23	3184.56	3184.56

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
35190 00	Surgery	22.29	22.29	1604.88	1604.88
35201 00	Surgery	27.52	27.52	1981.44	1981.44
35206 00	Surgery	23.38	23.38	1683.36	1683.36
35207 00	Surgery	22.75	22.75	1638.00	1638.00
35211 00	Surgery	41.09	41.09	2958.48	2958.48
35216 00	Surgery	62.15	62.15	4474.80	4474.80
35221 00	Surgery	43.51	43.51	3132.72	3132.72
35226 00	Surgery	24.35	24.35	1753.20	1753.20
35231 00	Surgery	37.04	37.04	2666.88	2666.88
35236 00	Surgery	29.44	29.44	2119.68	2119.68
35241 00	Surgery	42.19	42.19	3037.68	3037.68
35246 00	Surgery	45.87	45.87	3302.64	3302.64
35251 00	Surgery	51.25	51.25	3690.00	3690.00
35256 00	Surgery	29.69	29.69	2137.68	2137.68
35261 00	Surgery	28.79	28.79	2072.88	2072.88
35266 00	Surgery	25.46	25.46	1833.12	1833.12
35271 00	Surgery	40.87	40.87	2942.64	2942.64
35276 00	Surgery	42.87	42.87	3086.64	3086.64
35281 00	Surgery	47.61	47.61	3427.92	3427.92
35286 00	Surgery	27.20	27.20	1958.40	1958.40
35301 00	Surgery	33.10	33.10	2383.20	2383.20
35302 00	Surgery	32.73	32.73	2356.56	2356.56
35303 00	Surgery	35.88	35.88	2583.36	2583.36
35304 00	Surgery	37.35	37.35	2689.20	2689.20
35305 00	Surgery	35.93	35.93	2586.96	2586.96
35306 00	Surgery	12.97	12.97	933.84	933.84
35311 00	Surgery	45.54	45.54	3278.88	3278.88
35321 00	Surgery	26.38	26.38	1899.36	1899.36
35331 00	Surgery	42.60	42.60	3067.20	3067.20
35341 00	Surgery	40.63	40.63	2925.36	2925.36
35351 00	Surgery	37.64	37.64	2710.08	2710.08
35355 00	Surgery	30.11	30.11	2167.92	2167.92
35361 00	Surgery	44.60	44.60	3211.20	3211.20
35363 00	Surgery	47.54	47.54	3422.88	3422.88
35371 00	Surgery	23.87	23.87	1718.64	1718.64
35372 00	Surgery	28.60	28.60	2059.20	2059.20
35390 00	Surgery	4.63	4.63	333.36	333.36
35400 00	Surgery	4.31	4.31	310.32	310.32
35500 00	Surgery	9.28	9.28	668.16	668.16
35501 00	Surgery	42.72	42.72	3075.84	3075.84
35506 00	Surgery	37.30	37.30	2685.60	2685.60
35508 00	Surgery	38.95	38.95	2804.40	2804.40

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
35509 00	Surgery	41.31	41.31	2974.32	2974.32
35510 00	Surgery	36.02	36.02	2593.44	2593.44
35511 00	Surgery	32.82	32.82	2363.04	2363.04
35512 00	Surgery	35.32	35.32	2543.04	2543.04
35515 00	Surgery	38.95	38.95	2804.40	2804.40
35516 00	Surgery	35.74	35.74	2573.28	2573.28
35518 00	Surgery	33.45	33.45	2408.40	2408.40
35521 00	Surgery	36.00	36.00	2592.00	2592.00
35522 00	Surgery	34.26	34.26	2466.72	2466.72
35523 00	Surgery	36.05	36.05	2595.60	2595.60
35525 00	Surgery	33.18	33.18	2388.96	2388.96
35526 00	Surgery	50.72	50.72	3651.84	3651.84
35531 00	Surgery	57.07	57.07	4109.04	4109.04
35533 00	Surgery	44.15	44.15	3178.80	3178.80
35535 00	Surgery	55.70	55.70	4010.40	4010.40
35536 00	Surgery	49.47	49.47	3561.84	3561.84
35537 00	Surgery	61.00	61.00	4392.00	4392.00
35538 00	Surgery	68.31	68.31	4918.32	4918.32
35539 00	Surgery	64.12	64.12	4616.64	4616.64
35540 00	Surgery	71.44	71.44	5143.68	5143.68
35556 00	Surgery	40.76	40.76	2934.72	2934.72
35558 00	Surgery	36.30	36.30	2613.60	2613.60
35560 00	Surgery	49.91	49.91	3593.52	3593.52
35563 00	Surgery	38.80	38.80	2793.60	2793.60
35565 00	Surgery	38.42	38.42	2766.24	2766.24
35566 00	Surgery	48.60	48.60	3499.20	3499.20
35570 00	Surgery	43.18	43.18	3108.96	3108.96
35571 00	Surgery	38.73	38.73	2788.56	2788.56
35572 00	Surgery	10.01	10.01	720.72	720.72
35583 00	Surgery	42.18	42.18	3036.96	3036.96
35585 00	Surgery	48.84	48.84	3516.48	3516.48
35587 00	Surgery	39.05	39.05	2811.60	2811.60
35600 00	Surgery	5.44	5.44	391.68	391.68
35601 00	Surgery	41.00	41.00	2952.00	2952.00
35606 00	Surgery	34.45	34.45	2480.40	2480.40
35612 00	Surgery	30.68	30.68	2208.96	2208.96
35616 00	Surgery	32.28	32.28	2324.16	2324.16
35621 00	Surgery	32.10	32.10	2311.20	2311.20
35623 00	Surgery	38.51	38.51	2772.72	2772.72
35626 00	Surgery	46.54	46.54	3350.88	3350.88
35631 00	Surgery	54.22	54.22	3903.84	3903.84
35632 00	Surgery	52.88	52.88	3807.36	3807.36

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
35633 00	Surgery	58.00	58.00	4176.00	4176.00
35634 00	Surgery	51.75	51.75	3726.00	3726.00
35636 00	Surgery	46.70	46.70	3362.40	3362.40
35637 00	Surgery	48.55	48.55	3495.60	3495.60
35638 00	Surgery	50.75	50.75	3654.00	3654.00
35642 00	Surgery	29.02	29.02	2089.44	2089.44
35645 00	Surgery	27.80	27.80	2001.60	2001.60
35646 00	Surgery	49.88	49.88	3591.36	3591.36
35647 00	Surgery	45.37	45.37	3266.64	3266.64
35650 00	Surgery	29.94	29.94	2155.68	2155.68
35654 00	Surgery	39.91	39.91	2873.52	2873.52
35656 00	Surgery	31.40	31.40	2260.80	2260.80
35661 00	Surgery	31.71	31.71	2283.12	2283.12
35663 00	Surgery	35.73	35.73	2572.56	2572.56
35665 00	Surgery	34.38	34.38	2475.36	2475.36
35666 00	Surgery	37.71	37.71	2715.12	2715.12
35671 00	Surgery	33.20	33.20	2390.40	2390.40
35681 00	Surgery	2.33	2.33	167.76	167.76
35682 00	Surgery	10.29	10.29	740.88	740.88
35683 00	Surgery	11.92	11.92	858.24	858.24
35685 00	Surgery	5.77	5.77	415.44	415.44
35686 00	Surgery	4.68	4.68	336.96	336.96
35691 00	Surgery	27.76	27.76	1998.72	1998.72
35693 00	Surgery	24.62	24.62	1772.64	1772.64
35694 00	Surgery	28.99	28.99	2087.28	2087.28
35695 00	Surgery	30.08	30.08	2165.76	2165.76
35697 00	Surgery	4.27	4.27	307.44	307.44
35700 00	Surgery	4.42	4.42	318.24	318.24
35701 00	Surgery	13.01	13.01	936.72	936.72
35702 00	Surgery	12.10	12.10	871.20	871.20
35703 00	Surgery	12.24	12.24	881.28	881.28
35800 00	Surgery	21.86	21.86	1573.92	1573.92
35820 00	Surgery	59.21	59.21	4263.12	4263.12
35840 00	Surgery	36.20	36.20	2606.40	2606.40
35860 00	Surgery	24.80	24.80	1785.60	1785.60
35870 00	Surgery	36.58	36.58	2633.76	2633.76
35875 00	Surgery	17.37	17.37	1250.64	1250.64
35876 00	Surgery	27.61	27.61	1987.92	1987.92
35879 00	Surgery	26.99	26.99	1943.28	1943.28
35881 00	Surgery	30.17	30.17	2172.24	2172.24
35883 00	Surgery	35.00	35.00	2520.00	2520.00
35884 00	Surgery	36.29	36.29	2612.88	2612.88

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
35901 00	Surgery	14.07	14.07	1013.04	1013.04
35903 00	Surgery	16.64	16.64	1198.08	1198.08
35905 00	Surgery	49.19	49.19	3541.68	3541.68
35907 00	Surgery	55.88	55.88	4023.36	4023.36
36000 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36002 00	Surgery	4.59	3.06	330.48	220.32
36005 00	Surgery	7.48	1.39	538.56	100.08
36010 00	Surgery	15.90	3.17	1144.80	228.24
36011 00	Surgery	23.52	4.55	1693.44	327.60
36012 00	Surgery	24.56	5.07	1768.32	365.04
36013 00	Surgery	22.99	3.67	1655.28	264.24
36014 00	Surgery	23.10	4.41	1663.20	317.52
36015 00	Surgery	24.81	4.99	1786.32	359.28
36100 00	Surgery	15.81	4.45	1138.32	320.40
36140 00	Surgery	15.09	2.60	1086.48	187.20
36160 00	Surgery	16.28	3.59	1172.16	258.48
36200 00	Surgery	17.47	4.07	1257.84	293.04
36215 00	Surgery	30.53	6.21	2198.16	447.12
36216 00	Surgery	31.46	7.97	2265.12	573.84
36217 00	Surgery	53.47	9.78	3849.84	704.16
36218 00	Surgery	6.22	1.54	447.84	110.88
36221 00	Surgery	29.12	5.85	2096.64	421.20
36222 00	Surgery	36.52	8.42	2629.44	606.24
36223 00	Surgery	49.64	9.73	3574.08	700.56
36224 00	Surgery	61.29	10.93	4412.88	786.96
36225 00	Surgery	47.14	9.65	3394.08	694.80
36226 00	Surgery	59.72	10.86	4299.84	781.92
36227 00	Surgery	7.28	3.58	524.16	257.76
36228 00	Surgery	38.52	7.38	2773.44	531.36
36245 00	Surgery	36.50	6.88	2628.00	495.36
36246 00	Surgery	24.58	7.38	1769.76	531.36
36247 00	Surgery	41.76	8.69	3006.72	625.68
36248 00	Surgery	3.43	1.40	246.96	100.80
36251 00	Surgery	37.83	7.46	2723.76	537.12
36252 00	Surgery	41.04	10.43	2954.88	750.96
36253 00	Surgery	59.02	10.29	4249.44	740.88
36254 00	Surgery	58.18	12.16	4188.96	875.52
36260 00	Surgery	19.79	19.79	1424.88	1424.88
36261 00	Surgery	12.47	12.47	897.84	897.84
36262 00	Surgery	9.54	9.54	686.88	686.88
36299 00	Surgery	0.00	0.00	BR	BR
36400 00	Surgery	0.82	0.55	59.04	39.60

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
36405 00	Surgery	0.72	0.44	51.84	31.68
36406 00	Surgery	0.53	0.26	38.16	18.72
36410 00	Surgery	0.53	0.27	38.16	19.44
36415 00	Surgery	0.27	0.27	19.42	19.42
36416 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36420 00	Surgery	1.41	1.41	101.52	101.52
36425 00	Surgery	1.17	1.17	84.24	84.24
36430 00	Surgery	1.27	1.27	91.44	91.44
36440 00	Surgery	1.48	1.48	106.56	106.56
36450 00	Surgery	5.03	5.03	362.16	362.16
36455 00	Surgery	3.69	3.69	265.68	265.68
36456 00	Surgery	2.87	2.87	206.64	206.64
36460 00	Surgery	10.24	10.24	737.28	737.28
36465 00	Surgery	38.22	3.49	2751.84	251.28
36466 00	Surgery	40.36	4.45	2905.92	320.40
36468 00	Surgery	-	-	243.36	208.80
36470 00	Surgery	3.46	1.12	249.12	80.64
36471 00	Surgery	5.99	2.23	431.28	160.56
36473 00	Surgery	35.64	5.32	2566.08	383.04
36474 00	Surgery	7.47	2.60	537.84	187.20
36475 00	Surgery	31.71	8.15	2283.12	586.80
36476 00	Surgery	8.35	3.90	601.20	280.80
36478 00	Surgery	28.96	8.15	2085.12	586.80
36479 00	Surgery	8.98	3.98	646.56	286.56
36481 00	Surgery	50.76	9.47	3654.72	681.84
36482 00	Surgery	49.27	5.26	3547.44	378.72
36483 00	Surgery	4.09	2.59	294.48	186.48
36500 00	Surgery	5.33	5.33	383.76	383.76
36510 00	Surgery	2.58	1.57	185.76	113.04
36511 00	Surgery	3.28	3.28	236.16	236.16
36512 00	Surgery	3.12	3.12	224.64	224.64
36513 00	Surgery	3.13	3.13	225.36	225.36
36514 00	Surgery	19.94	2.75	1435.68	198.00
36516 00	Surgery	53.26	2.54	3834.72	182.88
36522 00	Surgery	39.91	2.82	2873.52	203.04
36555 00	Surgery	5.60	2.48	403.20	178.56
36556 00	Surgery	6.35	2.49	457.20	179.28
36557 00	Surgery	34.14	9.60	2458.08	691.20
36558 00	Surgery	24.30	7.63	1749.60	549.36
36560 00	Surgery	36.43	11.47	2622.96	825.84
36561 00	Surgery	28.74	9.81	2069.28	706.32
36563 00	Surgery	32.31	10.72	2326.32	771.84

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36565 00	Surgery	24.49	9.98	1763.28	718.56
36566 00	Surgery	123.98	10.55	8926.56	759.60
36568 00	Surgery	2.70	2.70	194.40	194.40
36569 00	Surgery	2.79	2.79	200.88	200.88
36570 00	Surgery	42.84	9.96	3084.48	717.12
36571 00	Surgery	36.92	9.29	2658.24	668.88
36572 00	Surgery	11.02	2.38	793.44	171.36
36573 00	Surgery	11.26	2.44	810.72	175.68
36575 00	Surgery	4.28	0.98	308.16	70.56
36576 00	Surgery	10.22	5.43	735.84	390.96
36578 00	Surgery	12.74	6.04	917.28	434.88
36580 00	Surgery	5.58	1.91	401.76	137.52
36581 00	Surgery	22.79	5.38	1640.88	387.36
36582 00	Surgery	25.73	8.48	1852.56	610.56
36583 00	Surgery	33.88	9.84	2439.36	708.48
36584 00	Surgery	9.57	1.71	689.04	123.12
36585 00	Surgery	33.54	8.25	2414.88	594.00
36589 00	Surgery	4.91	4.03	353.52	290.16
36590 00	Surgery	6.64	5.62	478.08	404.64
36591 00	Surgery	0.83	0.83	59.76	59.76
36592 00	Surgery	0.90	0.90	64.80	64.80
36593 00	Surgery	1.04	1.04	74.88	74.88
36595 00	Surgery	17.48	5.29	1258.56	380.88
36596 00	Surgery	3.44	1.33	247.68	95.76
36597 00	Surgery	3.29	1.76	236.88	126.72
36598 00	Surgery	3.55	1.04	255.60	74.88
36600 00	Surgery	0.82	0.44	59.04	31.68
36620 00	Surgery	1.30	1.30	93.60	93.60
36625 00	Surgery	3.10	3.10	223.20	223.20
36640 00	Surgery	3.50	3.50	252.00	252.00
36660 00	Surgery	2.01	2.01	144.72	144.72
36680 00	Surgery	1.77	1.77	127.44	127.44
36800 00	Surgery	3.56	3.56	256.32	256.32
36810 00	Surgery	6.19	6.19	445.68	445.68
36815 00	Surgery	3.97	3.97	285.84	285.84
36818 00	Surgery	20.26	20.26	1458.72	1458.72
36819 00	Surgery	21.45	21.45	1544.40	1544.40
36820 00	Surgery	21.34	21.34	1536.48	1536.48
36821 00	Surgery	19.39	19.39	1396.08	1396.08
36823 00	Surgery	42.08	42.08	3029.76	3029.76
36825 00	Surgery	23.32	23.32	1679.04	1679.04
36830 00	Surgery	19.58	19.58	1409.76	1409.76

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36831 00	Surgery	18.14	18.14	1306.08	1306.08
36832 00	Surgery	22.23	22.23	1600.56	1600.56
36833 00	Surgery	23.71	23.71	1707.12	1707.12
36835 00	Surgery	14.41	14.41	1037.52	1037.52
36836 00	Surgery	240.53	10.40	17318.16	748.80
36837 00	Surgery	286.30	13.45	20613.60	968.40
36838 00	Surgery	33.40	33.40	2404.80	2404.80
36860 00	Surgery	6.97	3.26	501.84	234.72
36861 00	Surgery	4.09	4.09	294.48	294.48
36901 00	Surgery	20.79	4.90	1496.88	352.80
36902 00	Surgery	35.53	6.99	2558.16	503.28
36903 00	Surgery	124.51	9.19	8964.72	661.68
36904 00	Surgery	53.16	10.72	3827.52	771.84
36905 00	Surgery	66.85	12.87	4813.20	926.64
36906 00	Surgery	158.48	14.86	11410.56	1069.92
36907 00	Surgery	17.33	4.25	1247.76	306.00
36908 00	Surgery	41.53	6.03	2990.16	434.16
36909 00	Surgery	55.54	5.85	3998.88	421.20
37140 00	Surgery	69.30	69.30	4989.60	4989.60
37145 00	Surgery	64.31	64.31	4630.32	4630.32
37160 00	Surgery	66.05	66.05	4755.60	4755.60
37180 00	Surgery	63.49	63.49	4571.28	4571.28
37181 00	Surgery	69.30	69.30	4989.60	4989.60
37182 00	Surgery	23.63	23.63	1701.36	1701.36
37183 00	Surgery	170.20	10.85	12254.40	781.20
37184 00	Surgery	50.25	12.55	3618.00	903.60
37185 00	Surgery	13.95	4.74	1004.40	341.28
37186 00	Surgery	34.83	7.10	2507.76	511.20
37187 00	Surgery	49.67	11.45	3576.24	824.40
37188 00	Surgery	42.55	8.19	3063.60	589.68
37191 00	Surgery	59.20	6.42	4262.40	462.24
37192 00	Surgery	37.71	10.05	2715.12	723.60
37193 00	Surgery	44.00	10.09	3168.00	726.48
37195 00	Surgery	-	-	1504.80	1293.84
37197 00	Surgery	45.94	8.76	3307.68	630.72
37200 00	Surgery	6.23	6.23	448.56	448.56
37211 00	Surgery	11.28	11.28	812.16	812.16
37212 00	Surgery	9.83	9.83	707.76	707.76
37213 00	Surgery	6.72	6.72	483.84	483.84
37214 00	Surgery	3.55	3.55	255.60	255.60
37215 00	Surgery	29.04	29.04	2090.88	2090.88
37216 00	Surgery	29.18	29.18	2100.96	2100.96

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
37217 00	Surgery	31.58	31.58	2273.76	2273.76
37218 00	Surgery	24.30	24.30	1749.60	1749.60
37220 00	Surgery	73.65	11.64	5302.80	838.08
37221 00	Surgery	90.41	14.34	6509.52	1032.48
37222 00	Surgery	18.18	5.38	1308.96	387.36
37223 00	Surgery	37.29	6.16	2684.88	443.52
37224 00	Surgery	85.63	12.94	6165.36	931.68
37225 00	Surgery	256.71	17.41	18483.12	1253.52
37226 00	Surgery	237.79	15.09	17120.88	1086.48
37227 00	Surgery	327.81	20.83	23602.32	1499.76
37228 00	Surgery	121.34	15.73	8736.48	1132.56
37229 00	Surgery	261.20	20.15	18806.40	1450.80
37230 00	Surgery	261.62	20.16	18836.64	1451.52
37231 00	Surgery	345.41	21.35	24869.52	1537.20
37232 00	Surgery	24.14	5.79	1738.08	416.88
37233 00	Surgery	31.01	9.36	2232.72	673.92
37234 00	Surgery	106.68	8.18	7680.96	588.96
37235 00	Surgery	115.88	10.69	8343.36	769.68
37236 00	Surgery	80.69	12.84	5809.68	924.48
37237 00	Surgery	37.94	6.15	2731.68	442.80
37238 00	Surgery	101.29	8.94	7292.88	643.68
37239 00	Surgery	50.62	4.38	3644.64	315.36
37241 00	Surgery	135.66	12.43	9767.52	894.96
37242 00	Surgery	207.36	13.84	14929.92	996.48
37243 00	Surgery	251.28	16.26	18092.16	1170.72
37244 00	Surgery	191.96	19.17	13821.12	1380.24
37246 00	Surgery	53.33	10.14	3839.76	730.08
37247 00	Surgery	17.34	5.05	1248.48	363.60
37248 00	Surgery	39.77	8.65	2863.44	622.80
37249 00	Surgery	13.01	4.24	936.72	305.28
37252 00	Surgery	27.85	2.59	2005.20	186.48
37253 00	Surgery	5.12	2.06	368.64	148.32
37500 00	Surgery	18.57	18.57	1337.04	1337.04
37501 00	Surgery	0.00	0.00	BR	BR
37565 00	Surgery	21.73	21.73	1564.56	1564.56
37600 00	Surgery	22.35	22.35	1609.20	1609.20
37605 00	Surgery	21.71	21.71	1563.12	1563.12
37606 00	Surgery	22.38	22.38	1611.36	1611.36
37607 00	Surgery	11.07	11.07	797.04	797.04
37609 00	Surgery	9.34	6.11	672.48	439.92
37615 00	Surgery	15.45	15.45	1112.40	1112.40
37616 00	Surgery	33.50	33.50	2412.00	2412.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
37617 00	Surgery	39.31	39.31	2830.32	2830.32
37618 00	Surgery	11.73	11.73	844.56	844.56
37619 00	Surgery	51.51	51.51	3708.72	3708.72
37650 00	Surgery	13.56	13.56	976.32	976.32
37660 00	Surgery	39.32	39.32	2831.04	2831.04
37700 00	Surgery	7.26	7.26	522.72	522.72
37718 00	Surgery	11.61	11.61	835.92	835.92
37722 00	Surgery	13.63	13.63	981.36	981.36
37735 00	Surgery	17.17	17.17	1236.24	1236.24
37760 00	Surgery	17.00	17.00	1224.00	1224.00
37761 00	Surgery	15.90	15.90	1144.80	1144.80
37765 00	Surgery	12.55	7.98	903.60	574.56
37766 00	Surgery	14.76	9.78	1062.72	704.16
37780 00	Surgery	7.01	7.01	504.72	504.72
37785 00	Surgery	10.45	7.58	752.40	545.76
37788 00	Surgery	37.50	37.50	2700.00	2700.00
37790 00	Surgery	14.54	14.54	1046.88	1046.88
37799 00	Surgery	0.00	0.00	BR	BR
38100 00	Surgery	34.45	34.45	2480.40	2480.40
38101 00	Surgery	34.89	34.89	2512.08	2512.08
38102 00	Surgery	7.79	7.79	560.88	560.88
38115 00	Surgery	38.69	38.69	2785.68	2785.68
38120 00	Surgery	31.84	31.84	2292.48	2292.48
38129 00	Surgery	0.00	0.00	BR	BR
38200 00	Surgery	3.82	3.82	275.04	275.04
38204 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
38205 00	Surgery	2.49	2.49	179.28	179.28
38206 00	Surgery	2.44	2.44	175.68	175.68
38207 00	Surgery	1.33	1.33	95.76	95.76
38208 00	Surgery	0.84	0.84	60.48	60.48
38209 00	Surgery	0.35	0.35	25.20	25.20
38210 00	Surgery	2.34	2.34	168.48	168.48
38211 00	Surgery	2.12	2.12	152.64	152.64
38212 00	Surgery	1.40	1.40	100.80	100.80
38213 00	Surgery	0.35	0.35	25.20	25.20
38214 00	Surgery	1.20	1.20	86.40	86.40
38215 00	Surgery	1.40	1.40	100.80	100.80
38220 00	Surgery	4.72	1.99	339.84	143.28
38221 00	Surgery	4.88	2.08	351.36	149.76
38222 00	Surgery	5.26	2.22	378.72	159.84
38230 00	Surgery	6.04	6.04	434.88	434.88
38232 00	Surgery	5.61	5.61	403.92	403.92

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
38240 00	Surgery	7.16	7.16	515.52	515.52
38241 00	Surgery	5.29	5.29	380.88	380.88
38242 00	Surgery	3.74	3.74	269.28	269.28
38243 00	Surgery	3.67	3.67	264.24	264.24
38300 00	Surgery	10.19	6.36	733.68	457.92
38305 00	Surgery	15.00	15.00	1080.00	1080.00
38308 00	Surgery	14.20	14.20	1022.40	1022.40
38380 00	Surgery	17.45	17.45	1256.40	1256.40
38381 00	Surgery	23.98	23.98	1726.56	1726.56
38382 00	Surgery	20.44	20.44	1471.68	1471.68
38500 00	Surgery	10.15	7.70	730.80	554.40
38505 00	Surgery	5.21	2.53	375.12	182.16
38510 00	Surgery	15.91	12.58	1145.52	905.76
38520 00	Surgery	14.11	14.11	1015.92	1015.92
38525 00	Surgery	13.34	13.34	960.48	960.48
38530 00	Surgery	17.07	17.07	1229.04	1229.04
38531 00	Surgery	13.52	13.52	973.44	973.44
38542 00	Surgery	15.81	15.81	1138.32	1138.32
38550 00	Surgery	15.83	15.83	1139.76	1139.76
38555 00	Surgery	30.91	30.91	2225.52	2225.52
38562 00	Surgery	21.28	21.28	1532.16	1532.16
38564 00	Surgery	21.06	21.06	1516.32	1516.32
38570 00	Surgery	15.53	15.53	1118.16	1118.16
38571 00	Surgery	19.77	19.77	1423.44	1423.44
38572 00	Surgery	26.92	26.92	1938.24	1938.24
38573 00	Surgery	35.32	35.32	2543.04	2543.04
38589 00	Surgery	0.00	0.00	BR	BR
38700 00	Surgery	24.27	24.27	1747.44	1747.44
38720 00	Surgery	40.40	40.40	2908.80	2908.80
38724 00	Surgery	43.60	43.60	3139.20	3139.20
38740 00	Surgery	21.20	21.20	1526.40	1526.40
38745 00	Surgery	26.62	26.62	1916.64	1916.64
38746 00	Surgery	6.29	6.29	452.88	452.88
38747 00	Surgery	7.92	7.92	570.24	570.24
38760 00	Surgery	25.17	25.17	1812.24	1812.24
38765 00	Surgery	39.25	39.25	2826.00	2826.00
38770 00	Surgery	24.18	24.18	1740.96	1740.96
38780 00	Surgery	31.55	31.55	2271.60	2271.60
38790 00	Surgery	2.44	2.44	175.68	175.68
38792 00	Surgery	2.47	0.95	177.84	68.40
38794 00	Surgery	8.36	8.36	601.92	601.92
38900 00	Surgery	4.09	4.09	294.48	294.48

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
38999 00	Surgery	0.00	0.00	BR	BR
39000 00	Surgery	15.15	15.15	1090.80	1090.80
39010 00	Surgery	23.47	23.47	1689.84	1689.84
39200 00	Surgery	25.80	25.80	1857.60	1857.60
39220 00	Surgery	33.71	33.71	2427.12	2427.12
39401 00	Surgery	9.11	9.11	655.92	655.92
39402 00	Surgery	11.89	11.89	856.08	856.08
39499 00	Surgery	0.00	0.00	BR	BR
39501 00	Surgery	25.55	25.55	1839.60	1839.60
39503 00	Surgery	171.00	171.00	12312.00	12312.00
39540 00	Surgery	25.95	25.95	1868.40	1868.40
39541 00	Surgery	27.88	27.88	2007.36	2007.36
39545 00	Surgery	26.67	26.67	1920.24	1920.24
39560 00	Surgery	24.05	24.05	1731.60	1731.60
39561 00	Surgery	37.54	37.54	2702.88	2702.88
39599 00	Surgery	0.00	0.00	BR	BR
40490 00	Surgery	3.68	2.06	264.96	148.32
40500 00	Surgery	16.00	11.23	1152.00	808.56
40510 00	Surgery	14.79	10.57	1064.88	761.04
40520 00	Surgery	15.19	10.81	1093.68	778.32
40525 00	Surgery	16.68	16.68	1200.96	1200.96
40527 00	Surgery	19.00	19.00	1368.00	1368.00
40530 00	Surgery	16.85	12.28	1213.20	884.16
40650 00	Surgery	14.58	9.62	1049.76	692.64
40652 00	Surgery	15.66	10.96	1127.52	789.12
40654 00	Surgery	17.74	12.92	1277.28	930.24
40700 00	Surgery	30.29	30.29	2180.88	2180.88
40701 00	Surgery	35.71	35.71	2571.12	2571.12
40702 00	Surgery	30.02	30.02	2161.44	2161.44
40720 00	Surgery	30.80	30.80	2217.60	2217.60
40761 00	Surgery	32.33	32.33	2327.76	2327.76
40799 00	Surgery	0.00	0.00	BR	BR
40800 00	Surgery	6.08	3.58	437.76	257.76
40801 00	Surgery	8.77	5.98	631.44	430.56
40804 00	Surgery	5.70	3.44	410.40	247.68
40805 00	Surgery	8.55	5.94	615.60	427.68
40806 00	Surgery	3.00	0.89	216.00	64.08
40808 00	Surgery	5.10	2.69	367.20	193.68
40810 00	Surgery	6.53	3.70	470.16	266.40
40812 00	Surgery	8.33	5.48	599.76	394.56
40814 00	Surgery	11.17	8.52	804.24	613.44
40816 00	Surgery	12.16	9.17	875.52	660.24

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
40818 00	Surgery	10.94	7.99	787.68	575.28
40819 00	Surgery	8.12	6.01	584.64	432.72
40820 00	Surgery	7.79	5.01	560.88	360.72
40830 00	Surgery	6.73	4.37	484.56	314.64
40831 00	Surgery	8.85	6.03	637.20	434.16
40840 00	Surgery	26.07	19.08	1877.04	1373.76
40842 00	Surgery	28.06	20.42	2020.32	1470.24
40843 00	Surgery	36.11	26.16	2599.92	1883.52
40844 00	Surgery	45.33	35.40	3263.76	2548.80
40845 00	Surgery	44.52	36.23	3205.44	2608.56
40899 00	Surgery	0.00	0.00	BR	BR
41000 00	Surgery	4.37	3.14	314.64	226.08
41005 00	Surgery	6.85	3.50	493.20	252.00
41006 00	Surgery	10.18	6.95	732.96	500.40
41007 00	Surgery	9.87	6.66	710.64	479.52
41008 00	Surgery	11.82	7.77	851.04	559.44
41009 00	Surgery	12.75	8.61	918.00	619.92
41010 00	Surgery	6.52	3.33	469.44	239.76
41015 00	Surgery	11.99	8.99	863.28	647.28
41016 00	Surgery	13.98	10.36	1006.56	745.92
41017 00	Surgery	13.97	10.30	1005.84	741.60
41018 00	Surgery	15.75	12.01	1134.00	864.72
41019 00	Surgery	14.56	14.56	1048.32	1048.32
41100 00	Surgery	5.65	3.24	406.80	233.28
41105 00	Surgery	5.67	3.33	408.24	239.76
41108 00	Surgery	5.07	2.76	365.04	198.72
41110 00	Surgery	6.93	3.93	498.96	282.96
41112 00	Surgery	10.21	7.33	735.12	527.76
41113 00	Surgery	10.89	7.95	784.08	572.40
41114 00	Surgery	18.73	18.73	1348.56	1348.56
41115 00	Surgery	7.87	4.42	566.64	318.24
41116 00	Surgery	10.07	6.54	725.04	470.88
41120 00	Surgery	31.70	31.70	2282.40	2282.40
41130 00	Surgery	39.21	39.21	2823.12	2823.12
41135 00	Surgery	64.62	64.62	4652.64	4652.64
41140 00	Surgery	65.08	65.08	4685.76	4685.76
41145 00	Surgery	81.94	81.94	5899.68	5899.68
41150 00	Surgery	65.57	65.57	4721.04	4721.04
41153 00	Surgery	71.33	71.33	5135.76	5135.76
41155 00	Surgery	88.88	88.88	6399.36	6399.36
41250 00	Surgery	8.53	4.64	614.16	334.08
41251 00	Surgery	9.43	5.54	678.96	398.88

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
41252 00	Surgery	9.82	6.29	707.04	452.88
41510 00	Surgery	13.68	13.68	984.96	984.96
41512 00	Surgery	20.02	20.02	1441.44	1441.44
41520 00	Surgery	11.06	7.61	796.32	547.92
41530 00	Surgery	27.32	11.34	1967.04	816.48
41599 00	Surgery	0.00	0.00	BR	BR
41800 00	Surgery	8.76	4.66	630.72	335.52
41805 00	Surgery	9.22	5.86	663.84	421.92
41806 00	Surgery	12.24	8.29	881.28	596.88
41820 00	Surgery	-	-	882.00	740.88
41821 00	Surgery	-	-	223.92	187.92
41822 00	Surgery	10.68	6.08	768.96	437.76
41823 00	Surgery	15.97	11.12	1149.84	800.64
41825 00	Surgery	6.64	3.67	478.08	264.24
41826 00	Surgery	8.96	5.86	645.12	421.92
41827 00	Surgery	12.99	8.68	935.28	624.96
41828 00	Surgery	10.62	6.68	764.64	480.96
41830 00	Surgery	14.11	9.45	1015.92	680.40
41850 00	Surgery	-	-	396.72	333.36
41870 00	Surgery	-	-	731.52	614.88
41872 00	Surgery	14.21	9.22	1023.12	663.84
41874 00	Surgery	11.53	7.34	830.16	528.48
41899 00	Surgery	0.00	0.00	BR	BR
42000 00	Surgery	4.86	3.31	349.92	238.32
42100 00	Surgery	4.41	3.33	317.52	239.76
42104 00	Surgery	6.56	4.08	472.32	293.76
42106 00	Surgery	7.54	4.83	542.88	347.76
42107 00	Surgery	13.36	9.74	961.92	701.28
42120 00	Surgery	30.07	30.07	2165.04	2165.04
42140 00	Surgery	9.38	4.95	675.36	356.40
42145 00	Surgery	20.79	20.79	1496.88	1496.88
42160 00	Surgery	6.82	4.25	491.04	306.00
42180 00	Surgery	7.70	5.67	554.40	408.24
42182 00	Surgery	9.96	7.80	717.12	561.60
42200 00	Surgery	27.84	27.84	2004.48	2004.48
42205 00	Surgery	28.95	28.95	2084.40	2084.40
42210 00	Surgery	32.31	32.31	2326.32	2326.32
42215 00	Surgery	21.15	21.15	1522.80	1522.80
42220 00	Surgery	17.44	17.44	1255.68	1255.68
42225 00	Surgery	29.48	29.48	2122.56	2122.56
42226 00	Surgery	27.27	27.27	1963.44	1963.44
42227 00	Surgery	25.41	25.41	1829.52	1829.52

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42235 00	Surgery	22.37	22.37	1610.64	1610.64
42260 00	Surgery	26.03	20.26	1874.16	1458.72
42280 00	Surgery	5.30	3.26	381.60	234.72
42281 00	Surgery	6.74	4.84	485.28	348.48
42299 00	Surgery	0.00	0.00	BR	BR
42300 00	Surgery	6.51	4.74	468.72	341.28
42305 00	Surgery	13.13	13.13	945.36	945.36
42310 00	Surgery	5.15	4.07	370.80	293.04
42320 00	Surgery	7.89	5.43	568.08	390.96
42330 00	Surgery	7.08	5.01	509.76	360.72
42335 00	Surgery	13.09	7.99	942.48	575.28
42340 00	Surgery	16.12	10.47	1160.64	753.84
42400 00	Surgery	2.87	1.58	206.64	113.76
42405 00	Surgery	9.21	6.86	663.12	493.92
42408 00	Surgery	16.28	10.49	1172.16	755.28
42409 00	Surgery	11.95	7.06	860.40	508.32
42410 00	Surgery	19.05	19.05	1371.60	1371.60
42415 00	Surgery	31.90	31.90	2296.80	2296.80
42420 00	Surgery	35.67	35.67	2568.24	2568.24
42425 00	Surgery	25.31	25.31	1822.32	1822.32
42426 00	Surgery	40.54	40.54	2918.88	2918.88
42440 00	Surgery	12.61	12.61	907.92	907.92
42450 00	Surgery	14.32	11.05	1031.04	795.60
42500 00	Surgery	13.60	10.47	979.20	753.84
42505 00	Surgery	17.43	13.90	1254.96	1000.80
42507 00	Surgery	14.98	14.98	1078.56	1078.56
42509 00	Surgery	24.66	24.66	1775.52	1775.52
42510 00	Surgery	18.37	18.37	1322.64	1322.64
42550 00	Surgery	4.59	1.80	330.48	129.60
42600 00	Surgery	16.51	10.82	1188.72	779.04
42650 00	Surgery	2.25	1.78	162.00	128.16
42660 00	Surgery	3.37	2.60	242.64	187.20
42665 00	Surgery	11.38	6.62	819.36	476.64
42699 00	Surgery	0.00	0.00	BR	BR
42700 00	Surgery	5.82	4.12	419.04	296.64
42720 00	Surgery	13.49	11.60	971.28	835.20
42725 00	Surgery	24.08	24.08	1733.76	1733.76
42800 00	Surgery	4.80	3.55	345.60	255.60
42804 00	Surgery	6.53	3.74	470.16	269.28
42806 00	Surgery	7.29	4.30	524.88	309.60
42808 00	Surgery	7.04	5.03	506.88	362.16
42809 00	Surgery	6.26	3.84	450.72	276.48

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
42810 00	Surgery	11.82	8.60	851.04	619.20
42815 00	Surgery	16.29	16.29	1172.88	1172.88
42820 00	Surgery	8.85	8.85	637.20	637.20
42821 00	Surgery	9.24	9.24	665.28	665.28
42825 00	Surgery	8.17	8.17	588.24	588.24
42826 00	Surgery	7.78	7.78	560.16	560.16
42830 00	Surgery	6.49	6.49	467.28	467.28
42831 00	Surgery	7.05	7.05	507.60	507.60
42835 00	Surgery	6.06	6.06	436.32	436.32
42836 00	Surgery	7.47	7.47	537.84	537.84
42842 00	Surgery	30.35	30.35	2185.20	2185.20
42844 00	Surgery	41.27	41.27	2971.44	2971.44
42845 00	Surgery	65.83	65.83	4739.76	4739.76
42860 00	Surgery	5.93	5.93	426.96	426.96
42870 00	Surgery	17.73	17.73	1276.56	1276.56
42890 00	Surgery	42.44	42.44	3055.68	3055.68
42892 00	Surgery	55.74	55.74	4013.28	4013.28
42894 00	Surgery	70.67	70.67	5088.24	5088.24
42900 00	Surgery	10.00	10.00	720.00	720.00
42950 00	Surgery	23.96	23.96	1725.12	1725.12
42953 00	Surgery	28.72	28.72	2067.84	2067.84
42955 00	Surgery	22.82	22.82	1643.04	1643.04
42960 00	Surgery	4.87	4.87	350.64	350.64
42961 00	Surgery	12.73	12.73	916.56	916.56
42962 00	Surgery	15.66	15.66	1127.52	1127.52
42970 00	Surgery	12.47	12.47	897.84	897.84
42971 00	Surgery	13.73	13.73	988.56	988.56
42972 00	Surgery	15.34	15.34	1104.48	1104.48
42975 00	Surgery	2.91	2.91	209.52	209.52
42999 00	Surgery	0.00	0.00	BR	BR
43020 00	Surgery	17.11	17.11	1231.92	1231.92
43030 00	Surgery	15.85	15.85	1141.20	1141.20
43045 00	Surgery	38.80	38.80	2793.60	2793.60
43100 00	Surgery	19.25	19.25	1386.00	1386.00
43101 00	Surgery	29.92	29.92	2154.24	2154.24
43107 00	Surgery	88.17	88.17	6348.24	6348.24
43108 00	Surgery	130.75	130.75	9414.00	9414.00
43112 00	Surgery	102.16	102.16	7355.52	7355.52
43113 00	Surgery	127.96	127.96	9213.12	9213.12
43116 00	Surgery	146.15	146.15	10522.80	10522.80
43117 00	Surgery	96.33	96.33	6935.76	6935.76
43118 00	Surgery	106.72	106.72	7683.84	7683.84

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43121 00	Surgery	84.39	84.39	6076.08	6076.08
43122 00	Surgery	76.43	76.43	5502.96	5502.96
43123 00	Surgery	132.61	132.61	9547.92	9547.92
43124 00	Surgery	112.29	112.29	8084.88	8084.88
43130 00	Surgery	23.91	23.91	1721.52	1721.52
43135 00	Surgery	43.50	43.50	3132.00	3132.00
43180 00	Surgery	16.45	16.45	1184.40	1184.40
43191 00	Surgery	4.66	4.66	335.52	335.52
43192 00	Surgery	5.09	5.09	366.48	366.48
43193 00	Surgery	5.07	5.07	365.04	365.04
43194 00	Surgery	5.68	5.68	408.96	408.96
43195 00	Surgery	5.54	5.54	398.88	398.88
43196 00	Surgery	5.86	5.86	421.92	421.92
43197 00	Surgery	5.72	2.44	411.84	175.68
43198 00	Surgery	6.34	2.91	456.48	209.52
43200 00	Surgery	7.90	2.62	568.80	188.64
43201 00	Surgery	7.79	3.08	560.88	221.76
43202 00	Surgery	10.66	3.06	767.52	220.32
43204 00	Surgery	3.99	3.99	287.28	287.28
43205 00	Surgery	4.17	4.17	300.24	300.24
43206 00	Surgery	9.09	3.92	654.48	282.24
43210 00	Surgery	12.72	12.72	915.84	915.84
43211 00	Surgery	6.92	6.92	498.24	498.24
43212 00	Surgery	5.58	5.58	401.76	401.76
43213 00	Surgery	36.37	7.68	2618.64	552.96
43214 00	Surgery	5.75	5.75	414.00	414.00
43215 00	Surgery	11.75	4.19	846.00	301.68
43216 00	Surgery	12.22	3.95	879.84	284.40
43217 00	Surgery	12.59	4.73	906.48	340.56
43220 00	Surgery	26.70	3.50	1922.40	252.00
43226 00	Surgery	11.55	3.87	831.60	278.64
43227 00	Surgery	17.74	4.88	1277.28	351.36
43229 00	Surgery	21.16	5.81	1523.52	418.32
43231 00	Surgery	4.64	4.64	334.08	334.08
43232 00	Surgery	5.87	5.87	422.64	422.64
43233 00	Surgery	6.77	6.77	487.44	487.44
43235 00	Surgery	8.63	3.63	621.36	261.36
43236 00	Surgery	12.02	4.10	865.44	295.20
43237 00	Surgery	5.77	5.77	415.44	415.44
43238 00	Surgery	6.84	6.84	492.48	492.48
43239 00	Surgery	11.28	4.10	812.16	295.20
43240 00	Surgery	11.54	11.54	830.88	830.88

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
43241 00	Surgery	4.21	4.21	303.12	303.12
43242 00	Surgery	7.74	7.74	557.28	557.28
43243 00	Surgery	7.01	7.01	504.72	504.72
43244 00	Surgery	7.22	7.22	519.84	519.84
43245 00	Surgery	17.72	5.19	1275.84	373.68
43246 00	Surgery	5.92	5.92	426.24	426.24
43247 00	Surgery	11.49	5.22	827.28	375.84
43248 00	Surgery	12.38	4.91	891.36	353.52
43249 00	Surgery	32.04	4.54	2306.88	326.88
43250 00	Surgery	13.45	5.03	968.40	362.16
43251 00	Surgery	14.79	5.78	1064.88	416.16
43252 00	Surgery	10.18	4.97	732.96	357.84
43253 00	Surgery	7.73	7.73	556.56	556.56
43254 00	Surgery	7.95	7.95	572.40	572.40
43255 00	Surgery	18.68	5.90	1344.96	424.80
43257 00	Surgery	6.91	6.91	497.52	497.52
43259 00	Surgery	6.65	6.65	478.80	478.80
43260 00	Surgery	9.50	9.50	684.00	684.00
43261 00	Surgery	9.97	9.97	717.84	717.84
43262 00	Surgery	10.50	10.50	756.00	756.00
43263 00	Surgery	10.52	10.52	757.44	757.44
43264 00	Surgery	10.71	10.71	771.12	771.12
43265 00	Surgery	12.74	12.74	917.28	917.28
43266 00	Surgery	6.42	6.42	462.24	462.24
43270 00	Surgery	21.77	6.61	1567.44	475.92
43273 00	Surgery	3.50	3.50	252.00	252.00
43274 00	Surgery	13.61	13.61	979.92	979.92
43275 00	Surgery	11.07	11.07	797.04	797.04
43276 00	Surgery	14.17	14.17	1020.24	1020.24
43277 00	Surgery	11.13	11.13	801.36	801.36
43278 00	Surgery	12.74	12.74	917.28	917.28
43279 00	Surgery	38.38	38.38	2763.36	2763.36
43280 00	Surgery	32.32	32.32	2327.04	2327.04
43281 00	Surgery	45.94	45.94	3307.68	3307.68
43282 00	Surgery	51.74	51.74	3725.28	3725.28
43283 00	Surgery	4.67	4.67	336.24	336.24
43284 00	Surgery	19.68	19.68	1416.96	1416.96
43285 00	Surgery	20.23	20.23	1456.56	1456.56
43286 00	Surgery	94.05	94.05	6771.60	6771.60
43287 00	Surgery	105.10	105.10	7567.20	7567.20
43288 00	Surgery	110.84	110.84	7980.48	7980.48
43289 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
43290 00	Surgery	78.00	5.38	5616.00	387.36
43291 00	Surgery	13.76	4.74	990.72	341.28
43300 00	Surgery	18.95	18.95	1364.40	1364.40
43305 00	Surgery	32.94	32.94	2371.68	2371.68
43310 00	Surgery	43.89	43.89	3160.08	3160.08
43312 00	Surgery	46.86	46.86	3373.92	3373.92
43313 00	Surgery	86.92	86.92	6258.24	6258.24
43314 00	Surgery	92.99	92.99	6695.28	6695.28
43320 00	Surgery	41.93	41.93	3018.96	3018.96
43325 00	Surgery	40.76	40.76	2934.72	2934.72
43327 00	Surgery	24.50	24.50	1764.00	1764.00
43328 00	Surgery	33.23	33.23	2392.56	2392.56
43330 00	Surgery	40.11	40.11	2887.92	2887.92
43331 00	Surgery	39.77	39.77	2863.44	2863.44
43332 00	Surgery	34.37	34.37	2474.64	2474.64
43333 00	Surgery	37.65	37.65	2710.80	2710.80
43334 00	Surgery	36.72	36.72	2643.84	2643.84
43335 00	Surgery	39.44	39.44	2839.68	2839.68
43336 00	Surgery	42.84	42.84	3084.48	3084.48
43337 00	Surgery	45.63	45.63	3285.36	3285.36
43338 00	Surgery	3.36	3.36	241.92	241.92
43340 00	Surgery	41.42	41.42	2982.24	2982.24
43341 00	Surgery	41.58	41.58	2993.76	2993.76
43351 00	Surgery	39.27	39.27	2827.44	2827.44
43352 00	Surgery	31.78	31.78	2288.16	2288.16
43360 00	Surgery	66.57	66.57	4793.04	4793.04
43361 00	Surgery	80.75	80.75	5814.00	5814.00
43400 00	Surgery	45.66	45.66	3287.52	3287.52
43405 00	Surgery	43.34	43.34	3120.48	3120.48
43410 00	Surgery	31.15	31.15	2242.80	2242.80
43415 00	Surgery	76.54	76.54	5510.88	5510.88
43420 00	Surgery	30.62	30.62	2204.64	2204.64
43425 00	Surgery	42.79	42.79	3080.88	3080.88
43450 00	Surgery	5.62	2.37	404.64	170.64
43453 00	Surgery	23.73	2.58	1708.56	185.76
43460 00	Surgery	6.26	6.26	450.72	450.72
43496 00	Surgery	0.00	0.00	BR	BR
43497 00	Surgery	23.49	23.49	1691.28	1691.28
43499 00	Surgery	0.00	0.00	BR	BR
43500 00	Surgery	23.68	23.68	1704.96	1704.96
43501 00	Surgery	40.58	40.58	2921.76	2921.76
43502 00	Surgery	45.77	45.77	3295.44	3295.44

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43510 00	Surgery	28.62	28.62	2060.64	2060.64
43520 00	Surgery	20.80	20.80	1497.60	1497.60
43605 00	Surgery	25.14	25.14	1810.08	1810.08
43610 00	Surgery	29.36	29.36	2113.92	2113.92
43611 00	Surgery	36.89	36.89	2656.08	2656.08
43620 00	Surgery	59.33	59.33	4271.76	4271.76
43621 00	Surgery	67.98	67.98	4894.56	4894.56
43622 00	Surgery	69.08	69.08	4973.76	4973.76
43631 00	Surgery	43.47	43.47	3129.84	3129.84
43632 00	Surgery	60.90	60.90	4384.80	4384.80
43633 00	Surgery	57.62	57.62	4148.64	4148.64
43634 00	Surgery	63.57	63.57	4577.04	4577.04
43635 00	Surgery	3.34	3.34	240.48	240.48
43640 00	Surgery	35.81	35.81	2578.32	2578.32
43641 00	Surgery	36.22	36.22	2607.84	2607.84
43644 00	Surgery	52.09	52.09	3750.48	3750.48
43645 00	Surgery	55.34	55.34	3984.48	3984.48
43647 00	Surgery	-	-	1288.08	1082.16
43648 00	Surgery	-	-	1215.36	1020.96
43651 00	Surgery	19.86	19.86	1429.92	1429.92
43652 00	Surgery	23.11	23.11	1663.92	1663.92
43653 00	Surgery	17.48	17.48	1258.56	1258.56
43659 00	Surgery	0.00	0.00	BR	BR
43752 00	Surgery	1.18	1.18	84.96	84.96
43753 00	Surgery	0.64	0.64	46.08	46.08
43754 00	Surgery	7.03	1.14	506.16	82.08
43755 00	Surgery	6.09	1.78	438.48	128.16
43756 00	Surgery	8.26	1.52	594.72	109.44
43757 00	Surgery	11.09	2.29	798.48	164.88
43761 00	Surgery	3.70	3.09	266.40	222.48
43762 00	Surgery	6.76	1.11	486.72	79.92
43763 00	Surgery	10.00	2.61	720.00	187.92
43770 00	Surgery	33.88	33.88	2439.36	2439.36
43771 00	Surgery	38.42	38.42	2766.24	2766.24
43772 00	Surgery	28.57	28.57	2057.04	2057.04
43773 00	Surgery	38.42	38.42	2766.24	2766.24
43774 00	Surgery	28.90	28.90	2080.80	2080.80
43775 00	Surgery	33.03	33.03	2378.16	2378.16
43800 00	Surgery	27.95	27.95	2012.40	2012.40
43810 00	Surgery	30.56	30.56	2200.32	2200.32
43820 00	Surgery	40.38	40.38	2907.36	2907.36
43825 00	Surgery	39.39	39.39	2836.08	2836.08

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43830 00	Surgery	21.19	21.19	1525.68	1525.68
43831 00	Surgery	18.45	18.45	1328.40	1328.40
43832 00	Surgery	31.46	31.46	2265.12	2265.12
43840 00	Surgery	40.80	40.80	2937.60	2937.60
43842 00	Surgery	34.50	34.50	2484.00	2484.00
43843 00	Surgery	38.59	38.59	2778.48	2778.48
43845 00	Surgery	58.74	58.74	4229.28	4229.28
43846 00	Surgery	49.59	49.59	3570.48	3570.48
43847 00	Surgery	54.24	54.24	3905.28	3905.28
43848 00	Surgery	58.07	58.07	4181.04	4181.04
43860 00	Surgery	49.01	49.01	3528.72	3528.72
43865 00	Surgery	51.24	51.24	3689.28	3689.28
43870 00	Surgery	21.34	21.34	1536.48	1536.48
43880 00	Surgery	48.17	48.17	3468.24	3468.24
43881 00	Surgery	-	-	2037.60	1711.44
43882 00	Surgery	0.00	0.00	BR	BR
43886 00	Surgery	11.20	11.20	806.40	806.40
43887 00	Surgery	10.12	10.12	728.64	728.64
43888 00	Surgery	14.10	14.10	1015.20	1015.20
43999 00	Surgery	0.00	0.00	BR	BR
44005 00	Surgery	32.71	32.71	2355.12	2355.12
44010 00	Surgery	25.46	25.46	1833.12	1833.12
44015 00	Surgery	4.19	4.19	301.68	301.68
44020 00	Surgery	29.20	29.20	2102.40	2102.40
44021 00	Surgery	29.12	29.12	2096.64	2096.64
44025 00	Surgery	29.44	29.44	2119.68	2119.68
44050 00	Surgery	28.12	28.12	2024.64	2024.64
44055 00	Surgery	44.58	44.58	3209.76	3209.76
44100 00	Surgery	3.15	3.15	226.80	226.80
44110 00	Surgery	25.53	25.53	1838.16	1838.16
44111 00	Surgery	29.31	29.31	2110.32	2110.32
44120 00	Surgery	36.59	36.59	2634.48	2634.48
44121 00	Surgery	7.15	7.15	514.80	514.80
44125 00	Surgery	35.20	35.20	2534.40	2534.40
44126 00	Surgery	73.86	73.86	5317.92	5317.92
44127 00	Surgery	85.25	85.25	6138.00	6138.00
44128 00	Surgery	7.22	7.22	519.84	519.84
44130 00	Surgery	39.42	39.42	2838.24	2838.24
44132 00	Surgery	0.00	0.00	BR	BR
44133 00	Surgery	0.00	0.00	BR	BR
44135 00	Surgery	0.00	0.00	BR	BR
44136 00	Surgery	0.00	0.00	BR	BR

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44137 00	Surgery	0.00	0.00	BR	BR
44139 00	Surgery	3.56	3.56	256.32	256.32
44140 00	Surgery	40.18	40.18	2892.96	2892.96
44141 00	Surgery	54.17	54.17	3900.24	3900.24
44143 00	Surgery	49.34	49.34	3552.48	3552.48
44144 00	Surgery	52.66	52.66	3791.52	3791.52
44145 00	Surgery	49.22	49.22	3543.84	3543.84
44146 00	Surgery	62.57	62.57	4505.04	4505.04
44147 00	Surgery	57.64	57.64	4150.08	4150.08
44150 00	Surgery	55.28	55.28	3980.16	3980.16
44151 00	Surgery	64.29	64.29	4628.88	4628.88
44155 00	Surgery	61.61	61.61	4435.92	4435.92
44156 00	Surgery	68.72	68.72	4947.84	4947.84
44157 00	Surgery	65.35	65.35	4705.20	4705.20
44158 00	Surgery	66.98	66.98	4822.56	4822.56
44160 00	Surgery	37.17	37.17	2676.24	2676.24
44180 00	Surgery	27.62	27.62	1988.64	1988.64
44186 00	Surgery	19.62	19.62	1412.64	1412.64
44187 00	Surgery	32.58	32.58	2345.76	2345.76
44188 00	Surgery	36.28	36.28	2612.16	2612.16
44202 00	Surgery	41.50	41.50	2988.00	2988.00
44203 00	Surgery	7.12	7.12	512.64	512.64
44204 00	Surgery	45.80	45.80	3297.60	3297.60
44205 00	Surgery	39.76	39.76	2862.72	2862.72
44206 00	Surgery	51.88	51.88	3735.36	3735.36
44207 00	Surgery	53.84	53.84	3876.48	3876.48
44208 00	Surgery	58.62	58.62	4220.64	4220.64
44210 00	Surgery	52.66	52.66	3791.52	3791.52
44211 00	Surgery	62.70	62.70	4514.40	4514.40
44212 00	Surgery	60.13	60.13	4329.36	4329.36
44213 00	Surgery	5.51	5.51	396.72	396.72
44227 00	Surgery	49.37	49.37	3554.64	3554.64
44238 00	Surgery	0.00	0.00	BR	BR
44300 00	Surgery	25.30	25.30	1821.60	1821.60
44310 00	Surgery	31.10	31.10	2239.20	2239.20
44312 00	Surgery	17.98	17.98	1294.56	1294.56
44314 00	Surgery	30.08	30.08	2165.76	2165.76
44316 00	Surgery	42.46	42.46	3057.12	3057.12
44320 00	Surgery	35.95	35.95	2588.40	2588.40
44322 00	Surgery	30.22	30.22	2175.84	2175.84
44340 00	Surgery	19.00	19.00	1368.00	1368.00
44345 00	Surgery	31.48	31.48	2266.56	2266.56

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
44346 00	Surgery	35.40	35.40	2548.80	2548.80
44360 00	Surgery	4.25	4.25	306.00	306.00
44361 00	Surgery	4.68	4.68	336.96	336.96
44363 00	Surgery	5.65	5.65	406.80	406.80
44364 00	Surgery	6.02	6.02	433.44	433.44
44365 00	Surgery	5.38	5.38	387.36	387.36
44366 00	Surgery	7.06	7.06	508.32	508.32
44369 00	Surgery	7.23	7.23	520.56	520.56
44370 00	Surgery	7.87	7.87	566.64	566.64
44372 00	Surgery	7.06	7.06	508.32	508.32
44373 00	Surgery	5.64	5.64	406.08	406.08
44376 00	Surgery	8.35	8.35	601.20	601.20
44377 00	Surgery	8.81	8.81	634.32	634.32
44378 00	Surgery	11.31	11.31	814.32	814.32
44379 00	Surgery	12.06	12.06	868.32	868.32
44380 00	Surgery	5.91	1.71	425.52	123.12
44381 00	Surgery	29.13	2.52	2097.36	181.44
44382 00	Surgery	8.93	2.20	642.96	158.40
44384 00	Surgery	4.50	4.50	324.00	324.00
44385 00	Surgery	6.49	2.17	467.28	156.24
44386 00	Surgery	9.30	2.65	669.60	190.80
44388 00	Surgery	9.48	4.62	682.56	332.64
44389 00	Surgery	12.33	5.07	887.76	365.04
44390 00	Surgery	12.12	6.20	872.64	446.40
44391 00	Surgery	19.08	6.80	1373.76	489.60
44392 00	Surgery	11.68	5.91	840.96	425.52
44394 00	Surgery	13.13	6.65	945.36	478.80
44401 00	Surgery	70.18	7.14	5052.96	514.08
44402 00	Surgery	7.70	7.70	554.40	554.40
44403 00	Surgery	8.96	8.96	645.12	645.12
44404 00	Surgery	12.60	5.07	907.20	365.04
44405 00	Surgery	16.59	5.41	1194.48	389.52
44406 00	Surgery	6.76	6.76	486.72	486.72
44407 00	Surgery	8.10	8.10	583.20	583.20
44408 00	Surgery	6.82	6.82	491.04	491.04
44500 00	Surgery	0.56	0.56	40.32	40.32
44602 00	Surgery	42.01	42.01	3024.72	3024.72
44603 00	Surgery	48.27	48.27	3475.44	3475.44
44604 00	Surgery	31.53	31.53	2270.16	2270.16
44605 00	Surgery	38.47	38.47	2769.84	2769.84
44615 00	Surgery	31.94	31.94	2299.68	2299.68
44620 00	Surgery	25.86	25.86	1861.92	1861.92

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44625 00	Surgery	30.18	30.18	2172.96	2172.96
44626 00	Surgery	47.40	47.40	3412.80	3412.80
44640 00	Surgery	41.65	41.65	2998.80	2998.80
44650 00	Surgery	42.94	42.94	3091.68	3091.68
44660 00	Surgery	40.02	40.02	2881.44	2881.44
44661 00	Surgery	45.92	45.92	3306.24	3306.24
44680 00	Surgery	32.31	32.31	2326.32	2326.32
44700 00	Surgery	29.92	29.92	2154.24	2154.24
44701 00	Surgery	5.03	5.03	362.16	362.16
44705 00	Surgery	3.37	2.12	242.64	152.64
44715 00	Surgery	0.00	0.00	BR	BR
44720 00	Surgery	8.11	8.11	583.92	583.92
44721 00	Surgery	11.35	11.35	817.20	817.20
44799 00	Surgery	0.00	0.00	BR	BR
44800 00	Surgery	23.42	23.42	1686.24	1686.24
44820 00	Surgery	25.64	25.64	1846.08	1846.08
44850 00	Surgery	22.51	22.51	1620.72	1620.72
44899 00	Surgery	0.00	0.00	BR	BR
44900 00	Surgery	23.61	23.61	1699.92	1699.92
44950 00	Surgery	19.32	19.32	1391.04	1391.04
44955 00	Surgery	2.48	2.48	178.56	178.56
44960 00	Surgery	26.35	26.35	1897.20	1897.20
44970 00	Surgery	18.18	18.18	1308.96	1308.96
44979 00	Surgery	0.00	0.00	BR	BR
45000 00	Surgery	12.95	12.95	932.40	932.40
45005 00	Surgery	9.48	5.00	682.56	360.00
45020 00	Surgery	17.13	17.13	1233.36	1233.36
45100 00	Surgery	9.18	9.18	660.96	660.96
45108 00	Surgery	11.36	11.36	817.92	817.92
45110 00	Surgery	54.09	54.09	3894.48	3894.48
45111 00	Surgery	32.55	32.55	2343.60	2343.60
45112 00	Surgery	53.83	53.83	3875.76	3875.76
45113 00	Surgery	55.34	55.34	3984.48	3984.48
45114 00	Surgery	54.40	54.40	3916.80	3916.80
45116 00	Surgery	45.91	45.91	3305.52	3305.52
45119 00	Surgery	55.75	55.75	4014.00	4014.00
45120 00	Surgery	48.01	48.01	3456.72	3456.72
45121 00	Surgery	52.39	52.39	3772.08	3772.08
45123 00	Surgery	33.22	33.22	2391.84	2391.84
45126 00	Surgery	81.59	81.59	5874.48	5874.48
45130 00	Surgery	32.36	32.36	2329.92	2329.92
45135 00	Surgery	38.65	38.65	2782.80	2782.80

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45136 00	Surgery	53.02	53.02	3817.44	3817.44
45150 00	Surgery	12.85	12.85	925.20	925.20
45160 00	Surgery	30.90	30.90	2224.80	2224.80
45171 00	Surgery	18.60	18.60	1339.20	1339.20
45172 00	Surgery	24.75	24.75	1782.00	1782.00
45190 00	Surgery	20.97	20.97	1509.84	1509.84
45300 00	Surgery	3.85	1.44	277.20	103.68
45303 00	Surgery	28.07	2.56	2021.04	184.32
45305 00	Surgery	5.44	2.18	391.68	156.96
45307 00	Surgery	6.41	3.01	461.52	216.72
45308 00	Surgery	6.14	2.54	442.08	182.88
45309 00	Surgery	6.33	2.69	455.76	193.68
45315 00	Surgery	6.83	3.17	491.76	228.24
45317 00	Surgery	6.63	3.31	477.36	238.32
45320 00	Surgery	6.68	3.14	480.96	226.08
45321 00	Surgery	3.10	3.10	223.20	223.20
45327 00	Surgery	3.50	3.50	252.00	252.00
45330 00	Surgery	5.59	1.69	402.48	121.68
45331 00	Surgery	8.58	2.15	617.76	154.80
45332 00	Surgery	8.32	3.13	599.04	225.36
45333 00	Surgery	9.83	2.80	707.76	201.60
45334 00	Surgery	14.68	3.48	1056.96	250.56
45335 00	Surgery	8.71	1.99	627.12	143.28
45337 00	Surgery	3.38	3.38	243.36	243.36
45338 00	Surgery	8.97	3.56	645.84	256.32
45340 00	Surgery	13.61	2.33	979.92	167.76
45341 00	Surgery	3.67	3.67	264.24	264.24
45342 00	Surgery	5.04	5.04	362.88	362.88
45346 00	Surgery	67.85	4.74	4885.20	341.28
45347 00	Surgery	4.55	4.55	327.60	327.60
45349 00	Surgery	5.84	5.84	420.48	420.48
45350 00	Surgery	19.98	3.00	1438.56	216.00
45378 00	Surgery	10.19	5.45	733.68	392.40
45379 00	Surgery	13.01	7.03	936.72	506.16
45380 00	Surgery	12.99	5.92	935.28	426.24
45381 00	Surgery	13.26	5.91	954.72	425.52
45382 00	Surgery	19.87	7.62	1430.64	548.64
45384 00	Surgery	14.62	6.74	1052.64	485.28
45385 00	Surgery	13.60	7.49	979.20	539.28
45386 00	Surgery	18.20	6.25	1310.40	450.00
45388 00	Surgery	72.50	7.97	5220.00	573.84
45389 00	Surgery	8.53	8.53	614.16	614.16

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
45390 00	Surgery	9.79	9.79	704.88	704.88
45391 00	Surgery	7.59	7.59	546.48	546.48
45392 00	Surgery	8.96	8.96	645.12	645.12
45393 00	Surgery	7.41	7.41	533.52	533.52
45395 00	Surgery	58.20	58.20	4190.40	4190.40
45397 00	Surgery	62.97	62.97	4533.84	4533.84
45398 00	Surgery	24.52	6.95	1765.44	500.40
45399 00	Surgery	0.00	0.00	BR	BR
45400 00	Surgery	33.77	33.77	2431.44	2431.44
45402 00	Surgery	45.15	45.15	3250.80	3250.80
45499 00	Surgery	0.00	0.00	BR	BR
45500 00	Surgery	17.22	17.22	1239.84	1239.84
45505 00	Surgery	18.15	18.15	1306.80	1306.80
45520 00	Surgery	4.86	1.22	349.92	87.84
45540 00	Surgery	31.33	31.33	2255.76	2255.76
45541 00	Surgery	28.11	28.11	2023.92	2023.92
45550 00	Surgery	43.29	43.29	3116.88	3116.88
45560 00	Surgery	20.77	20.77	1495.44	1495.44
45562 00	Surgery	35.12	35.12	2528.64	2528.64
45563 00	Surgery	49.68	49.68	3576.96	3576.96
45800 00	Surgery	38.15	38.15	2746.80	2746.80
45805 00	Surgery	44.01	44.01	3168.72	3168.72
45820 00	Surgery	38.25	38.25	2754.00	2754.00
45825 00	Surgery	46.09	46.09	3318.48	3318.48
45900 00	Surgery	6.42	6.42	462.24	462.24
45905 00	Surgery	5.14	5.14	370.08	370.08
45910 00	Surgery	5.82	5.82	419.04	419.04
45915 00	Surgery	10.63	6.89	765.36	496.08
45990 00	Surgery	3.16	3.16	227.52	227.52
45999 00	Surgery	0.00	0.00	BR	BR
46020 00	Surgery	3.50	3.50	252.00	252.00
46030 00	Surgery	7.61	2.59	547.92	186.48
46040 00	Surgery	16.75	12.90	1206.00	928.80
46045 00	Surgery	13.31	13.31	958.32	958.32
46050 00	Surgery	7.12	3.07	512.64	221.04
46060 00	Surgery	14.72	14.72	1059.84	1059.84
46070 00	Surgery	8.22	8.22	591.84	591.84
46080 00	Surgery	8.65	4.75	622.80	342.00
46083 00	Surgery	6.27	3.33	451.44	239.76
46200 00	Surgery	14.33	10.26	1031.76	738.72
46220 00	Surgery	7.56	3.68	544.32	264.96
46221 00	Surgery	8.53	5.80	614.16	417.60

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46230 00	Surgery	9.43	5.24	678.96	377.28
46250 00	Surgery	14.41	9.63	1037.52	693.36
46255 00	Surgery	15.65	10.72	1126.80	771.84
46257 00	Surgery	12.58	12.58	905.76	905.76
46258 00	Surgery	14.63	14.63	1053.36	1053.36
46260 00	Surgery	14.56	14.56	1048.32	1048.32
46261 00	Surgery	16.11	16.11	1159.92	1159.92
46262 00	Surgery	17.73	17.73	1276.56	1276.56
46270 00	Surgery	16.10	12.15	1159.20	874.80
46275 00	Surgery	17.01	12.79	1224.72	920.88
46280 00	Surgery	14.53	14.53	1046.16	1046.16
46285 00	Surgery	17.00	12.83	1224.00	923.76
46288 00	Surgery	16.88	16.88	1215.36	1215.36
46320 00	Surgery	6.44	3.43	463.68	246.96
46500 00	Surgery	9.38	5.54	675.36	398.88
46505 00	Surgery	9.48	7.55	682.56	543.60
46600 00	Surgery	3.54	1.24	254.88	89.28
46601 00	Surgery	4.50	2.80	324.00	201.60
46604 00	Surgery	19.21	1.98	1383.12	142.56
46606 00	Surgery	8.40	2.26	604.80	162.72
46607 00	Surgery	6.23	3.72	448.56	267.84
46608 00	Surgery	8.69	2.54	625.68	182.88
46610 00	Surgery	8.22	2.40	591.84	172.80
46611 00	Surgery	6.69	2.41	481.68	173.52
46612 00	Surgery	9.92	2.86	714.24	205.92
46614 00	Surgery	5.05	1.93	363.60	138.96
46615 00	Surgery	5.32	2.71	383.04	195.12
46700 00	Surgery	19.66	19.66	1415.52	1415.52
46705 00	Surgery	17.29	17.29	1244.88	1244.88
46706 00	Surgery	5.45	5.45	392.40	392.40
46707 00	Surgery	15.26	15.26	1098.72	1098.72
46710 00	Surgery	33.38	33.38	2403.36	2403.36
46712 00	Surgery	66.32	66.32	4775.04	4775.04
46715 00	Surgery	16.78	16.78	1208.16	1208.16
46716 00	Surgery	37.26	37.26	2682.72	2682.72
46730 00	Surgery	59.79	59.79	4304.88	4304.88
46735 00	Surgery	68.72	68.72	4947.84	4947.84
46740 00	Surgery	65.19	65.19	4693.68	4693.68
46742 00	Surgery	75.23	75.23	5416.56	5416.56
46744 00	Surgery	105.87	105.87	7622.64	7622.64
46746 00	Surgery	116.56	116.56	8392.32	8392.32
46748 00	Surgery	126.27	126.27	9091.44	9091.44

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46750 00	Surgery	22.49	22.49	1619.28	1619.28
46751 00	Surgery	20.22	20.22	1455.84	1455.84
46753 00	Surgery	18.71	18.71	1347.12	1347.12
46754 00	Surgery	10.53	7.33	758.16	527.76
46760 00	Surgery	33.05	33.05	2379.60	2379.60
46761 00	Surgery	27.37	27.37	1970.64	1970.64
46900 00	Surgery	7.25	4.15	522.00	298.80
46910 00	Surgery	7.97	4.09	573.84	294.48
46916 00	Surgery	7.86	4.28	565.92	308.16
46917 00	Surgery	13.32	3.90	959.04	280.80
46922 00	Surgery	9.45	4.17	680.40	300.24
46924 00	Surgery	16.70	5.46	1202.40	393.12
46930 00	Surgery	6.52	4.58	469.44	329.76
46940 00	Surgery	8.04	4.36	578.88	313.92
46942 00	Surgery	7.66	3.92	551.52	282.24
46945 00	Surgery	10.28	10.28	740.16	740.16
46946 00	Surgery	11.48	11.48	826.56	826.56
46947 00	Surgery	11.78	11.78	848.16	848.16
46948 00	Surgery	13.40	13.40	964.80	964.80
46999 00	Surgery	0.00	0.00	BR	BR
47000 00	Surgery	8.93	2.58	642.96	185.76
47001 00	Surgery	3.07	3.07	221.04	221.04
47010 00	Surgery	36.42	36.42	2622.24	2622.24
47015 00	Surgery	34.99	34.99	2519.28	2519.28
47100 00	Surgery	25.59	25.59	1842.48	1842.48
47120 00	Surgery	69.91	69.91	5033.52	5033.52
47122 00	Surgery	102.01	102.01	7344.72	7344.72
47125 00	Surgery	91.90	91.90	6616.80	6616.80
47130 00	Surgery	98.60	98.60	7099.20	7099.20
47133 00	Surgery	-	-	11963.52	10049.76
47135 00	Surgery	161.52	161.52	11629.44	11629.44
47140 00	Surgery	107.03	107.03	7706.16	7706.16
47141 00	Surgery	127.84	127.84	9204.48	9204.48
47142 00	Surgery	140.71	140.71	10131.12	10131.12
47143 00	Surgery	-	-	1620.72	1361.52
47144 00	Surgery	0.00	0.00	BR	BR
47145 00	Surgery	0.00	0.00	BR	BR
47146 00	Surgery	9.71	9.71	699.12	699.12
47147 00	Surgery	11.34	11.34	816.48	816.48
47300 00	Surgery	34.15	34.15	2458.80	2458.80
47350 00	Surgery	40.86	40.86	2941.92	2941.92
47360 00	Surgery	56.10	56.10	4039.20	4039.20

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47361 00	Surgery	89.71	89.71	6459.12	6459.12
47362 00	Surgery	43.49	43.49	3131.28	3131.28
47370 00	Surgery	37.66	37.66	2711.52	2711.52
47371 00	Surgery	37.82	37.82	2723.04	2723.04
47379 00	Surgery	0.00	0.00	BR	BR
47380 00	Surgery	43.38	43.38	3123.36	3123.36
47381 00	Surgery	44.43	44.43	3198.96	3198.96
47382 00	Surgery	107.26	21.51	7722.72	1548.72
47383 00	Surgery	172.75	13.11	12438.00	943.92
47399 00	Surgery	0.00	0.00	BR	BR
47400 00	Surgery	64.32	64.32	4631.04	4631.04
47420 00	Surgery	40.17	40.17	2892.24	2892.24
47425 00	Surgery	41.02	41.02	2953.44	2953.44
47460 00	Surgery	38.11	38.11	2743.92	2743.92
47480 00	Surgery	26.36	26.36	1897.92	1897.92
47490 00	Surgery	9.79	9.79	704.88	704.88
47531 00	Surgery	12.48	2.06	898.56	148.32
47532 00	Surgery	24.76	6.14	1782.72	442.08
47533 00	Surgery	34.25	7.64	2466.00	550.08
47534 00	Surgery	37.62	10.69	2708.64	769.68
47535 00	Surgery	26.08	5.68	1877.76	408.96
47536 00	Surgery	18.68	3.83	1344.96	275.76
47537 00	Surgery	14.46	2.81	1041.12	202.32
47538 00	Surgery	109.95	6.80	7916.40	489.60
47539 00	Surgery	123.64	12.35	8902.08	889.20
47540 00	Surgery	123.38	12.72	8883.36	915.84
47541 00	Surgery	34.28	9.74	2468.16	701.28
47542 00	Surgery	14.65	3.93	1054.80	282.96
47543 00	Surgery	11.55	4.15	831.60	298.80
47544 00	Surgery	24.56	4.53	1768.32	326.16
47550 00	Surgery	4.85	4.85	349.20	349.20
47552 00	Surgery	8.14	8.14	586.08	586.08
47553 00	Surgery	8.15	8.15	586.80	586.80
47554 00	Surgery	13.14	13.14	946.08	946.08
47555 00	Surgery	9.71	9.71	699.12	699.12
47556 00	Surgery	11.00	11.00	792.00	792.00
47562 00	Surgery	19.92	19.92	1434.24	1434.24
47563 00	Surgery	21.65	21.65	1558.80	1558.80
47564 00	Surgery	33.65	33.65	2422.80	2422.80
47570 00	Surgery	23.37	23.37	1682.64	1682.64
47579 00	Surgery	0.00	0.00	BR	BR
47600 00	Surgery	32.18	32.18	2316.96	2316.96

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
47605 00	Surgery	33.87	33.87	2438.64	2438.64
47610 00	Surgery	37.47	37.47	2697.84	2697.84
47612 00	Surgery	38.20	38.20	2750.40	2750.40
47620 00	Surgery	41.23	41.23	2968.56	2968.56
47700 00	Surgery	31.88	31.88	2295.36	2295.36
47701 00	Surgery	52.04	52.04	3746.88	3746.88
47711 00	Surgery	46.73	46.73	3364.56	3364.56
47712 00	Surgery	59.73	59.73	4300.56	4300.56
47715 00	Surgery	39.96	39.96	2877.12	2877.12
47720 00	Surgery	34.73	34.73	2500.56	2500.56
47721 00	Surgery	40.68	40.68	2928.96	2928.96
47740 00	Surgery	39.45	39.45	2840.40	2840.40
47741 00	Surgery	44.28	44.28	3188.16	3188.16
47760 00	Surgery	67.41	67.41	4853.52	4853.52
47765 00	Surgery	90.54	90.54	6518.88	6518.88
47780 00	Surgery	74.07	74.07	5333.04	5333.04
47785 00	Surgery	96.70	96.70	6962.40	6962.40
47800 00	Surgery	46.59	46.59	3354.48	3354.48
47801 00	Surgery	33.54	33.54	2414.88	2414.88
47802 00	Surgery	45.74	45.74	3293.28	3293.28
47900 00	Surgery	41.40	41.40	2980.80	2980.80
47999 00	Surgery	0.00	0.00	BR	BR
48000 00	Surgery	56.35	56.35	4057.20	4057.20
48001 00	Surgery	68.94	68.94	4963.68	4963.68
48020 00	Surgery	35.47	35.47	2553.84	2553.84
48100 00	Surgery	26.83	26.83	1931.76	1931.76
48102 00	Surgery	15.19	6.91	1093.68	497.52
48105 00	Surgery	84.12	84.12	6056.64	6056.64
48120 00	Surgery	33.45	33.45	2408.40	2408.40
48140 00	Surgery	46.98	46.98	3382.56	3382.56
48145 00	Surgery	48.96	48.96	3525.12	3525.12
48146 00	Surgery	56.47	56.47	4065.84	4065.84
48148 00	Surgery	37.57	37.57	2705.04	2705.04
48150 00	Surgery	93.20	93.20	6710.40	6710.40
48152 00	Surgery	86.27	86.27	6211.44	6211.44
48153 00	Surgery	92.81	92.81	6682.32	6682.32
48154 00	Surgery	86.65	86.65	6238.80	6238.80
48155 00	Surgery	54.53	54.53	3926.16	3926.16
48160 00	Surgery	-	-	7514.64	6312.24
48400 00	Surgery	3.16	3.16	227.52	227.52
48500 00	Surgery	34.56	34.56	2488.32	2488.32
48510 00	Surgery	32.98	32.98	2374.56	2374.56

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
48520 00	Surgery	33.03	33.03	2378.16	2378.16
48540 00	Surgery	39.20	39.20	2822.40	2822.40
48545 00	Surgery	40.43	40.43	2910.96	2910.96
48547 00	Surgery	53.66	53.66	3863.52	3863.52
48548 00	Surgery	50.10	50.10	3607.20	3607.20
48550 00	Surgery	0.00	0.00	BR	BR
48551 00	Surgery	-	-	1364.40	1146.24
48552 00	Surgery	6.99	6.99	503.28	503.28
48554 00	Surgery	79.11	79.11	5695.92	5695.92
48556 00	Surgery	38.86	38.86	2797.92	2797.92
48999 00	Surgery	0.00	0.00	BR	BR
49000 00	Surgery	23.10	23.10	1663.20	1663.20
49002 00	Surgery	31.24	31.24	2249.28	2249.28
49010 00	Surgery	27.61	27.61	1987.92	1987.92
49013 00	Surgery	13.56	13.56	976.32	976.32
49014 00	Surgery	11.29	11.29	812.88	812.88
49020 00	Surgery	47.79	47.79	3440.88	3440.88
49040 00	Surgery	30.11	30.11	2167.92	2167.92
49060 00	Surgery	32.81	32.81	2362.32	2362.32
49062 00	Surgery	23.18	23.18	1668.96	1668.96
49082 00	Surgery	6.35	2.18	457.20	156.96
49083 00	Surgery	8.71	3.12	627.12	224.64
49084 00	Surgery	3.17	3.17	228.24	228.24
49180 00	Surgery	5.19	2.42	373.68	174.24
49185 00	Surgery	37.11	3.49	2671.92	251.28
49203 00	Surgery	35.85	35.85	2581.20	2581.20
49204 00	Surgery	45.67	45.67	3288.24	3288.24
49205 00	Surgery	52.39	52.39	3772.08	3772.08
49215 00	Surgery	66.43	66.43	4782.96	4782.96
49250 00	Surgery	17.96	17.96	1293.12	1293.12
49255 00	Surgery	23.88	23.88	1719.36	1719.36
49320 00	Surgery	9.94	9.94	715.68	715.68
49321 00	Surgery	10.39	10.39	748.08	748.08
49322 00	Surgery	11.30	11.30	813.60	813.60
49323 00	Surgery	19.25	19.25	1386.00	1386.00
49324 00	Surgery	11.63	11.63	837.36	837.36
49325 00	Surgery	12.40	12.40	892.80	892.80
49326 00	Surgery	5.59	5.59	402.48	402.48
49327 00	Surgery	3.86	3.86	277.92	277.92
49329 00	Surgery	0.00	0.00	BR	BR
49400 00	Surgery	4.45	2.64	320.40	190.08
49402 00	Surgery	25.68	25.68	1848.96	1848.96

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
49405 00	Surgery	26.10	5.67	1879.20	408.24
49406 00	Surgery	26.11	5.67	1879.92	408.24
49407 00	Surgery	22.28	6.01	1604.16	432.72
49411 00	Surgery	14.33	5.44	1031.76	391.68
49412 00	Surgery	2.44	2.44	175.68	175.68
49418 00	Surgery	28.92	5.85	2082.24	421.20
49419 00	Surgery	12.48	12.48	898.56	898.56
49421 00	Surgery	6.73	6.73	484.56	484.56
49422 00	Surgery	6.58	6.58	473.76	473.76
49423 00	Surgery	17.24	2.06	1241.28	148.32
49424 00	Surgery	5.35	1.09	385.20	78.48
49425 00	Surgery	23.54	23.54	1694.88	1694.88
49426 00	Surgery	20.23	20.23	1456.56	1456.56
49427 00	Surgery	1.14	1.14	82.08	82.08
49428 00	Surgery	12.97	12.97	933.84	933.84
49429 00	Surgery	13.75	13.75	990.00	990.00
49435 00	Surgery	3.49	3.49	251.28	251.28
49436 00	Surgery	16.08	5.61	1157.76	403.92
49440 00	Surgery	24.48	5.93	1762.56	426.96
49441 00	Surgery	28.33	7.07	2039.76	509.04
49442 00	Surgery	23.38	6.06	1683.36	436.32
49446 00	Surgery	23.51	4.26	1692.72	306.72
49450 00	Surgery	17.52	1.91	1261.44	137.52
49451 00	Surgery	18.73	2.58	1348.56	185.76
49452 00	Surgery	22.74	3.97	1637.28	285.84
49460 00	Surgery	21.57	1.49	1553.04	107.28
49465 00	Surgery	4.07	0.89	293.04	64.08
49491 00	Surgery	24.10	24.10	1735.20	1735.20
49492 00	Surgery	28.93	28.93	2082.96	2082.96
49495 00	Surgery	12.38	12.38	891.36	891.36
49496 00	Surgery	18.63	18.63	1341.36	1341.36
49500 00	Surgery	12.64	12.64	910.08	910.08
49501 00	Surgery	18.35	18.35	1321.20	1321.20
49505 00	Surgery	15.82	15.82	1139.04	1139.04
49507 00	Surgery	17.77	17.77	1279.44	1279.44
49520 00	Surgery	19.14	19.14	1378.08	1378.08
49521 00	Surgery	21.62	21.62	1556.64	1556.64
49525 00	Surgery	17.34	17.34	1248.48	1248.48
49540 00	Surgery	20.26	20.26	1458.72	1458.72
49550 00	Surgery	17.47	17.47	1257.84	1257.84
49553 00	Surgery	19.10	19.10	1375.20	1375.20
49555 00	Surgery	18.28	18.28	1316.16	1316.16

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
49557 00	Surgery	21.80	21.80	1569.60	1569.60
49591 00	Surgery	10.25	10.25	738.00	738.00
49592 00	Surgery	14.24	14.24	1025.28	1025.28
49593 00	Surgery	17.15	17.15	1234.80	1234.80
49594 00	Surgery	22.32	22.32	1607.04	1607.04
49595 00	Surgery	23.07	23.07	1661.04	1661.04
49596 00	Surgery	30.60	30.60	2203.20	2203.20
49600 00	Surgery	22.18	22.18	1596.96	1596.96
49605 00	Surgery	146.66	146.66	10559.52	10559.52
49606 00	Surgery	34.10	34.10	2455.20	2455.20
49610 00	Surgery	20.96	20.96	1509.12	1509.12
49611 00	Surgery	18.49	18.49	1331.28	1331.28
49613 00	Surgery	12.63	12.63	909.36	909.36
49614 00	Surgery	17.10	17.10	1231.20	1231.20
49615 00	Surgery	19.12	19.12	1376.64	1376.64
49616 00	Surgery	25.69	25.69	1849.68	1849.68
49617 00	Surgery	26.47	26.47	1905.84	1905.84
49618 00	Surgery	37.08	37.08	2669.76	2669.76
49621 00	Surgery	22.19	22.19	1597.68	1597.68
49622 00	Surgery	27.36	27.36	1969.92	1969.92
49623 00	Surgery	5.88	5.88	423.36	423.36
49650 00	Surgery	13.12	13.12	944.64	944.64
49651 00	Surgery	17.12	17.12	1232.64	1232.64
49659 00	Surgery	0.00	0.00	BR	BR
49900 00	Surgery	24.85	24.85	1789.20	1789.20
49904 00	Surgery	41.70	41.70	3002.40	3002.40
49905 00	Surgery	10.47	10.47	753.84	753.84
49906 00	Surgery	-	-	11741.76	9863.28
49999 00	Surgery	0.00	0.00	BR	BR
50010 00	Surgery	21.11	21.11	1519.92	1519.92
50020 00	Surgery	30.29	30.29	2180.88	2180.88
50040 00	Surgery	27.59	27.59	1986.48	1986.48
50045 00	Surgery	27.80	27.80	2001.60	2001.60
50060 00	Surgery	33.88	33.88	2439.36	2439.36
50065 00	Surgery	35.89	35.89	2584.08	2584.08
50070 00	Surgery	35.21	35.21	2535.12	2535.12
50075 00	Surgery	43.25	43.25	3114.00	3114.00
50080 00	Surgery	20.79	20.79	1496.88	1496.88
50081 00	Surgery	33.44	33.44	2407.68	2407.68
50100 00	Surgery	32.54	32.54	2342.88	2342.88
50120 00	Surgery	28.29	28.29	2036.88	2036.88
50125 00	Surgery	29.27	29.27	2107.44	2107.44

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
50130 00	Surgery	30.73	30.73	2212.56	2212.56
50135 00	Surgery	33.33	33.33	2399.76	2399.76
50200 00	Surgery	15.20	3.72	1094.40	267.84
50205 00	Surgery	22.71	22.71	1635.12	1635.12
50220 00	Surgery	31.41	31.41	2261.52	2261.52
50225 00	Surgery	36.08	36.08	2597.76	2597.76
50230 00	Surgery	38.02	38.02	2737.44	2737.44
50234 00	Surgery	38.65	38.65	2782.80	2782.80
50236 00	Surgery	43.47	43.47	3129.84	3129.84
50240 00	Surgery	39.53	39.53	2846.16	2846.16
50250 00	Surgery	36.18	36.18	2604.96	2604.96
50280 00	Surgery	28.19	28.19	2029.68	2029.68
50290 00	Surgery	26.82	26.82	1931.04	1931.04
50300 00	Surgery	0.00	0.00	BR	BR
50320 00	Surgery	45.95	45.95	3308.40	3308.40
50323 00	Surgery	-	-	1042.56	897.12
50325 00	Surgery	-	-	809.28	696.24
50327 00	Surgery	6.42	6.42	462.24	462.24
50328 00	Surgery	5.63	5.63	405.36	405.36
50329 00	Surgery	5.33	5.33	383.76	383.76
50340 00	Surgery	29.01	29.01	2088.72	2088.72
50360 00	Surgery	73.11	73.11	5263.92	5263.92
50365 00	Surgery	87.30	87.30	6285.60	6285.60
50370 00	Surgery	36.66	36.66	2639.52	2639.52
50380 00	Surgery	61.53	61.53	4430.16	4430.16
50382 00	Surgery	29.46	7.32	2121.12	527.04
50384 00	Surgery	25.26	6.61	1818.72	475.92
50385 00	Surgery	29.92	6.31	2154.24	454.32
50386 00	Surgery	22.34	4.79	1608.48	344.88
50387 00	Surgery	16.25	2.42	1170.00	174.24
50389 00	Surgery	12.22	1.56	879.84	112.32
50390 00	Surgery	2.76	2.76	198.72	198.72
50391 00	Surgery	3.75	2.90	270.00	208.80
50396 00	Surgery	3.41	3.41	245.52	245.52
50400 00	Surgery	34.35	34.35	2473.20	2473.20
50405 00	Surgery	41.43	41.43	2982.96	2982.96
50430 00	Surgery	18.73	4.50	1348.56	324.00
50431 00	Surgery	9.53	1.95	686.16	140.40
50432 00	Surgery	26.73	5.96	1924.56	429.12
50433 00	Surgery	33.28	7.40	2396.16	532.80
50434 00	Surgery	26.72	5.56	1923.84	400.32
50435 00	Surgery	17.60	2.92	1267.20	210.24

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
50436 00	Surgery	4.38	4.38	315.36	315.36
50437 00	Surgery	7.25	7.25	522.00	522.00
50500 00	Surgery	38.69	38.69	2785.68	2785.68
50520 00	Surgery	34.87	34.87	2510.64	2510.64
50525 00	Surgery	44.16	44.16	3179.52	3179.52
50526 00	Surgery	47.28	47.28	3404.16	3404.16
50540 00	Surgery	34.10	34.10	2455.20	2455.20
50541 00	Surgery	27.29	27.29	1964.88	1964.88
50542 00	Surgery	34.52	34.52	2485.44	2485.44
50543 00	Surgery	44.27	44.27	3187.44	3187.44
50544 00	Surgery	36.81	36.81	2650.32	2650.32
50545 00	Surgery	39.61	39.61	2851.92	2851.92
50546 00	Surgery	35.81	35.81	2578.32	2578.32
50547 00	Surgery	48.70	48.70	3506.40	3506.40
50548 00	Surgery	39.82	39.82	2867.04	2867.04
50549 00	Surgery	0.00	0.00	BR	BR
50551 00	Surgery	10.80	8.66	777.60	623.52
50553 00	Surgery	11.59	9.26	834.48	666.72
50555 00	Surgery	12.35	10.05	889.20	723.60
50557 00	Surgery	12.56	10.18	904.32	732.96
50561 00	Surgery	14.27	11.63	1027.44	837.36
50562 00	Surgery	17.08	17.08	1229.76	1229.76
50570 00	Surgery	14.47	14.47	1041.84	1041.84
50572 00	Surgery	15.63	15.63	1125.36	1125.36
50574 00	Surgery	16.61	16.61	1195.92	1195.92
50575 00	Surgery	20.97	20.97	1509.84	1509.84
50576 00	Surgery	16.56	16.56	1192.32	1192.32
50580 00	Surgery	17.85	17.85	1285.20	1285.20
50590 00	Surgery	22.26	17.15	1602.72	1234.80
50592 00	Surgery	82.56	10.04	5944.32	722.88
50593 00	Surgery	110.40	13.39	7948.80	964.08
50600 00	Surgery	27.91	27.91	2009.52	2009.52
50605 00	Surgery	30.22	30.22	2175.84	2175.84
50606 00	Surgery	14.27	4.06	1027.44	292.32
50610 00	Surgery	28.11	28.11	2023.92	2023.92
50620 00	Surgery	26.90	26.90	1936.80	1936.80
50630 00	Surgery	26.59	26.59	1914.48	1914.48
50650 00	Surgery	30.95	30.95	2228.40	2228.40
50660 00	Surgery	33.99	33.99	2447.28	2447.28
50684 00	Surgery	3.82	1.52	275.04	109.44
50686 00	Surgery	4.31	2.64	310.32	190.08
50688 00	Surgery	2.31	2.31	166.32	166.32

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
50690 00	Surgery	3.55	2.07	255.60	149.04
50693 00	Surgery	29.27	5.93	2107.44	426.96
50694 00	Surgery	32.82	7.74	2363.04	557.28
50695 00	Surgery	39.42	9.93	2838.24	714.96
50700 00	Surgery	27.61	27.61	1987.92	1987.92
50705 00	Surgery	53.71	5.17	3867.12	372.24
50706 00	Surgery	24.65	5.25	1774.80	378.00
50715 00	Surgery	36.16	36.16	2603.52	2603.52
50722 00	Surgery	30.63	30.63	2205.36	2205.36
50725 00	Surgery	32.77	32.77	2359.44	2359.44
50727 00	Surgery	15.40	15.40	1108.80	1108.80
50728 00	Surgery	20.96	20.96	1509.12	1509.12
50740 00	Surgery	36.83	36.83	2651.76	2651.76
50750 00	Surgery	34.28	34.28	2468.16	2468.16
50760 00	Surgery	33.72	33.72	2427.84	2427.84
50770 00	Surgery	34.28	34.28	2468.16	2468.16
50780 00	Surgery	33.18	33.18	2388.96	2388.96
50782 00	Surgery	31.97	31.97	2301.84	2301.84
50783 00	Surgery	33.51	33.51	2412.72	2412.72
50785 00	Surgery	36.06	36.06	2596.32	2596.32
50800 00	Surgery	27.51	27.51	1980.72	1980.72
50810 00	Surgery	42.28	42.28	3044.16	3044.16
50815 00	Surgery	36.44	36.44	2623.68	2623.68
50820 00	Surgery	39.03	39.03	2810.16	2810.16
50825 00	Surgery	48.85	48.85	3517.20	3517.20
50830 00	Surgery	53.40	53.40	3844.80	3844.80
50840 00	Surgery	36.63	36.63	2637.36	2637.36
50845 00	Surgery	37.37	37.37	2690.64	2690.64
50860 00	Surgery	28.18	28.18	2028.96	2028.96
50900 00	Surgery	25.16	25.16	1811.52	1811.52
50920 00	Surgery	26.30	26.30	1893.60	1893.60
50930 00	Surgery	32.74	32.74	2357.28	2357.28
50940 00	Surgery	26.47	26.47	1905.84	1905.84
50945 00	Surgery	28.85	28.85	2077.20	2077.20
50947 00	Surgery	41.10	41.10	2959.20	2959.20
50948 00	Surgery	37.69	37.69	2713.68	2713.68
50949 00	Surgery	0.00	0.00	BR	BR
50951 00	Surgery	11.34	9.05	816.48	651.60
50953 00	Surgery	11.98	9.62	862.56	692.64
50955 00	Surgery	12.78	10.38	920.16	747.36
50957 00	Surgery	12.90	10.43	928.80	750.96
50961 00	Surgery	11.65	9.35	838.80	673.20

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
50970 00	Surgery	10.91	10.91	785.52	785.52
50972 00	Surgery	10.53	10.53	758.16	758.16
50974 00	Surgery	13.92	13.92	1002.24	1002.24
50976 00	Surgery	13.73	13.73	988.56	988.56
50980 00	Surgery	10.48	10.48	754.56	754.56
51020 00	Surgery	14.16	14.16	1019.52	1019.52
51030 00	Surgery	14.26	14.26	1026.72	1026.72
51040 00	Surgery	8.80	8.80	633.60	633.60
51045 00	Surgery	14.98	14.98	1078.56	1078.56
51050 00	Surgery	14.18	14.18	1020.96	1020.96
51060 00	Surgery	17.49	17.49	1259.28	1259.28
51065 00	Surgery	17.41	17.41	1253.52	1253.52
51080 00	Surgery	12.31	12.31	886.32	886.32
51100 00	Surgery	2.22	1.16	159.84	83.52
51101 00	Surgery	4.62	1.51	332.64	108.72
51102 00	Surgery	7.16	4.22	515.52	303.84
51500 00	Surgery	19.09	19.09	1374.48	1374.48
51520 00	Surgery	17.86	17.86	1285.92	1285.92
51525 00	Surgery	25.58	25.58	1841.76	1841.76
51530 00	Surgery	23.00	23.00	1656.00	1656.00
51535 00	Surgery	23.28	23.28	1676.16	1676.16
51550 00	Surgery	28.75	28.75	2070.00	2070.00
51555 00	Surgery	37.51	37.51	2700.72	2700.72
51565 00	Surgery	38.29	38.29	2756.88	2756.88
51570 00	Surgery	43.72	43.72	3147.84	3147.84
51575 00	Surgery	53.82	53.82	3875.04	3875.04
51580 00	Surgery	56.22	56.22	4047.84	4047.84
51585 00	Surgery	62.49	62.49	4499.28	4499.28
51590 00	Surgery	57.18	57.18	4116.96	4116.96
51595 00	Surgery	64.73	64.73	4660.56	4660.56
51596 00	Surgery	69.76	69.76	5022.72	5022.72
51597 00	Surgery	68.16	68.16	4907.52	4907.52
51600 00	Surgery	6.29	1.28	452.88	92.16
51605 00	Surgery	1.15	1.15	82.80	82.80
51610 00	Surgery	3.86	1.91	277.92	137.52
51700 00	Surgery	2.30	0.89	165.60	64.08
51701 00	Surgery	1.34	0.76	96.48	54.72
51702 00	Surgery	1.87	0.75	134.64	54.00
51703 00	Surgery	4.49	2.26	323.28	162.72
51705 00	Surgery	2.93	1.54	210.96	110.88
51710 00	Surgery	4.09	2.39	294.48	172.08
51715 00	Surgery	11.10	5.92	799.20	426.24

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
51720 00	Surgery	2.66	1.29	191.52	92.88
51725 00	Surgery	6.83	6.83	491.76	491.76
51725 26	Surgery	2.24	2.24	161.28	161.28
51725 TC	Surgery	4.59	4.59	330.48	330.48
51726 00	Surgery	9.01	9.01	648.72	648.72
51726 26	Surgery	2.48	2.48	178.56	178.56
51726 TC	Surgery	6.53	6.53	470.16	470.16
51727 00	Surgery	10.98	10.98	790.56	790.56
51727 26	Surgery	3.13	3.13	225.36	225.36
51727 TC	Surgery	7.85	7.85	565.20	565.20
51728 00	Surgery	10.91	10.91	785.52	785.52
51728 26	Surgery	3.05	3.05	219.60	219.60
51728 TC	Surgery	7.86	7.86	565.92	565.92
51729 00	Surgery	11.51	11.51	828.72	828.72
51729 26	Surgery	3.70	3.70	266.40	266.40
51729 TC	Surgery	7.81	7.81	562.32	562.32
51736 00	Surgery	0.41	0.41	29.52	29.52
51736 26	Surgery	0.24	0.24	17.28	17.28
51736 TC	Surgery	0.17	0.17	12.24	12.24
51741 00	Surgery	0.43	0.43	30.96	30.96
51741 26	Surgery	0.25	0.25	18.00	18.00
51741 TC	Surgery	0.18	0.18	12.96	12.96
51784 00	Surgery	1.93	1.93	138.96	138.96
51784 26	Surgery	1.09	1.09	78.48	78.48
51784 TC	Surgery	0.84	0.84	60.48	60.48
51785 00	Surgery	13.12	13.12	944.64	944.64
51785 26	Surgery	2.75	2.75	198.00	198.00
51785 TC	Surgery	10.37	10.37	746.64	746.64
51792 00	Surgery	8.22	8.22	591.84	591.84
51792 26	Surgery	1.64	1.64	118.08	118.08
51792 TC	Surgery	6.58	6.58	473.76	473.76
51797 00	Surgery	5.67	5.67	408.24	408.24
51797 26	Surgery	1.17	1.17	84.24	84.24
51797 TC	Surgery	4.50	4.50	324.00	324.00
51798 00	Surgery	0.34	0.34	24.48	24.48
51800 00	Surgery	30.90	30.90	2224.80	2224.80
51820 00	Surgery	32.32	32.32	2327.04	2327.04
51840 00	Surgery	20.87	20.87	1502.64	1502.64
51841 00	Surgery	24.09	24.09	1734.48	1734.48
51845 00	Surgery	17.45	17.45	1256.40	1256.40
51860 00	Surgery	22.34	22.34	1608.48	1608.48
51865 00	Surgery	26.75	26.75	1926.00	1926.00

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
51880 00	Surgery	14.00	14.00	1008.00	1008.00
51900 00	Surgery	24.61	24.61	1771.92	1771.92
51920 00	Surgery	22.83	22.83	1643.76	1643.76
51925 00	Surgery	32.42	32.42	2334.24	2334.24
51940 00	Surgery	48.66	48.66	3503.52	3503.52
51960 00	Surgery	41.15	41.15	2962.80	2962.80
51980 00	Surgery	21.34	21.34	1536.48	1536.48
51990 00	Surgery	22.22	22.22	1599.84	1599.84
51992 00	Surgery	25.06	25.06	1804.32	1804.32
51999 00	Surgery	0.00	0.00	BR	BR
52000 00	Surgery	7.19	2.38	517.68	171.36
52001 00	Surgery	13.15	8.47	946.80	609.84
52005 00	Surgery	9.10	3.95	655.20	284.40
52007 00	Surgery	13.47	4.92	969.84	354.24
52010 00	Surgery	11.45	4.89	824.40	352.08
52204 00	Surgery	11.31	4.19	814.32	301.68
52214 00	Surgery	22.31	5.15	1606.32	370.80
52224 00	Surgery	23.31	5.96	1678.32	429.12
52234 00	Surgery	7.25	7.25	522.00	522.00
52235 00	Surgery	8.51	8.51	612.72	612.72
52240 00	Surgery	11.55	11.55	831.60	831.60
52250 00	Surgery	7.05	7.05	507.60	507.60
52260 00	Surgery	6.22	6.22	447.84	447.84
52265 00	Surgery	11.17	4.81	804.24	346.32
52270 00	Surgery	12.58	5.36	905.76	385.92
52275 00	Surgery	16.14	7.32	1162.08	527.04
52276 00	Surgery	7.79	7.79	560.88	560.88
52277 00	Surgery	9.52	9.52	685.44	685.44
52281 00	Surgery	9.79	4.50	704.88	324.00
52282 00	Surgery	9.94	9.94	715.68	715.68
52283 00	Surgery	10.61	5.95	763.92	428.40
52284 00	Surgery	80.28	4.86	5780.16	349.92
52285 00	Surgery	10.51	5.80	756.72	417.60
52287 00	Surgery	11.62	4.99	836.64	359.28
52290 00	Surgery	7.18	7.18	516.96	516.96
52300 00	Surgery	8.25	8.25	594.00	594.00
52301 00	Surgery	8.55	8.55	615.60	615.60
52305 00	Surgery	8.19	8.19	589.68	589.68
52310 00	Surgery	9.58	4.48	689.76	322.56
52315 00	Surgery	14.08	8.09	1013.76	582.48
52317 00	Surgery	26.43	10.20	1902.96	734.40
52318 00	Surgery	13.94	13.94	1003.68	1003.68

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
52320 00	Surgery	7.25	7.25	522.00	522.00
52325 00	Surgery	9.42	9.42	678.24	678.24
52327 00	Surgery	7.62	7.62	548.64	548.64
52330 00	Surgery	18.04	7.76	1298.88	558.72
52332 00	Surgery	11.99	4.60	863.28	331.20
52334 00	Surgery	5.39	5.39	388.08	388.08
52341 00	Surgery	8.38	8.38	603.36	603.36
52342 00	Surgery	9.12	9.12	656.64	656.64
52343 00	Surgery	10.13	10.13	729.36	729.36
52344 00	Surgery	10.89	10.89	784.08	784.08
52345 00	Surgery	11.62	11.62	836.64	836.64
52346 00	Surgery	13.14	13.14	946.08	946.08
52351 00	Surgery	8.93	8.93	642.96	642.96
52352 00	Surgery	10.43	10.43	750.96	750.96
52353 00	Surgery	11.54	11.54	830.88	830.88
52354 00	Surgery	12.28	12.28	884.16	884.16
52355 00	Surgery	13.76	13.76	990.72	990.72
52356 00	Surgery	12.24	12.24	881.28	881.28
52400 00	Surgery	14.23	14.23	1024.56	1024.56
52402 00	Surgery	7.81	7.81	562.32	562.32
52441 00	Surgery	37.72	6.18	2715.84	444.96
52442 00	Surgery	25.64	1.49	1846.08	107.28
52450 00	Surgery	14.28	14.28	1028.16	1028.16
52500 00	Surgery	14.82	14.82	1067.04	1067.04
52601 00	Surgery	21.73	21.73	1564.56	1564.56
52630 00	Surgery	12.20	12.20	878.40	878.40
52640 00	Surgery	9.74	9.74	701.28	701.28
52647 00	Surgery	46.75	19.45	3366.00	1400.40
52648 00	Surgery	48.21	20.72	3471.12	1491.84
52649 00	Surgery	24.64	24.64	1774.08	1774.08
52700 00	Surgery	13.29	13.29	956.88	956.88
53000 00	Surgery	4.47	4.47	321.84	321.84
53010 00	Surgery	8.98	8.98	646.56	646.56
53020 00	Surgery	2.87	2.87	206.64	206.64
53025 00	Surgery	2.05	2.05	147.60	147.60
53040 00	Surgery	11.79	11.79	848.88	848.88
53060 00	Surgery	5.72	5.00	411.84	360.00
53080 00	Surgery	12.66	12.66	911.52	911.52
53085 00	Surgery	19.41	19.41	1397.52	1397.52
53200 00	Surgery	4.78	4.23	344.16	304.56
53210 00	Surgery	23.20	23.20	1670.40	1670.40
53215 00	Surgery	27.60	27.60	1987.20	1987.20

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
53220 00	Surgery	13.58	13.58	977.76	977.76
53230 00	Surgery	18.30	18.30	1317.60	1317.60
53235 00	Surgery	19.00	19.00	1368.00	1368.00
53240 00	Surgery	12.78	12.78	920.16	920.16
53250 00	Surgery	11.92	11.92	858.24	858.24
53260 00	Surgery	6.25	5.45	450.00	392.40
53265 00	Surgery	6.92	5.67	498.24	408.24
53270 00	Surgery	6.39	5.55	460.08	399.60
53275 00	Surgery	7.87	7.87	566.64	566.64
53400 00	Surgery	23.90	23.90	1720.80	1720.80
53405 00	Surgery	26.05	26.05	1875.60	1875.60
53410 00	Surgery	29.20	29.20	2102.40	2102.40
53415 00	Surgery	33.61	33.61	2419.92	2419.92
53420 00	Surgery	25.07	25.07	1805.04	1805.04
53425 00	Surgery	27.88	27.88	2007.36	2007.36
53430 00	Surgery	29.08	29.08	2093.76	2093.76
53431 00	Surgery	34.28	34.28	2468.16	2468.16
53440 00	Surgery	22.50	22.50	1620.00	1620.00
53442 00	Surgery	23.53	23.53	1694.16	1694.16
53444 00	Surgery	23.69	23.69	1705.68	1705.68
53445 00	Surgery	22.66	22.66	1631.52	1631.52
53446 00	Surgery	19.26	19.26	1386.72	1386.72
53447 00	Surgery	24.08	24.08	1733.76	1733.76
53448 00	Surgery	37.93	37.93	2730.96	2730.96
53449 00	Surgery	18.36	18.36	1321.92	1321.92
53450 00	Surgery	12.30	12.30	885.60	885.60
53451 00	Surgery	0.00	0.00	BR	BR
53452 00	Surgery	0.00	0.00	BR	BR
53453 00	Surgery	0.00	0.00	BR	BR
53454 00	Surgery	-	-	154.08	132.48
53460 00	Surgery	13.76	13.76	990.72	990.72
53500 00	Surgery	22.42	22.42	1614.24	1614.24
53502 00	Surgery	14.61	14.61	1051.92	1051.92
53505 00	Surgery	14.60	14.60	1051.20	1051.20
53510 00	Surgery	18.95	18.95	1364.40	1364.40
53515 00	Surgery	23.74	23.74	1709.28	1709.28
53520 00	Surgery	16.79	16.79	1208.88	1208.88
53600 00	Surgery	2.66	1.88	191.52	135.36
53601 00	Surgery	2.58	1.58	185.76	113.76
53605 00	Surgery	1.89	1.89	136.08	136.08
53620 00	Surgery	5.10	2.58	367.20	185.76
53621 00	Surgery	4.89	2.13	352.08	153.36

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
53660 00	Surgery	2.29	1.24	164.88	89.28
53661 00	Surgery	2.25	1.20	162.00	86.40
53665 00	Surgery	1.12	1.12	80.64	80.64
53850 00	Surgery	42.19	10.72	3037.68	771.84
53852 00	Surgery	41.19	11.48	2965.68	826.56
53854 00	Surgery	49.70	11.48	3578.40	826.56
53855 00	Surgery	19.40	2.42	1396.80	174.24
53860 00	Surgery	70.89	6.66	5104.08	479.52
53899 00	Surgery	0.00	0.00	BR	BR
54000 00	Surgery	4.94	3.35	355.68	241.20
54001 00	Surgery	6.00	4.23	432.00	304.56
54015 00	Surgery	9.12	9.12	656.64	656.64
54050 00	Surgery	4.37	3.23	314.64	232.56
54055 00	Surgery	4.17	2.90	300.24	208.80
54056 00	Surgery	4.38	3.38	315.36	243.36
54057 00	Surgery	4.31	2.96	310.32	213.12
54060 00	Surgery	5.93	3.97	426.96	285.84
54065 00	Surgery	6.72	5.17	483.84	372.24
54100 00	Surgery	6.10	3.63	439.20	261.36
54105 00	Surgery	8.34	6.39	600.48	460.08
54110 00	Surgery	18.70	18.70	1346.40	1346.40
54111 00	Surgery	23.85	23.85	1717.20	1717.20
54112 00	Surgery	27.95	27.95	2012.40	2012.40
54115 00	Surgery	13.81	12.85	994.32	925.20
54120 00	Surgery	18.96	18.96	1365.12	1365.12
54125 00	Surgery	24.58	24.58	1769.76	1769.76
54130 00	Surgery	35.52	35.52	2557.44	2557.44
54135 00	Surgery	44.84	44.84	3228.48	3228.48
54150 00	Surgery	4.46	2.85	321.12	205.20
54160 00	Surgery	6.66	4.36	479.52	313.92
54161 00	Surgery	5.92	5.92	426.24	426.24
54162 00	Surgery	7.74	6.02	557.28	433.44
54163 00	Surgery	6.61	6.61	475.92	475.92
54164 00	Surgery	5.87	5.87	422.64	422.64
54200 00	Surgery	3.53	2.64	254.16	190.08
54205 00	Surgery	15.99	15.99	1151.28	1151.28
54220 00	Surgery	6.71	4.02	483.12	289.44
54230 00	Surgery	3.21	2.38	231.12	171.36
54231 00	Surgery	4.32	3.45	311.04	248.40
54235 00	Surgery	2.72	2.21	195.84	159.12
54240 00	Surgery	3.22	3.22	231.84	231.84
54240 26	Surgery	1.90	1.90	136.80	136.80

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54240 TC	Surgery	1.32	1.32	95.04	95.04
54250 00	Surgery	3.63	3.63	261.36	261.36
54250 26	Surgery	3.19	3.19	229.68	229.68
54250 TC	Surgery	0.44	0.44	31.68	31.68
54300 00	Surgery	19.32	19.32	1391.04	1391.04
54304 00	Surgery	22.34	22.34	1608.48	1608.48
54308 00	Surgery	21.42	21.42	1542.24	1542.24
54312 00	Surgery	24.45	24.45	1760.40	1760.40
54316 00	Surgery	29.63	29.63	2133.36	2133.36
54318 00	Surgery	21.31	21.31	1534.32	1534.32
54322 00	Surgery	23.32	23.32	1679.04	1679.04
54324 00	Surgery	28.86	28.86	2077.92	2077.92
54326 00	Surgery	28.11	28.11	2023.92	2023.92
54328 00	Surgery	27.92	27.92	2010.24	2010.24
54332 00	Surgery	30.09	30.09	2166.48	2166.48
54336 00	Surgery	35.37	35.37	2546.64	2546.64
54340 00	Surgery	17.09	17.09	1230.48	1230.48
54344 00	Surgery	28.16	28.16	2027.52	2027.52
54348 00	Surgery	30.10	30.10	2167.20	2167.20
54352 00	Surgery	42.01	42.01	3024.72	3024.72
54360 00	Surgery	21.56	21.56	1552.32	1552.32
54380 00	Surgery	23.88	23.88	1719.36	1719.36
54385 00	Surgery	27.79	27.79	2000.88	2000.88
54390 00	Surgery	36.93	36.93	2658.96	2658.96
54400 00	Surgery	15.96	15.96	1149.12	1149.12
54401 00	Surgery	20.01	20.01	1440.72	1440.72
54405 00	Surgery	24.12	24.12	1736.64	1736.64
54406 00	Surgery	21.88	21.88	1575.36	1575.36
54408 00	Surgery	23.66	23.66	1703.52	1703.52
54410 00	Surgery	25.81	25.81	1858.32	1858.32
54411 00	Surgery	30.70	30.70	2210.40	2210.40
54415 00	Surgery	16.00	16.00	1152.00	1152.00
54416 00	Surgery	21.52	21.52	1549.44	1549.44
54417 00	Surgery	26.84	26.84	1932.48	1932.48
54420 00	Surgery	21.02	21.02	1513.44	1513.44
54430 00	Surgery	19.14	19.14	1378.08	1378.08
54435 00	Surgery	12.47	12.47	897.84	897.84
54437 00	Surgery	20.36	20.36	1465.92	1465.92
54438 00	Surgery	39.75	39.75	2862.00	2862.00
54440 00	Surgery	-	-	1899.36	1784.88
54450 00	Surgery	2.07	1.69	149.04	121.68
54500 00	Surgery	2.22	2.22	159.84	159.84

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
54505 00	Surgery	6.28	6.28	452.16	452.16
54512 00	Surgery	16.13	16.13	1161.36	1161.36
54520 00	Surgery	9.89	9.89	712.08	712.08
54522 00	Surgery	17.60	17.60	1267.20	1267.20
54530 00	Surgery	15.30	15.30	1101.60	1101.60
54535 00	Surgery	22.26	22.26	1602.72	1602.72
54550 00	Surgery	14.77	14.77	1063.44	1063.44
54560 00	Surgery	20.57	20.57	1481.04	1481.04
54600 00	Surgery	13.62	13.62	980.64	980.64
54620 00	Surgery	8.93	8.93	642.96	642.96
54640 00	Surgery	12.92	12.92	930.24	930.24
54650 00	Surgery	21.34	21.34	1536.48	1536.48
54660 00	Surgery	10.81	10.81	778.32	778.32
54670 00	Surgery	12.32	12.32	887.04	887.04
54680 00	Surgery	23.52	23.52	1693.44	1693.44
54690 00	Surgery	19.60	19.60	1411.20	1411.20
54692 00	Surgery	22.54	22.54	1622.88	1622.88
54699 00	Surgery	0.00	0.00	BR	BR
54700 00	Surgery	6.41	6.41	461.52	461.52
54800 00	Surgery	3.73	3.73	268.56	268.56
54830 00	Surgery	11.23	11.23	808.56	808.56
54840 00	Surgery	9.70	9.70	698.40	698.40
54860 00	Surgery	12.61	12.61	907.92	907.92
54861 00	Surgery	17.07	17.07	1229.04	1229.04
54865 00	Surgery	10.86	10.86	781.92	781.92
54900 00	Surgery	23.91	23.91	1721.52	1721.52
54901 00	Surgery	31.53	31.53	2270.16	2270.16
55000 00	Surgery	3.62	2.53	260.64	182.16
55040 00	Surgery	10.21	10.21	735.12	735.12
55041 00	Surgery	15.39	15.39	1108.08	1108.08
55060 00	Surgery	11.44	11.44	823.68	823.68
55100 00	Surgery	6.98	5.07	502.56	365.04
55110 00	Surgery	11.69	11.69	841.68	841.68
55120 00	Surgery	10.72	10.72	771.84	771.84
55150 00	Surgery	14.83	14.83	1067.76	1067.76
55175 00	Surgery	11.00	11.00	792.00	792.00
55180 00	Surgery	20.64	20.64	1486.08	1486.08
55200 00	Surgery	11.53	8.36	830.16	601.92
55250 00	Surgery	10.09	6.93	726.48	498.96
55300 00	Surgery	5.51	5.51	396.72	396.72
55400 00	Surgery	15.01	15.01	1080.72	1080.72
55500 00	Surgery	11.81	11.81	850.32	850.32

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
55520 00	Surgery	13.88	13.88	999.36	999.36
55530 00	Surgery	10.61	10.61	763.92	763.92
55535 00	Surgery	12.95	12.95	932.40	932.40
55540 00	Surgery	16.79	16.79	1208.88	1208.88
55550 00	Surgery	12.93	12.93	930.96	930.96
55559 00	Surgery	0.00	0.00	BR	BR
55600 00	Surgery	12.70	12.70	914.40	914.40
55605 00	Surgery	15.76	15.76	1134.72	1134.72
55650 00	Surgery	21.49	21.49	1547.28	1547.28
55680 00	Surgery	10.46	10.46	753.12	753.12
55700 00	Surgery	7.23	3.86	520.56	277.92
55705 00	Surgery	7.92	7.92	570.24	570.24
55706 00	Surgery	11.26	11.26	810.72	810.72
55720 00	Surgery	13.58	13.58	977.76	977.76
55725 00	Surgery	17.89	17.89	1288.08	1288.08
55801 00	Surgery	32.62	32.62	2348.64	2348.64
55810 00	Surgery	38.82	38.82	2795.04	2795.04
55812 00	Surgery	47.72	47.72	3435.84	3435.84
55815 00	Surgery	52.22	52.22	3759.84	3759.84
55821 00	Surgery	25.02	25.02	1801.44	1801.44
55831 00	Surgery	25.65	25.65	1846.80	1846.80
55840 00	Surgery	34.83	34.83	2507.76	2507.76
55842 00	Surgery	34.81	34.81	2506.32	2506.32
55845 00	Surgery	40.47	40.47	2913.84	2913.84
55860 00	Surgery	26.07	26.07	1877.04	1877.04
55862 00	Surgery	32.59	32.59	2346.48	2346.48
55865 00	Surgery	39.66	39.66	2855.52	2855.52
55866 00	Surgery	35.53	35.53	2558.16	2558.16
55867 00	Surgery	31.21	31.21	2247.12	2247.12
55870 00	Surgery	5.36	4.22	385.92	303.84
55873 00	Surgery	170.19	22.84	12253.68	1644.48
55874 00	Surgery	85.22	4.87	6135.84	350.64
55875 00	Surgery	23.31	23.31	1678.32	1678.32
55876 00	Surgery	4.55	3.05	327.60	219.60
55880 00	Surgery	29.21	29.21	2103.12	2103.12
55899 00	Surgery	0.00	0.00	BR	BR
55920 00	Surgery	13.72	13.72	987.84	987.84
55970 00	Surgery	0.00	0.00	BR	BR
55980 00	Surgery	0.00	0.00	BR	BR
56405 00	Surgery	4.44	3.85	319.68	277.20
56420 00	Surgery	5.63	3.35	405.36	241.20
56440 00	Surgery	5.49	5.49	395.28	395.28

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
56441 00	Surgery	5.56	4.71	400.32	339.12
56442 00	Surgery	1.43	1.43	102.96	102.96
56501 00	Surgery	5.82	4.05	419.04	291.60
56515 00	Surgery	8.39	6.43	604.08	462.96
56605 00	Surgery	2.91	1.77	209.52	127.44
56606 00	Surgery	1.14	0.87	82.08	62.64
56620 00	Surgery	17.81	17.81	1282.32	1282.32
56625 00	Surgery	20.26	20.26	1458.72	1458.72
56630 00	Surgery	29.08	29.08	2093.76	2093.76
56631 00	Surgery	35.88	35.88	2583.36	2583.36
56632 00	Surgery	43.39	43.39	3124.08	3124.08
56633 00	Surgery	37.46	37.46	2697.12	2697.12
56634 00	Surgery	39.18	39.18	2820.96	2820.96
56637 00	Surgery	45.87	45.87	3302.64	3302.64
56640 00	Surgery	46.11	46.11	3319.92	3319.92
56700 00	Surgery	6.15	6.15	442.80	442.80
56740 00	Surgery	9.52	9.52	685.44	685.44
56800 00	Surgery	7.66	7.66	551.52	551.52
56805 00	Surgery	35.11	35.11	2527.92	2527.92
56810 00	Surgery	8.26	8.26	594.72	594.72
56820 00	Surgery	3.79	2.52	272.88	181.44
56821 00	Surgery	5.08	3.40	365.76	244.80
57000 00	Surgery	6.11	6.11	439.92	439.92
57010 00	Surgery	13.87	13.87	998.64	998.64
57020 00	Surgery	3.77	2.37	271.44	170.64
57022 00	Surgery	5.48	5.48	394.56	394.56
57023 00	Surgery	9.67	9.67	696.24	696.24
57061 00	Surgery	5.07	3.50	365.04	252.00
57065 00	Surgery	7.47	5.63	537.84	405.36
57100 00	Surgery	3.13	1.96	225.36	141.12
57105 00	Surgery	5.37	4.45	386.64	320.40
57106 00	Surgery	16.28	16.28	1172.16	1172.16
57107 00	Surgery	43.96	43.96	3165.12	3165.12
57109 00	Surgery	52.25	52.25	3762.00	3762.00
57110 00	Surgery	27.22	27.22	1959.84	1959.84
57111 00	Surgery	52.25	52.25	3762.00	3762.00
57120 00	Surgery	16.06	16.06	1156.32	1156.32
57130 00	Surgery	6.97	5.24	501.84	377.28
57135 00	Surgery	7.49	5.69	539.28	409.68
57150 00	Surgery	1.74	0.77	125.28	55.44
57155 00	Surgery	11.97	8.48	861.84	610.56
57156 00	Surgery	6.89	4.52	496.08	325.44

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
57160 00	Surgery	2.24	1.37	161.28	98.64
57170 00	Surgery	2.34	1.41	168.48	101.52
57180 00	Surgery	5.99	3.66	431.28	263.52
57200 00	Surgery	10.09	10.09	726.48	726.48
57210 00	Surgery	11.92	11.92	858.24	858.24
57220 00	Surgery	10.49	10.49	755.28	755.28
57230 00	Surgery	12.70	12.70	914.40	914.40
57240 00	Surgery	18.51	18.51	1332.72	1332.72
57250 00	Surgery	18.59	18.59	1338.48	1338.48
57260 00	Surgery	23.47	23.47	1689.84	1689.84
57265 00	Surgery	26.24	26.24	1889.28	1889.28
57267 00	Surgery	7.46	7.46	537.12	537.12
57268 00	Surgery	15.33	15.33	1103.76	1103.76
57270 00	Surgery	24.52	24.52	1765.44	1765.44
57280 00	Surgery	29.04	29.04	2090.88	2090.88
57282 00	Surgery	20.92	20.92	1506.24	1506.24
57283 00	Surgery	21.07	21.07	1517.04	1517.04
57284 00	Surgery	25.06	25.06	1804.32	1804.32
57285 00	Surgery	20.87	20.87	1502.64	1502.64
57287 00	Surgery	22.41	22.41	1613.52	1613.52
57288 00	Surgery	22.42	22.42	1614.24	1614.24
57289 00	Surgery	23.97	23.97	1725.84	1725.84
57291 00	Surgery	16.64	16.64	1198.08	1198.08
57292 00	Surgery	24.97	24.97	1797.84	1797.84
57295 00	Surgery	15.16	15.16	1091.52	1091.52
57296 00	Surgery	28.86	28.86	2077.92	2077.92
57300 00	Surgery	18.55	18.55	1335.60	1335.60
57305 00	Surgery	29.46	29.46	2121.12	2121.12
57307 00	Surgery	32.45	32.45	2336.40	2336.40
57308 00	Surgery	20.01	20.01	1440.72	1440.72
57310 00	Surgery	14.88	14.88	1071.36	1071.36
57311 00	Surgery	16.75	16.75	1206.00	1206.00
57320 00	Surgery	17.09	17.09	1230.48	1230.48
57330 00	Surgery	23.01	23.01	1656.72	1656.72
57335 00	Surgery	35.47	35.47	2553.84	2553.84
57400 00	Surgery	3.91	3.91	281.52	281.52
57410 00	Surgery	3.19	3.19	229.68	229.68
57415 00	Surgery	5.32	5.32	383.04	383.04
57420 00	Surgery	4.02	2.69	289.44	193.68
57421 00	Surgery	5.38	3.65	387.36	262.80
57423 00	Surgery	27.93	27.93	2010.96	2010.96
57425 00	Surgery	29.26	29.26	2106.72	2106.72

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
57426 00	Surgery	26.33	26.33	1895.76	1895.76
57452 00	Surgery	3.83	2.73	275.76	196.56
57454 00	Surgery	5.10	4.01	367.20	288.72
57455 00	Surgery	4.89	3.25	352.08	234.00
57456 00	Surgery	4.61	3.03	331.92	218.16
57460 00	Surgery	9.45	4.78	680.40	344.16
57461 00	Surgery	10.53	5.47	758.16	393.84
57465 00	Surgery	1.65	1.27	118.80	91.44
57500 00	Surgery	4.63	2.26	333.36	162.72
57505 00	Surgery	4.69	3.33	337.68	239.76
57510 00	Surgery	5.06	3.41	364.32	245.52
57511 00	Surgery	6.04	4.47	434.88	321.84
57513 00	Surgery	6.23	4.45	448.56	320.40
57520 00	Surgery	10.72	9.00	771.84	648.00
57522 00	Surgery	9.19	7.74	661.68	557.28
57530 00	Surgery	11.36	11.36	817.92	817.92
57531 00	Surgery	55.23	55.23	3976.56	3976.56
57540 00	Surgery	23.87	23.87	1718.64	1718.64
57545 00	Surgery	25.14	25.14	1810.08	1810.08
57550 00	Surgery	13.10	13.10	943.20	943.20
57555 00	Surgery	18.71	18.71	1347.12	1347.12
57556 00	Surgery	17.77	17.77	1279.44	1279.44
57558 00	Surgery	4.80	3.91	345.60	281.52
57700 00	Surgery	10.84	10.84	780.48	780.48
57720 00	Surgery	10.14	10.14	730.08	730.08
57800 00	Surgery	2.35	1.45	169.20	104.40
58100 00	Surgery	3.06	1.89	220.32	136.08
58110 00	Surgery	1.51	1.20	108.72	86.40
58120 00	Surgery	9.02	7.06	649.44	508.32
58140 00	Surgery	27.78	27.78	2000.16	2000.16
58145 00	Surgery	17.22	17.22	1239.84	1239.84
58146 00	Surgery	34.75	34.75	2502.00	2502.00
58150 00	Surgery	30.62	30.62	2204.64	2204.64
58152 00	Surgery	37.24	37.24	2681.28	2681.28
58180 00	Surgery	28.96	28.96	2085.12	2085.12
58200 00	Surgery	40.60	40.60	2923.20	2923.20
58210 00	Surgery	54.83	54.83	3947.76	3947.76
58240 00	Surgery	87.85	87.85	6325.20	6325.20
58260 00	Surgery	25.31	25.31	1822.32	1822.32
58262 00	Surgery	27.96	27.96	2013.12	2013.12
58263 00	Surgery	29.96	29.96	2157.12	2157.12
58267 00	Surgery	32.23	32.23	2320.56	2320.56

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
58270 00	Surgery	26.95	26.95	1940.40	1940.40
58275 00	Surgery	29.86	29.86	2149.92	2149.92
58280 00	Surgery	31.94	31.94	2299.68	2299.68
58285 00	Surgery	42.91	42.91	3089.52	3089.52
58290 00	Surgery	34.64	34.64	2494.08	2494.08
58291 00	Surgery	37.41	37.41	2693.52	2693.52
58292 00	Surgery	39.42	39.42	2838.24	2838.24
58294 00	Surgery	36.61	36.61	2635.92	2635.92
58300 00	Surgery	3.31	1.50	238.32	108.00
58301 00	Surgery	3.33	1.98	239.76	142.56
58321 00	Surgery	2.48	1.44	178.56	103.68
58322 00	Surgery	2.76	1.72	198.72	123.84
58323 00	Surgery	0.45	0.36	32.40	25.92
58340 00	Surgery	7.26	1.73	522.72	124.56
58345 00	Surgery	8.73	8.73	628.56	628.56
58346 00	Surgery	14.94	14.94	1075.68	1075.68
58350 00	Surgery	4.65	2.88	334.80	207.36
58353 00	Surgery	27.64	6.97	1990.08	501.84
58356 00	Surgery	49.90	10.63	3592.80	765.36
58400 00	Surgery	14.03	14.03	1010.16	1010.16
58410 00	Surgery	24.60	24.60	1771.20	1771.20
58520 00	Surgery	24.09	24.09	1734.48	1734.48
58540 00	Surgery	27.65	27.65	1990.80	1990.80
58541 00	Surgery	22.05	22.05	1587.60	1587.60
58542 00	Surgery	25.02	25.02	1801.44	1801.44
58543 00	Surgery	25.41	25.41	1829.52	1829.52
58544 00	Surgery	27.30	27.30	1965.60	1965.60
58545 00	Surgery	27.19	27.19	1957.68	1957.68
58546 00	Surgery	33.50	33.50	2412.00	2412.00
58548 00	Surgery	56.72	56.72	4083.84	4083.84
58550 00	Surgery	26.60	26.60	1915.20	1915.20
58552 00	Surgery	29.54	29.54	2126.88	2126.88
58553 00	Surgery	33.69	33.69	2425.68	2425.68
58554 00	Surgery	39.26	39.26	2826.72	2826.72
58555 00	Surgery	10.84	4.53	780.48	326.16
58558 00	Surgery	39.55	6.92	2847.60	498.24
58559 00	Surgery	8.49	8.49	611.28	611.28
58560 00	Surgery	9.35	9.35	673.20	673.20
58561 00	Surgery	10.70	10.70	770.40	770.40
58562 00	Surgery	12.96	6.63	933.12	477.36
58563 00	Surgery	62.67	7.35	4512.24	529.20
58565 00	Surgery	49.71	13.84	3579.12	996.48

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58570 00	Surgery	24.36	24.36	1753.92	1753.92
58571 00	Surgery	27.43	27.43	1974.96	1974.96
58572 00	Surgery	30.56	30.56	2200.32	2200.32
58573 00	Surgery	36.72	36.72	2643.84	2643.84
58575 00	Surgery	58.21	58.21	4191.12	4191.12
58578 00	Surgery	0.00	0.00	BR	BR
58579 00	Surgery	0.00	0.00	BR	BR
58580 00	Surgery	93.09	11.96	6702.48	861.12
58600 00	Surgery	11.23	11.23	808.56	808.56
58605 00	Surgery	10.21	10.21	735.12	735.12
58611 00	Surgery	2.25	2.25	162.00	162.00
58615 00	Surgery	7.67	7.67	552.24	552.24
58660 00	Surgery	20.65	20.65	1486.80	1486.80
58661 00	Surgery	19.65	19.65	1414.80	1414.80
58662 00	Surgery	21.51	21.51	1548.72	1548.72
58670 00	Surgery	11.25	11.25	810.00	810.00
58671 00	Surgery	11.25	11.25	810.00	810.00
58672 00	Surgery	22.00	22.00	1584.00	1584.00
58673 00	Surgery	23.87	23.87	1718.64	1718.64
58674 00	Surgery	24.49	24.49	1763.28	1763.28
58679 00	Surgery	0.00	0.00	BR	BR
58700 00	Surgery	24.18	24.18	1740.96	1740.96
58720 00	Surgery	22.96	22.96	1653.12	1653.12
58740 00	Surgery	27.20	27.20	1958.40	1958.40
58750 00	Surgery	27.42	27.42	1974.24	1974.24
58752 00	Surgery	27.35	27.35	1969.20	1969.20
58760 00	Surgery	24.75	24.75	1782.00	1782.00
58770 00	Surgery	25.98	25.98	1870.56	1870.56
58800 00	Surgery	10.98	9.57	790.56	689.04
58805 00	Surgery	12.98	12.98	934.56	934.56
58820 00	Surgery	10.29	10.29	740.88	740.88
58822 00	Surgery	21.58	21.58	1553.76	1553.76
58825 00	Surgery	21.42	21.42	1542.24	1542.24
58900 00	Surgery	13.25	13.25	954.00	954.00
58920 00	Surgery	21.56	21.56	1552.32	1552.32
58925 00	Surgery	23.16	23.16	1667.52	1667.52
58940 00	Surgery	16.80	16.80	1209.60	1209.60
58943 00	Surgery	36.23	36.23	2608.56	2608.56
58950 00	Surgery	34.73	34.73	2500.56	2500.56
58951 00	Surgery	43.47	43.47	3129.84	3129.84
58952 00	Surgery	49.67	49.67	3576.24	3576.24
58953 00	Surgery	60.28	60.28	4340.16	4340.16

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
58954 00	Surgery	65.23	65.23	4696.56	4696.56
58956 00	Surgery	41.03	41.03	2954.16	2954.16
58957 00	Surgery	47.95	47.95	3452.40	3452.40
58958 00	Surgery	49.81	49.81	3586.32	3586.32
58960 00	Surgery	30.12	30.12	2168.64	2168.64
58970 00	Surgery	7.25	5.87	522.00	422.64
58974 00	Surgery	-	-	1020.96	918.72
58976 00	Surgery	7.78	6.33	560.16	455.76
58999 00	Surgery	0.00	0.00	BR	BR
59000 00	Surgery	3.57	2.43	257.04	174.96
59001 00	Surgery	5.35	5.35	385.20	385.20
59012 00	Surgery	6.05	6.05	435.60	435.60
59015 00	Surgery	4.78	3.95	344.16	284.40
59020 00	Surgery	2.15	2.15	154.80	154.80
59020 26	Surgery	1.10	1.10	79.20	79.20
59020 TC	Surgery	1.05	1.05	75.60	75.60
59025 00	Surgery	1.48	1.48	106.56	106.56
59025 26	Surgery	0.87	0.87	62.64	62.64
59025 TC	Surgery	0.61	0.61	43.92	43.92
59030 00	Surgery	3.36	3.36	241.92	241.92
59050 00	Surgery	1.49	1.49	107.28	107.28
59051 00	Surgery	1.26	1.26	90.72	90.72
59070 00	Surgery	12.03	9.26	866.16	666.72
59072 00	Surgery	15.61	15.61	1123.92	1123.92
59074 00	Surgery	11.57	9.26	833.04	666.72
59076 00	Surgery	15.61	15.61	1123.92	1123.92
59100 00	Surgery	25.95	25.95	1868.40	1868.40
59120 00	Surgery	24.76	24.76	1782.72	1782.72
59121 00	Surgery	24.77	24.77	1783.44	1783.44
59130 00	Surgery	28.73	28.73	2068.56	2068.56
59136 00	Surgery	27.26	27.26	1962.72	1962.72
59140 00	Surgery	12.69	12.69	913.68	913.68
59150 00	Surgery	24.02	24.02	1729.44	1729.44
59151 00	Surgery	23.50	23.50	1692.00	1692.00
59160 00	Surgery	8.28	5.72	596.16	411.84
59200 00	Surgery	3.16	1.33	227.52	95.76
59300 00	Surgery	6.96	4.45	501.12	320.40
59320 00	Surgery	4.56	4.56	328.32	328.32
59325 00	Surgery	7.23	7.23	520.56	520.56
59350 00	Surgery	8.36	8.36	601.92	601.92
59400 00	Surgery	73.00	73.00	5256.00	5256.00
59409 00	Surgery	24.01	24.01	1728.72	1728.72

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
59410 00	Surgery	32.51	32.51	2340.72	2340.72
59412 00	Surgery	3.09	3.09	222.48	222.48
59414 00	Surgery	2.72	2.72	195.84	195.84
59425 00	Surgery	17.00	13.02	1224.00	937.44
59426 00	Surgery	31.10	23.91	2239.20	1721.52
59430 00	Surgery	7.99	5.39	575.28	388.08
59510 00	Surgery	81.17	81.17	5844.24	5844.24
59514 00	Surgery	27.23	27.23	1960.56	1960.56
59515 00	Surgery	40.37	40.37	2906.64	2906.64
59525 00	Surgery	14.44	14.44	1039.68	1039.68
59610 00	Surgery	76.53	76.53	5510.16	5510.16
59612 00	Surgery	27.21	27.21	1959.12	1959.12
59614 00	Surgery	35.15	35.15	2530.80	2530.80
59618 00	Surgery	82.04	82.04	5906.88	5906.88
59620 00	Surgery	28.19	28.19	2029.68	2029.68
59622 00	Surgery	41.85	41.85	3013.20	3013.20
59812 00	Surgery	11.02	9.35	793.44	673.20
59820 00	Surgery	13.37	11.77	962.64	847.44
59821 00	Surgery	13.17	11.50	948.24	828.00
59830 00	Surgery	14.11	14.11	1015.92	1015.92
59840 00	Surgery	7.61	6.76	547.92	486.72
59841 00	Surgery	12.96	11.31	933.12	814.32
59850 00	Surgery	11.90	11.90	856.80	856.80
59851 00	Surgery	13.03	13.03	938.16	938.16
59852 00	Surgery	17.90	17.90	1288.80	1288.80
59855 00	Surgery	12.92	12.92	930.24	930.24
59856 00	Surgery	15.10	15.10	1087.20	1087.20
59857 00	Surgery	17.57	17.57	1265.04	1265.04
59866 00	Surgery	7.16	7.16	515.52	515.52
59870 00	Surgery	16.32	16.32	1175.04	1175.04
59871 00	Surgery	4.02	4.02	289.44	289.44
59897 00	Surgery	0.00	0.00	BR	BR
59898 00	Surgery	0.00	0.00	BR	BR
59899 00	Surgery	0.00	0.00	BR	BR
60000 00	Surgery	5.65	4.80	406.80	345.60
60100 00	Surgery	3.29	2.26	236.88	162.72
60200 00	Surgery	20.21	20.21	1455.12	1455.12
60210 00	Surgery	21.33	21.33	1535.76	1535.76
60212 00	Surgery	30.87	30.87	2222.64	2222.64
60220 00	Surgery	21.31	21.31	1534.32	1534.32
60225 00	Surgery	28.26	28.26	2034.72	2034.72
60240 00	Surgery	27.59	27.59	1986.48	1986.48

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
60252 00	Surgery	39.64	39.64	2854.08	2854.08
60254 00	Surgery	50.01	50.01	3600.72	3600.72
60260 00	Surgery	32.69	32.69	2353.68	2353.68
60270 00	Surgery	40.88	40.88	2943.36	2943.36
60271 00	Surgery	31.69	31.69	2281.68	2281.68
60280 00	Surgery	13.78	13.78	992.16	992.16
60281 00	Surgery	18.03	18.03	1298.16	1298.16
60300 00	Surgery	3.21	1.43	231.12	102.96
60500 00	Surgery	29.20	29.20	2102.40	2102.40
60502 00	Surgery	39.20	39.20	2822.40	2822.40
60505 00	Surgery	42.10	42.10	3031.20	3031.20
60512 00	Surgery	7.19	7.19	517.68	517.68
60520 00	Surgery	31.52	31.52	2269.44	2269.44
60521 00	Surgery	33.43	33.43	2406.96	2406.96
60522 00	Surgery	40.46	40.46	2913.12	2913.12
60540 00	Surgery	32.37	32.37	2330.64	2330.64
60545 00	Surgery	37.51	37.51	2700.72	2700.72
60600 00	Surgery	40.65	40.65	2926.80	2926.80
60605 00	Surgery	48.32	48.32	3479.04	3479.04
60650 00	Surgery	35.68	35.68	2568.96	2568.96
60659 00	Surgery	0.00	0.00	BR	BR
60699 00	Surgery	0.00	0.00	BR	BR
61000 00	Surgery	3.45	3.45	248.40	248.40
61001 00	Surgery	3.27	3.27	235.44	235.44
61020 00	Surgery	3.24	3.24	233.28	233.28
61026 00	Surgery	3.31	3.31	238.32	238.32
61050 00	Surgery	2.37	2.37	170.64	170.64
61055 00	Surgery	3.49	3.49	251.28	251.28
61070 00	Surgery	1.68	1.68	120.96	120.96
61105 00	Surgery	14.29	14.29	1028.88	1028.88
61107 00	Surgery	9.41	9.41	677.52	677.52
61108 00	Surgery	27.74	27.74	1997.28	1997.28
61120 00	Surgery	23.03	23.03	1658.16	1658.16
61140 00	Surgery	38.92	38.92	2802.24	2802.24
61150 00	Surgery	41.23	41.23	2968.56	2968.56
61151 00	Surgery	30.41	30.41	2189.52	2189.52
61154 00	Surgery	39.11	39.11	2815.92	2815.92
61156 00	Surgery	37.85	37.85	2725.20	2725.20
61210 00	Surgery	11.03	11.03	794.16	794.16
61215 00	Surgery	15.91	15.91	1145.52	1145.52
61250 00	Surgery	26.60	26.60	1915.20	1915.20
61253 00	Surgery	30.41	30.41	2189.52	2189.52

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
61304 00	Surgery	49.99	49.99	3599.28	3599.28
61305 00	Surgery	61.09	61.09	4398.48	4398.48
61312 00	Surgery	62.99	62.99	4535.28	4535.28
61313 00	Surgery	60.53	60.53	4358.16	4358.16
61314 00	Surgery	55.63	55.63	4005.36	4005.36
61315 00	Surgery	63.03	63.03	4538.16	4538.16
61316 00	Surgery	2.63	2.63	189.36	189.36
61320 00	Surgery	57.64	57.64	4150.08	4150.08
61321 00	Surgery	64.68	64.68	4656.96	4656.96
61322 00	Surgery	72.54	72.54	5222.88	5222.88
61323 00	Surgery	72.70	72.70	5234.40	5234.40
61330 00	Surgery	54.72	54.72	3939.84	3939.84
61333 00	Surgery	61.37	61.37	4418.64	4418.64
61340 00	Surgery	43.97	43.97	3165.84	3165.84
61343 00	Surgery	66.69	66.69	4801.68	4801.68
61345 00	Surgery	62.22	62.22	4479.84	4479.84
61450 00	Surgery	58.47	58.47	4209.84	4209.84
61458 00	Surgery	61.24	61.24	4409.28	4409.28
61460 00	Surgery	64.14	64.14	4618.08	4618.08
61500 00	Surgery	39.44	39.44	2839.68	2839.68
61501 00	Surgery	34.32	34.32	2471.04	2471.04
61510 00	Surgery	67.11	67.11	4831.92	4831.92
61512 00	Surgery	77.60	77.60	5587.20	5587.20
61514 00	Surgery	58.32	58.32	4199.04	4199.04
61516 00	Surgery	57.14	57.14	4114.08	4114.08
61517 00	Surgery	2.62	2.62	188.64	188.64
61518 00	Surgery	84.27	84.27	6067.44	6067.44
61519 00	Surgery	89.31	89.31	6430.32	6430.32
61520 00	Surgery	112.51	112.51	8100.72	8100.72
61521 00	Surgery	96.47	96.47	6945.84	6945.84
61522 00	Surgery	66.60	66.60	4795.20	4795.20
61524 00	Surgery	63.48	63.48	4570.56	4570.56
61526 00	Surgery	100.64	100.64	7246.08	7246.08
61530 00	Surgery	93.20	93.20	6710.40	6710.40
61531 00	Surgery	37.55	37.55	2703.60	2703.60
61533 00	Surgery	46.62	46.62	3356.64	3356.64
61534 00	Surgery	50.42	50.42	3630.24	3630.24
61535 00	Surgery	30.86	30.86	2221.92	2221.92
61536 00	Surgery	78.32	78.32	5639.04	5639.04
61537 00	Surgery	74.61	74.61	5371.92	5371.92
61538 00	Surgery	80.76	80.76	5814.72	5814.72
61539 00	Surgery	71.78	71.78	5168.16	5168.16

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
61540 00	Surgery	66.25	66.25	4770.00	4770.00
61541 00	Surgery	65.46	65.46	4713.12	4713.12
61543 00	Surgery	66.17	66.17	4764.24	4764.24
61544 00	Surgery	57.83	57.83	4163.76	4163.76
61545 00	Surgery	96.81	96.81	6970.32	6970.32
61546 00	Surgery	70.22	70.22	5055.84	5055.84
61548 00	Surgery	47.63	47.63	3429.36	3429.36
61550 00	Surgery	36.72	36.72	2643.84	2643.84
61552 00	Surgery	45.45	45.45	3272.40	3272.40
61556 00	Surgery	52.13	52.13	3753.36	3753.36
61557 00	Surgery	51.54	51.54	3710.88	3710.88
61558 00	Surgery	57.44	57.44	4135.68	4135.68
61559 00	Surgery	73.08	73.08	5261.76	5261.76
61563 00	Surgery	60.39	60.39	4348.08	4348.08
61564 00	Surgery	73.22	73.22	5271.84	5271.84
61566 00	Surgery	68.17	68.17	4908.24	4908.24
61567 00	Surgery	77.64	77.64	5590.08	5590.08
61570 00	Surgery	57.08	57.08	4109.76	4109.76
61571 00	Surgery	60.69	60.69	4369.68	4369.68
61575 00	Surgery	76.12	76.12	5480.64	5480.64
61576 00	Surgery	126.52	126.52	9109.44	9109.44
61580 00	Surgery	74.81	74.81	5386.32	5386.32
61581 00	Surgery	81.47	81.47	5865.84	5865.84
61582 00	Surgery	90.93	90.93	6546.96	6546.96
61583 00	Surgery	88.47	88.47	6369.84	6369.84
61584 00	Surgery	87.23	87.23	6280.56	6280.56
61585 00	Surgery	99.41	99.41	7157.52	7157.52
61586 00	Surgery	76.79	76.79	5528.88	5528.88
61590 00	Surgery	90.73	90.73	6532.56	6532.56
61591 00	Surgery	92.37	92.37	6650.64	6650.64
61592 00	Surgery	96.07	96.07	6917.04	6917.04
61595 00	Surgery	72.16	72.16	5195.52	5195.52
61596 00	Surgery	73.10	73.10	5263.20	5263.20
61597 00	Surgery	89.90	89.90	6472.80	6472.80
61598 00	Surgery	86.57	86.57	6233.04	6233.04
61600 00	Surgery	63.91	63.91	4601.52	4601.52
61601 00	Surgery	73.79	73.79	5312.88	5312.88
61605 00	Surgery	65.06	65.06	4684.32	4684.32
61606 00	Surgery	87.83	87.83	6323.76	6323.76
61607 00	Surgery	92.14	92.14	6634.08	6634.08
61608 00	Surgery	99.41	99.41	7157.52	7157.52
61611 00	Surgery	14.04	14.04	1010.88	1010.88

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61613 00	Surgery	99.60	99.60	7171.20	7171.20
61615 00	Surgery	85.42	85.42	6150.24	6150.24
61616 00	Surgery	101.15	101.15	7282.80	7282.80
61618 00	Surgery	39.07	39.07	2813.04	2813.04
61619 00	Surgery	43.34	43.34	3120.48	3120.48
61623 00	Surgery	17.24	17.24	1241.28	1241.28
61624 00	Surgery	34.77	34.77	2503.44	2503.44
61626 00	Surgery	26.95	26.95	1940.40	1940.40
61630 00	Surgery	40.93	40.93	2946.96	2946.96
61635 00	Surgery	44.45	44.45	3200.40	3200.40
61640 00	Surgery	14.01	14.01	1008.72	1008.72
61641 00	Surgery	4.92	4.92	354.24	354.24
61642 00	Surgery	9.84	9.84	708.48	708.48
61645 00	Surgery	25.17	25.17	1812.24	1812.24
61650 00	Surgery	17.42	17.42	1254.24	1254.24
61651 00	Surgery	7.44	7.44	535.68	535.68
61680 00	Surgery	69.09	69.09	4974.48	4974.48
61682 00	Surgery	126.19	126.19	9085.68	9085.68
61684 00	Surgery	86.31	86.31	6214.32	6214.32
61686 00	Surgery	135.88	135.88	9783.36	9783.36
61690 00	Surgery	66.43	66.43	4782.96	4782.96
61692 00	Surgery	110.50	110.50	7956.00	7956.00
61697 00	Surgery	127.86	127.86	9205.92	9205.92
61698 00	Surgery	139.91	139.91	10073.52	10073.52
61700 00	Surgery	103.44	103.44	7447.68	7447.68
61702 00	Surgery	121.71	121.71	8763.12	8763.12
61703 00	Surgery	41.57	41.57	2993.04	2993.04
61705 00	Surgery	79.04	79.04	5690.88	5690.88
61708 00	Surgery	77.36	77.36	5569.92	5569.92
61710 00	Surgery	65.27	65.27	4699.44	4699.44
61711 00	Surgery	79.20	79.20	5702.40	5702.40
61720 00	Surgery	38.89	38.89	2800.08	2800.08
61735 00	Surgery	48.73	48.73	3508.56	3508.56
61736 00	Surgery	36.47	36.47	2625.84	2625.84
61737 00	Surgery	43.94	43.94	3163.68	3163.68
61750 00	Surgery	42.96	42.96	3093.12	3093.12
61751 00	Surgery	42.44	42.44	3055.68	3055.68
61760 00	Surgery	48.10	48.10	3463.20	3463.20
61770 00	Surgery	49.46	49.46	3561.12	3561.12
61781 00	Surgery	7.08	7.08	509.76	509.76
61782 00	Surgery	5.13	5.13	369.36	369.36
61783 00	Surgery	6.93	6.93	498.96	498.96

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61790 00	Surgery	27.01	27.01	1944.72	1944.72
61791 00	Surgery	34.49	34.49	2483.28	2483.28
61796 00	Surgery	31.15	31.15	2242.80	2242.80
61797 00	Surgery	6.60	6.60	475.20	475.20
61798 00	Surgery	42.10	42.10	3031.20	3031.20
61799 00	Surgery	9.12	9.12	656.64	656.64
61800 00	Surgery	4.54	4.54	326.88	326.88
61850 00	Surgery	30.21	30.21	2175.12	2175.12
61860 00	Surgery	47.68	47.68	3432.96	3432.96
61863 00	Surgery	46.01	46.01	3312.72	3312.72
61864 00	Surgery	8.49	8.49	611.28	611.28
61867 00	Surgery	69.39	69.39	4996.08	4996.08
61868 00	Surgery	15.00	15.00	1080.00	1080.00
61880 00	Surgery	18.04	18.04	1298.88	1298.88
61885 00	Surgery	16.20	16.20	1166.40	1166.40
61886 00	Surgery	27.03	27.03	1946.16	1946.16
61888 00	Surgery	12.17	12.17	876.24	876.24
61889 00	Surgery	37.92	37.92	2730.24	2730.24
61891 00	Surgery	17.99	17.99	1295.28	1295.28
61892 00	Surgery	24.82	24.82	1787.04	1787.04
62000 00	Surgery	31.69	31.69	2281.68	2281.68
62005 00	Surgery	38.92	38.92	2802.24	2802.24
62010 00	Surgery	46.97	46.97	3381.84	3381.84
62100 00	Surgery	47.81	47.81	3442.32	3442.32
62115 00	Surgery	51.57	51.57	3713.04	3713.04
62117 00	Surgery	59.82	59.82	4307.04	4307.04
62120 00	Surgery	63.21	63.21	4551.12	4551.12
62121 00	Surgery	47.10	47.10	3391.20	3391.20
62140 00	Surgery	31.15	31.15	2242.80	2242.80
62141 00	Surgery	34.88	34.88	2511.36	2511.36
62142 00	Surgery	27.32	27.32	1967.04	1967.04
62143 00	Surgery	31.92	31.92	2298.24	2298.24
62145 00	Surgery	43.36	43.36	3121.92	3121.92
62146 00	Surgery	38.24	38.24	2753.28	2753.28
62147 00	Surgery	43.14	43.14	3106.08	3106.08
62148 00	Surgery	3.78	3.78	272.16	272.16
62160 00	Surgery	5.65	5.65	406.80	406.80
62161 00	Surgery	46.59	46.59	3354.48	3354.48
62162 00	Surgery	57.62	57.62	4148.64	4148.64
62164 00	Surgery	63.88	63.88	4599.36	4599.36
62165 00	Surgery	45.95	45.95	3308.40	3308.40
62180 00	Surgery	48.83	48.83	3515.76	3515.76

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
62190 00	Surgery	28.54	28.54	2054.88	2054.88
62192 00	Surgery	30.45	30.45	2192.40	2192.40
62194 00	Surgery	15.21	15.21	1095.12	1095.12
62200 00	Surgery	42.05	42.05	3027.60	3027.60
62201 00	Surgery	37.20	37.20	2678.40	2678.40
62220 00	Surgery	29.74	29.74	2141.28	2141.28
62223 00	Surgery	31.56	31.56	2272.32	2272.32
62225 00	Surgery	16.50	16.50	1188.00	1188.00
62230 00	Surgery	25.72	25.72	1851.84	1851.84
62252 00	Surgery	2.59	2.59	186.48	186.48
62252 26	Surgery	1.37	1.37	98.64	98.64
62252 TC	Surgery	1.22	1.22	87.84	87.84
62256 00	Surgery	18.82	18.82	1355.04	1355.04
62258 00	Surgery	34.03	34.03	2450.16	2450.16
62263 00	Surgery	19.42	9.72	1398.24	699.84
62264 00	Surgery	13.17	7.29	948.24	524.88
62267 00	Surgery	7.89	4.55	568.08	327.60
62268 00	Surgery	9.96	9.96	717.12	717.12
62269 00	Surgery	7.65	7.65	550.80	550.80
62270 00	Surgery	4.39	1.90	316.08	136.80
62272 00	Surgery	5.56	2.75	400.32	198.00
62273 00	Surgery	5.04	3.37	362.88	242.64
62280 00	Surgery	9.86	4.78	709.92	344.16
62281 00	Surgery	7.21	4.64	519.12	334.08
62282 00	Surgery	9.33	4.24	671.76	305.28
62284 00	Surgery	5.60	2.46	403.20	177.12
62287 00	Surgery	18.09	18.09	1302.48	1302.48
62290 00	Surgery	10.28	4.63	740.16	333.36
62291 00	Surgery	9.25	4.22	666.00	303.84
62292 00	Surgery	17.46	17.46	1257.12	1257.12
62294 00	Surgery	29.21	29.21	2103.12	2103.12
62302 00	Surgery	7.59	3.51	546.48	252.72
62303 00	Surgery	7.72	3.51	555.84	252.72
62304 00	Surgery	7.55	3.47	543.60	249.84
62305 00	Surgery	8.22	3.60	591.84	259.20
62320 00	Surgery	4.92	2.98	354.24	214.56
62321 00	Surgery	7.89	3.20	568.08	230.40
62322 00	Surgery	4.06	2.36	292.32	169.92
62323 00	Surgery	7.76	2.96	558.72	213.12
62324 00	Surgery	4.11	2.64	295.92	190.08
62325 00	Surgery	7.50	3.28	540.00	236.16
62326 00	Surgery	4.12	2.53	296.64	182.16

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
62327 00	Surgery	8.19	3.20	589.68	230.40
62328 00	Surgery	6.64	2.52	478.08	181.44
62329 00	Surgery	7.83	3.09	563.76	222.48
62350 00	Surgery	12.04	12.04	866.88	866.88
62351 00	Surgery	27.87	27.87	2006.64	2006.64
62355 00	Surgery	8.38	8.38	603.36	603.36
62360 00	Surgery	9.41	9.41	677.52	677.52
62361 00	Surgery	13.36	13.36	961.92	961.92
62362 00	Surgery	11.68	11.68	840.96	840.96
62365 00	Surgery	9.06	9.06	652.32	652.32
62367 00	Surgery	0.96	0.74	69.12	53.28
62368 00	Surgery	1.33	1.02	95.76	73.44
62369 00	Surgery	2.77	1.04	199.44	74.88
62370 00	Surgery	2.77	1.36	199.44	97.92
62380 00	Surgery	-	-	5215.68	4693.68
63001 00	Surgery	37.44	37.44	2695.68	2695.68
63003 00	Surgery	37.58	37.58	2705.76	2705.76
63005 00	Surgery	36.60	36.60	2635.20	2635.20
63011 00	Surgery	33.01	33.01	2376.72	2376.72
63012 00	Surgery	36.31	36.31	2614.32	2614.32
63015 00	Surgery	45.13	45.13	3249.36	3249.36
63016 00	Surgery	46.40	46.40	3340.80	3340.80
63017 00	Surgery	38.59	38.59	2778.48	2778.48
63020 00	Surgery	33.40	33.40	2404.80	2404.80
63030 00	Surgery	27.85	27.85	2005.20	2005.20
63035 00	Surgery	6.98	6.98	502.56	502.56
63040 00	Surgery	41.74	41.74	3005.28	3005.28
63042 00	Surgery	39.29	39.29	2828.88	2828.88
63043 00	Surgery	-	-	1950.48	1755.36
63044 00	Surgery	-	-	1417.68	1275.84
63045 00	Surgery	39.21	39.21	2823.12	2823.12
63046 00	Surgery	37.40	37.40	2692.80	2692.80
63047 00	Surgery	33.61	33.61	2419.92	2419.92
63048 00	Surgery	6.30	6.30	453.60	453.60
63050 00	Surgery	44.38	44.38	3195.36	3195.36
63051 00	Surgery	51.16	51.16	3683.52	3683.52
63052 00	Surgery	7.72	7.72	555.84	555.84
63053 00	Surgery	6.86	6.86	493.92	493.92
63055 00	Surgery	49.38	49.38	3555.36	3555.36
63056 00	Surgery	45.18	45.18	3252.96	3252.96
63057 00	Surgery	9.62	9.62	692.64	692.64
63064 00	Surgery	53.91	53.91	3881.52	3881.52

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
63066 00	Surgery	6.17	6.17	444.24	444.24
63075 00	Surgery	41.04	41.04	2954.88	2954.88
63076 00	Surgery	7.22	7.22	519.84	519.84
63077 00	Surgery	43.91	43.91	3161.52	3161.52
63078 00	Surgery	6.21	6.21	447.12	447.12
63081 00	Surgery	53.41	53.41	3845.52	3845.52
63082 00	Surgery	7.96	7.96	573.12	573.12
63085 00	Surgery	58.81	58.81	4234.32	4234.32
63086 00	Surgery	5.73	5.73	412.56	412.56
63087 00	Surgery	73.11	73.11	5263.92	5263.92
63088 00	Surgery	7.75	7.75	558.00	558.00
63090 00	Surgery	58.66	58.66	4223.52	4223.52
63091 00	Surgery	5.23	5.23	376.56	376.56
63101 00	Surgery	70.51	70.51	5076.72	5076.72
63102 00	Surgery	69.17	69.17	4980.24	4980.24
63103 00	Surgery	8.78	8.78	632.16	632.16
63170 00	Surgery	48.70	48.70	3506.40	3506.40
63172 00	Surgery	43.19	43.19	3109.68	3109.68
63173 00	Surgery	52.71	52.71	3795.12	3795.12
63185 00	Surgery	37.65	37.65	2710.80	2710.80
63190 00	Surgery	37.36	37.36	2689.92	2689.92
63191 00	Surgery	42.27	42.27	3043.44	3043.44
63197 00	Surgery	52.26	52.26	3762.72	3762.72
63200 00	Surgery	46.77	46.77	3367.44	3367.44
63250 00	Surgery	89.96	89.96	6477.12	6477.12
63251 00	Surgery	91.98	91.98	6622.56	6622.56
63252 00	Surgery	91.97	91.97	6621.84	6621.84
63265 00	Surgery	50.86	50.86	3661.92	3661.92
63266 00	Surgery	52.20	52.20	3758.40	3758.40
63267 00	Surgery	41.74	41.74	3005.28	3005.28
63268 00	Surgery	44.74	44.74	3221.28	3221.28
63270 00	Surgery	63.30	63.30	4557.60	4557.60
63271 00	Surgery	63.11	63.11	4543.92	4543.92
63272 00	Surgery	56.91	56.91	4097.52	4097.52
63273 00	Surgery	57.00	57.00	4104.00	4104.00
63275 00	Surgery	54.78	54.78	3944.16	3944.16
63276 00	Surgery	54.44	54.44	3919.68	3919.68
63277 00	Surgery	47.48	47.48	3418.56	3418.56
63278 00	Surgery	48.73	48.73	3508.56	3508.56
63280 00	Surgery	64.57	64.57	4649.04	4649.04
63281 00	Surgery	64.04	64.04	4610.88	4610.88
63282 00	Surgery	60.36	60.36	4345.92	4345.92

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
63283 00	Surgery	58.10	58.10	4183.20	4183.20
63285 00	Surgery	79.51	79.51	5724.72	5724.72
63286 00	Surgery	78.21	78.21	5631.12	5631.12
63287 00	Surgery	83.35	83.35	6001.20	6001.20
63290 00	Surgery	84.75	84.75	6102.00	6102.00
63295 00	Surgery	9.88	9.88	711.36	711.36
63300 00	Surgery	54.95	54.95	3956.40	3956.40
63301 00	Surgery	67.22	67.22	4839.84	4839.84
63302 00	Surgery	66.42	66.42	4782.24	4782.24
63303 00	Surgery	70.42	70.42	5070.24	5070.24
63304 00	Surgery	71.52	71.52	5149.44	5149.44
63305 00	Surgery	76.07	76.07	5477.04	5477.04
63306 00	Surgery	74.75	74.75	5382.00	5382.00
63307 00	Surgery	73.18	73.18	5268.96	5268.96
63308 00	Surgery	9.61	9.61	691.92	691.92
63600 00	Surgery	33.47	33.47	2409.84	2409.84
63610 00	Surgery	17.52	17.52	1261.44	1261.44
63620 00	Surgery	34.42	34.42	2478.24	2478.24
63621 00	Surgery	7.58	7.58	545.76	545.76
63650 00	Surgery	68.30	12.42	4917.60	894.24
63655 00	Surgery	25.60	25.60	1843.20	1843.20
63661 00	Surgery	20.62	9.95	1484.64	716.40
63662 00	Surgery	25.99	25.99	1871.28	1871.28
63663 00	Surgery	27.15	13.56	1954.80	976.32
63664 00	Surgery	27.05	27.05	1947.60	1947.60
63685 00	Surgery	10.28	10.28	740.16	740.16
63688 00	Surgery	9.09	9.09	654.48	654.48
63700 00	Surgery	40.21	40.21	2895.12	2895.12
63702 00	Surgery	43.88	43.88	3159.36	3159.36
63704 00	Surgery	51.04	51.04	3674.88	3674.88
63706 00	Surgery	56.59	56.59	4074.48	4074.48
63707 00	Surgery	28.59	28.59	2058.48	2058.48
63709 00	Surgery	33.90	33.90	2440.80	2440.80
63710 00	Surgery	32.91	32.91	2369.52	2369.52
63740 00	Surgery	30.26	30.26	2178.72	2178.72
63741 00	Surgery	20.88	20.88	1503.36	1503.36
63744 00	Surgery	20.97	20.97	1509.84	1509.84
63746 00	Surgery	18.81	18.81	1354.32	1354.32
64400 00	Surgery	3.42	1.55	246.24	111.60
64405 00	Surgery	2.27	1.58	163.44	113.76
64408 00	Surgery	2.45	1.34	176.40	96.48
64415 00	Surgery	4.02	2.06	289.44	148.32

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
64416 00	Surgery	2.28	2.28	164.16	164.16
64417 00	Surgery	4.81	1.90	346.32	136.80
64418 00	Surgery	2.59	1.65	186.48	118.80
64420 00	Surgery	2.94	1.73	211.68	124.56
64421 00	Surgery	1.00	0.74	72.00	53.28
64425 00	Surgery	3.32	1.62	239.04	116.64
64430 00	Surgery	2.95	1.63	212.40	117.36
64435 00	Surgery	2.42	1.31	174.24	94.32
64445 00	Surgery	4.76	2.14	342.72	154.08
64446 00	Surgery	2.23	2.23	160.56	160.56
64447 00	Surgery	3.48	1.87	250.56	134.64
64448 00	Surgery	2.13	2.13	153.36	153.36
64449 00	Surgery	1.89	1.89	136.08	136.08
64450 00	Surgery	2.26	1.25	162.72	90.00
64451 00	Surgery	6.84	2.43	492.48	174.96
64454 00	Surgery	6.66	2.45	479.52	176.40
64455 00	Surgery	1.50	0.99	108.00	71.28
64461 00	Surgery	4.02	2.31	289.44	166.32
64462 00	Surgery	2.13	1.43	153.36	102.96
64463 00	Surgery	6.83	2.41	491.76	173.52
64479 00	Surgery	7.98	3.89	574.56	280.08
64480 00	Surgery	4.04	1.81	290.88	130.32
64483 00	Surgery	7.40	3.32	532.80	239.04
64484 00	Surgery	3.34	1.53	240.48	110.16
64486 00	Surgery	3.34	1.63	240.48	117.36
64487 00	Surgery	6.39	1.87	460.08	134.64
64488 00	Surgery	4.12	2.03	296.64	146.16
64489 00	Surgery	10.36	2.28	745.92	164.16
64490 00	Surgery	5.79	3.14	416.88	226.08
64491 00	Surgery	2.92	1.76	210.24	126.72
64492 00	Surgery	2.93	1.79	210.96	128.88
64493 00	Surgery	5.33	2.70	383.76	194.40
64494 00	Surgery	2.73	1.51	196.56	108.72
64495 00	Surgery	2.73	1.54	196.56	110.88
64505 00	Surgery	4.37	3.17	314.64	228.24
64510 00	Surgery	4.40	2.30	316.80	165.60
64517 00	Surgery	5.84	3.76	420.48	270.72
64520 00	Surgery	6.92	2.54	498.24	182.88
64530 00	Surgery	6.86	2.82	493.92	203.04
64553 00	Surgery	116.06	13.74	8356.32	989.28
64555 00	Surgery	63.67	9.68	4584.24	696.96
64561 00	Surgery	22.00	9.06	1584.00	652.32

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
64566 00	Surgery	3.50	0.90	252.00	64.80
64568 00	Surgery	18.23	18.23	1312.56	1312.56
64569 00	Surgery	23.48	23.48	1690.56	1690.56
64570 00	Surgery	22.60	22.60	1627.20	1627.20
64575 00	Surgery	9.48	9.48	682.56	682.56
64580 00	Surgery	9.54	9.54	686.88	686.88
64581 00	Surgery	19.62	19.62	1412.64	1412.64
64582 00	Surgery	25.13	25.13	1809.36	1809.36
64583 00	Surgery	25.94	25.94	1867.68	1867.68
64584 00	Surgery	21.89	21.89	1576.08	1576.08
64585 00	Surgery	7.28	4.33	524.16	311.76
64590 00	Surgery	13.27	8.83	955.44	635.76
64595 00	Surgery	10.94	6.89	787.68	496.08
64596 00	Surgery	0.00	0.00	BR	BR
64597 00	Surgery	0.00	0.00	BR	BR
64598 00	Surgery	0.00	0.00	BR	BR
64600 00	Surgery	14.38	7.15	1035.36	514.80
64605 00	Surgery	27.30	12.92	1965.60	930.24
64610 00	Surgery	23.29	14.54	1676.88	1046.88
64611 00	Surgery	4.01	3.43	288.72	246.96
64612 00	Surgery	4.16	3.60	299.52	259.20
64615 00	Surgery	4.64	3.70	334.08	266.40
64616 00	Surgery	4.19	3.31	301.68	238.32
64617 00	Surgery	4.87	3.24	350.64	233.28
64620 00	Surgery	6.32	5.32	455.04	383.04
64624 00	Surgery	11.66	4.36	839.52	313.92
64625 00	Surgery	14.19	5.84	1021.68	420.48
64628 00	Surgery	12.37	12.37	890.64	890.64
64629 00	Surgery	5.85	5.85	421.20	421.20
64630 00	Surgery	7.71	5.74	555.12	413.28
64632 00	Surgery	2.73	2.01	196.56	144.72
64633 00	Surgery	13.15	5.74	946.80	413.28
64634 00	Surgery	7.67	1.99	552.24	143.28
64635 00	Surgery	13.26	5.75	954.72	414.00
64636 00	Surgery	7.20	1.74	518.40	125.28
64640 00	Surgery	7.46	3.56	537.12	256.32
64642 00	Surgery	4.62	3.22	332.64	231.84
64643 00	Surgery	2.81	2.09	202.32	150.48
64644 00	Surgery	5.36	3.48	385.92	250.56
64645 00	Surgery	3.63	2.43	261.36	174.96
64646 00	Surgery	4.87	3.49	350.64	251.28
64647 00	Surgery	5.55	4.02	399.60	289.44

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
64650 00	Surgery	2.67	1.22	192.24	87.84
64653 00	Surgery	3.14	1.55	226.08	111.60
64680 00	Surgery	10.23	4.79	736.56	344.88
64681 00	Surgery	13.55	6.52	975.60	469.44
64702 00	Surgery	15.67	15.67	1128.24	1128.24
64704 00	Surgery	9.84	9.84	708.48	708.48
64708 00	Surgery	15.47	15.47	1113.84	1113.84
64712 00	Surgery	18.06	18.06	1300.32	1300.32
64713 00	Surgery	24.29	24.29	1748.88	1748.88
64714 00	Surgery	23.22	23.22	1671.84	1671.84
64716 00	Surgery	15.49	15.49	1115.28	1115.28
64718 00	Surgery	18.41	18.41	1325.52	1325.52
64719 00	Surgery	12.46	12.46	897.12	897.12
64721 00	Surgery	13.61	13.37	979.92	962.64
64722 00	Surgery	11.30	11.30	813.60	813.60
64726 00	Surgery	8.13	8.13	585.36	585.36
64727 00	Surgery	5.32	5.32	383.04	383.04
64732 00	Surgery	14.00	14.00	1008.00	1008.00
64734 00	Surgery	15.80	15.80	1137.60	1137.60
64736 00	Surgery	9.97	9.97	717.84	717.84
64738 00	Surgery	13.50	13.50	972.00	972.00
64740 00	Surgery	13.78	13.78	992.16	992.16
64742 00	Surgery	14.83	14.83	1067.76	1067.76
64744 00	Surgery	15.57	15.57	1121.04	1121.04
64746 00	Surgery	12.98	12.98	934.56	934.56
64755 00	Surgery	27.71	27.71	1995.12	1995.12
64760 00	Surgery	15.77	15.77	1135.44	1135.44
64763 00	Surgery	15.60	15.60	1123.20	1123.20
64766 00	Surgery	19.24	19.24	1385.28	1385.28
64771 00	Surgery	17.51	17.51	1260.72	1260.72
64772 00	Surgery	16.93	16.93	1218.96	1218.96
64774 00	Surgery	13.01	13.01	936.72	936.72
64776 00	Surgery	12.31	12.31	886.32	886.32
64778 00	Surgery	5.35	5.35	385.20	385.20
64782 00	Surgery	13.79	13.79	992.88	992.88
64783 00	Surgery	6.38	6.38	459.36	459.36
64784 00	Surgery	21.89	21.89	1576.08	1576.08
64786 00	Surgery	30.25	30.25	2178.00	2178.00
64787 00	Surgery	6.94	6.94	499.68	499.68
64788 00	Surgery	12.44	12.44	895.68	895.68
64790 00	Surgery	25.76	25.76	1854.72	1854.72
64792 00	Surgery	32.54	32.54	2342.88	2342.88

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64795 00	Surgery	5.86	5.86	421.92	421.92
64802 00	Surgery	25.99	25.99	1871.28	1871.28
64804 00	Surgery	36.50	36.50	2628.00	2628.00
64809 00	Surgery	33.36	33.36	2401.92	2401.92
64818 00	Surgery	23.52	23.52	1693.44	1693.44
64820 00	Surgery	23.23	23.23	1672.56	1672.56
64821 00	Surgery	21.24	21.24	1529.28	1529.28
64822 00	Surgery	21.24	21.24	1529.28	1529.28
64823 00	Surgery	24.02	24.02	1729.44	1729.44
64831 00	Surgery	21.05	21.05	1515.60	1515.60
64832 00	Surgery	9.87	9.87	710.64	710.64
64834 00	Surgery	22.51	22.51	1620.72	1620.72
64835 00	Surgery	24.69	24.69	1777.68	1777.68
64836 00	Surgery	24.69	24.69	1777.68	1777.68
64837 00	Surgery	10.77	10.77	775.44	775.44
64840 00	Surgery	29.04	29.04	2090.88	2090.88
64856 00	Surgery	30.30	30.30	2181.60	2181.60
64857 00	Surgery	31.67	31.67	2280.24	2280.24
64858 00	Surgery	35.34	35.34	2544.48	2544.48
64859 00	Surgery	7.32	7.32	527.04	527.04
64861 00	Surgery	46.49	46.49	3347.28	3347.28
64862 00	Surgery	41.23	41.23	2968.56	2968.56
64864 00	Surgery	25.79	25.79	1856.88	1856.88
64865 00	Surgery	32.60	32.60	2347.20	2347.20
64866 00	Surgery	37.27	37.27	2683.44	2683.44
64868 00	Surgery	29.90	29.90	2152.80	2152.80
64872 00	Surgery	3.42	3.42	246.24	246.24
64874 00	Surgery	5.13	5.13	369.36	369.36
64876 00	Surgery	5.81	5.81	418.32	418.32
64885 00	Surgery	32.25	32.25	2322.00	2322.00
64886 00	Surgery	38.60	38.60	2779.20	2779.20
64890 00	Surgery	32.47	32.47	2337.84	2337.84
64891 00	Surgery	34.52	34.52	2485.44	2485.44
64892 00	Surgery	31.62	31.62	2276.64	2276.64
64893 00	Surgery	33.69	33.69	2425.68	2425.68
64895 00	Surgery	39.74	39.74	2861.28	2861.28
64896 00	Surgery	42.87	42.87	3086.64	3086.64
64897 00	Surgery	38.02	38.02	2737.44	2737.44
64898 00	Surgery	41.16	41.16	2963.52	2963.52
64901 00	Surgery	17.58	17.58	1265.76	1265.76
64902 00	Surgery	20.34	20.34	1464.48	1464.48
64905 00	Surgery	30.11	30.11	2167.92	2167.92

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
64907 00	Surgery	39.00	39.00	2808.00	2808.00
64910 00	Surgery	22.98	22.98	1654.56	1654.56
64911 00	Surgery	30.83	30.83	2219.76	2219.76
64912 00	Surgery	26.96	26.96	1941.12	1941.12
64913 00	Surgery	5.12	5.12	368.64	368.64
64999 00	Surgery	0.00	0.00	BR	BR
65091 00	Surgery	22.23	22.23	1600.56	1600.56
65093 00	Surgery	22.05	22.05	1587.60	1587.60
65101 00	Surgery	25.45	25.45	1832.40	1832.40
65103 00	Surgery	26.27	26.27	1891.44	1891.44
65105 00	Surgery	28.56	28.56	2056.32	2056.32
65110 00	Surgery	39.37	39.37	2834.64	2834.64
65112 00	Surgery	45.09	45.09	3246.48	3246.48
65114 00	Surgery	47.04	47.04	3386.88	3386.88
65125 00	Surgery	13.61	8.79	979.92	632.88
65130 00	Surgery	25.54	25.54	1838.88	1838.88
65135 00	Surgery	25.85	25.85	1861.20	1861.20
65140 00	Surgery	27.76	27.76	1998.72	1998.72
65150 00	Surgery	20.99	20.99	1511.28	1511.28
65155 00	Surgery	28.86	28.86	2077.92	2077.92
65175 00	Surgery	23.33	23.33	1679.76	1679.76
65205 00	Surgery	0.85	0.86	61.20	61.92
65210 00	Surgery	1.14	1.06	82.08	76.32
65220 00	Surgery	1.82	1.23	131.04	88.56
65222 00	Surgery	2.03	1.49	146.16	107.28
65235 00	Surgery	21.81	21.81	1570.32	1570.32
65260 00	Surgery	29.17	29.17	2100.24	2100.24
65265 00	Surgery	32.83	32.83	2363.76	2363.76
65270 00	Surgery	8.50	4.17	612.00	300.24
65272 00	Surgery	15.78	10.49	1136.16	755.28
65273 00	Surgery	11.27	11.27	811.44	811.44
65275 00	Surgery	17.60	13.67	1267.20	984.24
65280 00	Surgery	19.90	19.90	1432.80	1432.80
65285 00	Surgery	32.78	32.78	2360.16	2360.16
65286 00	Surgery	20.82	14.71	1499.04	1059.12
65290 00	Surgery	14.55	14.55	1047.60	1047.60
65400 00	Surgery	20.70	17.94	1490.40	1291.68
65410 00	Surgery	4.28	3.04	308.16	218.88
65420 00	Surgery	16.12	11.35	1160.64	817.20
65426 00	Surgery	20.00	14.24	1440.00	1025.28
65430 00	Surgery	3.43	3.00	246.96	216.00
65435 00	Surgery	2.46	2.07	177.12	149.04

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65436 00	Surgery	11.57	11.00	833.04	792.00
65450 00	Surgery	9.87	9.66	710.64	695.52
65600 00	Surgery	13.08	10.16	941.76	731.52
65710 00	Surgery	33.85	33.85	2437.20	2437.20
65730 00	Surgery	37.19	37.19	2677.68	2677.68
65750 00	Surgery	37.40	37.40	2692.80	2692.80
65755 00	Surgery	37.29	37.29	2684.88	2684.88
65756 00	Surgery	35.01	35.01	2520.72	2520.72
65757 00	Surgery	-	-	567.36	498.96
65760 00	Surgery	-	-	2025.36	1782.72
65765 00	Surgery	0.00	0.00	BR	BR
65767 00	Surgery	0.00	0.00	BR	BR
65770 00	Surgery	41.72	41.72	3003.84	3003.84
65771 00	Surgery	0.00	0.00	BR	BR
65772 00	Surgery	13.63	12.07	981.36	869.04
65775 00	Surgery	17.10	17.10	1231.20	1231.20
65778 00	Surgery	32.64	1.30	2350.08	93.60
65779 00	Surgery	34.67	3.49	2496.24	251.28
65780 00	Surgery	17.61	17.61	1267.92	1267.92
65781 00	Surgery	39.33	39.33	2831.76	2831.76
65782 00	Surgery	33.98	33.98	2446.56	2446.56
65785 00	Surgery	63.55	13.21	4575.60	951.12
65800 00	Surgery	3.56	2.63	256.32	189.36
65810 00	Surgery	13.82	13.82	995.04	995.04
65815 00	Surgery	19.17	14.18	1380.24	1020.96
65820 00	Surgery	24.54	24.54	1766.88	1766.88
65850 00	Surgery	25.04	25.04	1802.88	1802.88
65855 00	Surgery	7.31	6.09	526.32	438.48
65860 00	Surgery	9.18	7.38	660.96	531.36
65865 00	Surgery	14.25	14.25	1026.00	1026.00
65870 00	Surgery	17.69	17.69	1273.68	1273.68
65875 00	Surgery	18.89	18.89	1360.08	1360.08
65880 00	Surgery	19.84	19.84	1428.48	1428.48
65900 00	Surgery	29.46	29.46	2121.12	2121.12
65920 00	Surgery	23.55	23.55	1695.60	1695.60
65930 00	Surgery	19.09	19.09	1374.48	1374.48
66020 00	Surgery	5.90	3.91	424.80	281.52
66030 00	Surgery	5.32	3.32	383.04	239.04
66130 00	Surgery	21.02	16.76	1513.44	1206.72
66150 00	Surgery	26.14	26.14	1882.08	1882.08
66155 00	Surgery	26.12	26.12	1880.64	1880.64
66160 00	Surgery	29.34	29.34	2112.48	2112.48

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
66170 00	Surgery	32.54	32.54	2342.88	2342.88
66172 00	Surgery	35.54	35.54	2558.88	2558.88
66174 00	Surgery	18.57	18.57	1337.04	1337.04
66175 00	Surgery	21.56	21.56	1552.32	1552.32
66179 00	Surgery	32.13	32.13	2313.36	2313.36
66180 00	Surgery	33.84	33.84	2436.48	2436.48
66183 00	Surgery	30.62	30.62	2204.64	2204.64
66184 00	Surgery	23.58	23.58	1697.76	1697.76
66185 00	Surgery	25.31	25.31	1822.32	1822.32
66225 00	Surgery	27.79	27.79	2000.88	2000.88
66250 00	Surgery	22.44	16.55	1615.68	1191.60
66500 00	Surgery	11.79	11.79	848.88	848.88
66505 00	Surgery	12.82	12.82	923.04	923.04
66600 00	Surgery	26.96	26.96	1941.12	1941.12
66605 00	Surgery	32.35	32.35	2329.20	2329.20
66625 00	Surgery	12.77	12.77	919.44	919.44
66630 00	Surgery	16.87	16.87	1214.64	1214.64
66635 00	Surgery	17.02	17.02	1225.44	1225.44
66680 00	Surgery	15.52	15.52	1117.44	1117.44
66682 00	Surgery	21.24	21.24	1529.28	1529.28
66700 00	Surgery	13.52	11.65	973.44	838.80
66710 00	Surgery	13.21	11.64	951.12	838.08
66711 00	Surgery	15.10	15.10	1087.20	1087.20
66720 00	Surgery	14.01	12.27	1008.72	883.44
66740 00	Surgery	13.13	11.65	945.36	838.80
66761 00	Surgery	8.93	7.03	642.96	506.16
66762 00	Surgery	14.25	12.63	1026.00	909.36
66770 00	Surgery	15.81	14.32	1138.32	1031.04
66820 00	Surgery	14.01	14.01	1008.72	1008.72
66821 00	Surgery	9.98	9.29	718.56	668.88
66825 00	Surgery	24.82	24.82	1787.04	1787.04
66830 00	Surgery	21.08	21.08	1517.76	1517.76
66840 00	Surgery	20.58	20.58	1481.76	1481.76
66850 00	Surgery	23.40	23.40	1684.80	1684.80
66852 00	Surgery	24.89	24.89	1792.08	1792.08
66920 00	Surgery	22.22	22.22	1599.84	1599.84
66930 00	Surgery	25.44	25.44	1831.68	1831.68
66940 00	Surgery	23.30	23.30	1677.60	1677.60
66982 00	Surgery	22.11	22.11	1591.92	1591.92
66983 00	Surgery	-	-	1215.36	1069.20
66984 00	Surgery	16.14	16.14	1162.08	1162.08
66985 00	Surgery	22.85	22.85	1645.20	1645.20

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66986 00	Surgery	26.77	26.77	1927.44	1927.44
66987 00	Surgery	-	-	2228.40	1960.56
66988 00	Surgery	-	-	2268.72	1996.56
66989 00	Surgery	25.37	25.37	1826.64	1826.64
66990 00	Surgery	2.60	2.60	187.20	187.20
66991 00	Surgery	20.28	20.28	1460.16	1460.16
66999 00	Surgery	0.00	0.00	BR	BR
67005 00	Surgery	14.21	14.21	1023.12	1023.12
67010 00	Surgery	16.24	16.24	1169.28	1169.28
67015 00	Surgery	18.00	18.00	1296.00	1296.00
67025 00	Surgery	22.08	18.74	1589.76	1349.28
67027 00	Surgery	25.13	25.13	1809.36	1809.36
67028 00	Surgery	3.37	2.71	242.64	195.12
67030 00	Surgery	16.63	16.63	1197.36	1197.36
67031 00	Surgery	11.58	10.51	833.76	756.72
67036 00	Surgery	26.59	26.59	1914.48	1914.48
67039 00	Surgery	28.44	28.44	2047.68	2047.68
67040 00	Surgery	30.68	30.68	2208.96	2208.96
67041 00	Surgery	33.81	33.81	2434.32	2434.32
67042 00	Surgery	33.81	33.81	2434.32	2434.32
67043 00	Surgery	35.65	35.65	2566.80	2566.80
67101 00	Surgery	10.00	8.47	720.00	609.84
67105 00	Surgery	8.84	8.17	636.48	588.24
67107 00	Surgery	33.24	33.24	2393.28	2393.28
67108 00	Surgery	35.18	35.18	2532.96	2532.96
67110 00	Surgery	26.51	24.17	1908.72	1740.24
67113 00	Surgery	39.33	39.33	2831.76	2831.76
67115 00	Surgery	14.85	14.85	1069.20	1069.20
67120 00	Surgery	19.99	16.50	1439.28	1188.00
67121 00	Surgery	26.80	26.80	1929.60	1929.60
67141 00	Surgery	8.07	6.45	581.04	464.40
67145 00	Surgery	7.27	6.45	523.44	464.40
67208 00	Surgery	17.92	17.13	1290.24	1233.36
67210 00	Surgery	15.34	14.81	1104.48	1066.32
67218 00	Surgery	41.14	41.14	2962.08	2962.08
67220 00	Surgery	15.79	14.81	1136.88	1066.32
67221 00	Surgery	8.08	6.14	581.76	442.08
67225 00	Surgery	0.86	0.81	61.92	58.32
67227 00	Surgery	8.80	7.55	633.60	543.60
67228 00	Surgery	10.11	8.98	727.92	646.56
67229 00	Surgery	34.28	34.28	2468.16	2468.16
67250 00	Surgery	26.98	26.98	1942.56	1942.56

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67255 00	Surgery	20.51	20.51	1476.72	1476.72
67299 00	Surgery	0.00	0.00	BR	BR
67311 00	Surgery	13.55	13.55	975.60	975.60
67312 00	Surgery	19.71	19.71	1419.12	1419.12
67314 00	Surgery	13.55	13.55	975.60	975.60
67316 00	Surgery	21.13	21.13	1521.36	1521.36
67318 00	Surgery	20.44	20.44	1471.68	1471.68
67320 00	Surgery	5.14	5.14	370.08	370.08
67331 00	Surgery	4.61	4.61	331.92	331.92
67332 00	Surgery	5.99	5.99	431.28	431.28
67334 00	Surgery	4.54	4.54	326.88	326.88
67335 00	Surgery	5.50	5.50	396.00	396.00
67340 00	Surgery	8.60	8.60	619.20	619.20
67343 00	Surgery	20.04	20.04	1442.88	1442.88
67345 00	Surgery	7.26	6.44	522.72	463.68
67346 00	Surgery	5.70	5.70	410.40	410.40
67399 00	Surgery	0.00	0.00	BR	BR
67400 00	Surgery	30.94	30.94	2227.68	2227.68
67405 00	Surgery	27.05	27.05	1947.60	1947.60
67412 00	Surgery	29.52	29.52	2125.44	2125.44
67413 00	Surgery	28.76	28.76	2070.72	2070.72
67414 00	Surgery	43.29	43.29	3116.88	3116.88
67415 00	Surgery	3.03	3.03	218.16	218.16
67420 00	Surgery	51.72	51.72	3723.84	3723.84
67430 00	Surgery	41.34	41.34	2976.48	2976.48
67440 00	Surgery	40.11	40.11	2887.92	2887.92
67445 00	Surgery	45.50	45.50	3276.00	3276.00
67450 00	Surgery	41.54	41.54	2990.88	2990.88
67500 00	Surgery	2.31	1.91	166.32	137.52
67505 00	Surgery	2.56	2.13	184.32	153.36
67515 00	Surgery	1.53	1.39	110.16	100.08
67516 00	Surgery	3.58	2.87	257.76	206.64
67550 00	Surgery	32.36	32.36	2329.92	2329.92
67560 00	Surgery	33.09	33.09	2382.48	2382.48
67570 00	Surgery	37.95	37.95	2732.40	2732.40
67599 00	Surgery	0.00	0.00	BR	BR
67700 00	Surgery	8.48	3.47	610.56	249.84
67710 00	Surgery	7.25	2.93	522.00	210.96
67715 00	Surgery	7.80	3.21	561.60	231.12
67800 00	Surgery	3.86	3.04	277.92	218.88
67801 00	Surgery	4.88	3.90	351.36	280.80
67805 00	Surgery	6.10	4.85	439.20	349.20

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67808 00	Surgery	10.96	10.96	789.12	789.12
67810 00	Surgery	5.51	2.01	396.72	144.72
67820 00	Surgery	0.56	0.66	40.32	47.52
67825 00	Surgery	4.03	3.64	290.16	262.08
67830 00	Surgery	8.06	4.09	580.32	294.48
67835 00	Surgery	13.12	13.12	944.64	944.64
67840 00	Surgery	8.37	4.67	602.64	336.24
67850 00	Surgery	6.47	3.91	465.84	281.52
67875 00	Surgery	5.44	2.84	391.68	204.48
67880 00	Surgery	13.99	10.96	1007.28	789.12
67882 00	Surgery	17.08	14.00	1229.76	1008.00
67900 00	Surgery	19.47	15.02	1401.84	1081.44
67901 00	Surgery	23.75	17.52	1710.00	1261.44
67902 00	Surgery	21.54	21.54	1550.88	1550.88
67903 00	Surgery	18.03	14.26	1298.16	1026.72
67904 00	Surgery	22.12	17.69	1592.64	1273.68
67906 00	Surgery	14.98	14.98	1078.56	1078.56
67908 00	Surgery	16.20	12.86	1166.40	925.92
67909 00	Surgery	16.40	13.01	1180.80	936.72
67911 00	Surgery	16.62	16.62	1196.64	1196.64
67912 00	Surgery	26.87	14.46	1934.64	1041.12
67914 00	Surgery	14.63	9.83	1053.36	707.76
67915 00	Surgery	9.47	5.98	681.84	430.56
67916 00	Surgery	18.22	12.78	1311.84	920.16
67917 00	Surgery	18.64	13.56	1342.08	976.32
67921 00	Surgery	14.30	9.33	1029.60	671.76
67922 00	Surgery	9.20	5.98	662.40	430.56
67923 00	Surgery	18.23	12.79	1312.56	920.88
67924 00	Surgery	19.40	13.56	1396.80	976.32
67930 00	Surgery	11.10	6.99	799.20	503.28
67935 00	Surgery	17.92	13.00	1290.24	936.00
67938 00	Surgery	8.08	3.51	581.76	252.72
67950 00	Surgery	17.49	13.74	1259.28	989.28
67961 00	Surgery	17.60	13.50	1267.20	972.00
67966 00	Surgery	23.21	19.40	1671.12	1396.80
67971 00	Surgery	21.31	21.31	1534.32	1534.32
67973 00	Surgery	27.41	27.41	1973.52	1973.52
67974 00	Surgery	27.34	27.34	1968.48	1968.48
67975 00	Surgery	20.19	20.19	1453.68	1453.68
67999 00	Surgery	0.00	0.00	BR	BR
68020 00	Surgery	3.63	3.28	261.36	236.16
68040 00	Surgery	1.86	1.41	133.92	101.52

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68100 00	Surgery	5.37	2.83	386.64	203.76
68110 00	Surgery	7.07	4.42	509.04	318.24
68115 00	Surgery	9.93	5.44	714.96	391.68
68130 00	Surgery	16.52	12.30	1189.44	885.60
68135 00	Surgery	4.71	4.45	339.12	320.40
68200 00	Surgery	1.24	1.01	89.28	72.72
68320 00	Surgery	22.21	16.07	1599.12	1157.04
68325 00	Surgery	19.48	19.48	1402.56	1402.56
68326 00	Surgery	19.14	19.14	1378.08	1378.08
68328 00	Surgery	20.89	20.89	1504.08	1504.08
68330 00	Surgery	18.62	13.69	1340.64	985.68
68335 00	Surgery	19.19	19.19	1381.68	1381.68
68340 00	Surgery	18.02	11.84	1297.44	852.48
68360 00	Surgery	16.22	12.21	1167.84	879.12
68362 00	Surgery	19.45	19.45	1400.40	1400.40
68371 00	Surgery	12.27	12.27	883.44	883.44
68399 00	Surgery	0.00	0.00	BR	BR
68400 00	Surgery	8.88	3.91	639.36	281.52
68420 00	Surgery	9.91	4.95	713.52	356.40
68440 00	Surgery	3.14	3.00	226.08	216.00
68500 00	Surgery	31.65	31.65	2278.80	2278.80
68505 00	Surgery	31.51	31.51	2268.72	2268.72
68510 00	Surgery	13.45	8.48	968.40	610.56
68520 00	Surgery	22.01	22.01	1584.72	1584.72
68525 00	Surgery	7.60	7.60	547.20	547.20
68530 00	Surgery	12.96	7.53	933.12	542.16
68540 00	Surgery	29.29	29.29	2108.88	2108.88
68550 00	Surgery	36.47	36.47	2625.84	2625.84
68700 00	Surgery	17.90	17.90	1288.80	1288.80
68705 00	Surgery	7.81	4.93	562.32	354.96
68720 00	Surgery	24.14	24.14	1738.08	1738.08
68745 00	Surgery	24.27	24.27	1747.44	1747.44
68750 00	Surgery	25.65	25.65	1846.80	1846.80
68760 00	Surgery	6.56	4.35	472.32	313.20
68761 00	Surgery	4.36	3.49	313.92	251.28
68770 00	Surgery	18.61	18.61	1339.92	1339.92
68801 00	Surgery	2.89	2.38	208.08	171.36
68810 00	Surgery	4.82	3.81	347.04	274.32
68811 00	Surgery	4.02	4.02	289.44	289.44
68815 00	Surgery	11.21	6.62	807.12	476.64
68816 00	Surgery	25.30	4.67	1821.60	336.24
68840 00	Surgery	3.99	3.50	287.28	252.00

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
68841 00	Surgery	1.14	0.96	82.08	69.12
68850 00	Surgery	1.74	1.53	125.28	110.16
68899 00	Surgery	0.00	0.00	BR	BR
69000 00	Surgery	5.62	3.80	404.64	273.60
69005 00	Surgery	6.63	4.89	477.36	352.08
69020 00	Surgery	7.01	4.36	504.72	313.92
69090 00	Surgery	-	-	54.00	48.96
69100 00	Surgery	2.87	1.38	206.64	99.36
69105 00	Surgery	4.35	1.92	313.20	138.24
69110 00	Surgery	14.17	9.91	1020.24	713.52
69120 00	Surgery	11.71	11.71	843.12	843.12
69140 00	Surgery	27.21	27.21	1959.12	1959.12
69145 00	Surgery	12.41	7.81	893.52	562.32
69150 00	Surgery	30.32	30.32	2183.04	2183.04
69155 00	Surgery	48.99	48.99	3527.28	3527.28
69200 00	Surgery	2.42	1.42	174.24	102.24
69205 00	Surgery	2.88	2.88	207.36	207.36
69209 00	Surgery	0.48	0.48	34.56	34.56
69210 00	Surgery	1.44	0.97	103.68	69.84
69220 00	Surgery	2.36	1.54	169.92	110.88
69222 00	Surgery	6.53	4.14	470.16	298.08
69300 00	Surgery	19.66	14.22	1415.52	1023.84
69310 00	Surgery	33.64	33.64	2422.08	2422.08
69320 00	Surgery	46.93	46.93	3378.96	3378.96
69399 00	Surgery	0.00	0.00	BR	BR
69420 00	Surgery	5.77	3.66	415.44	263.52
69421 00	Surgery	4.60	4.60	331.20	331.20
69424 00	Surgery	3.84	1.82	276.48	131.04
69433 00	Surgery	6.11	4.02	439.92	289.44
69436 00	Surgery	4.84	4.84	348.48	348.48
69440 00	Surgery	20.94	20.94	1507.68	1507.68
69450 00	Surgery	16.59	16.59	1194.48	1194.48
69501 00	Surgery	21.46	21.46	1545.12	1545.12
69502 00	Surgery	28.49	28.49	2051.28	2051.28
69505 00	Surgery	36.99	36.99	2663.28	2663.28
69511 00	Surgery	37.86	37.86	2725.92	2725.92
69530 00	Surgery	50.37	50.37	3626.64	3626.64
69535 00	Surgery	79.94	79.94	5755.68	5755.68
69540 00	Surgery	6.38	3.95	459.36	284.40
69550 00	Surgery	32.02	32.02	2305.44	2305.44
69552 00	Surgery	47.70	47.70	3434.40	3434.40
69554 00	Surgery	76.01	76.01	5472.72	5472.72

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69601 00	Surgery	30.70	30.70	2210.40	2210.40
69602 00	Surgery	32.85	32.85	2365.20	2365.20
69603 00	Surgery	38.66	38.66	2783.52	2783.52
69604 00	Surgery	33.55	33.55	2415.60	2415.60
69610 00	Surgery	11.58	8.67	833.76	624.24
69620 00	Surgery	22.39	14.97	1612.08	1077.84
69631 00	Surgery	26.89	26.89	1936.08	1936.08
69632 00	Surgery	32.62	32.62	2348.64	2348.64
69633 00	Surgery	31.77	31.77	2287.44	2287.44
69635 00	Surgery	38.57	38.57	2777.04	2777.04
69636 00	Surgery	42.39	42.39	3052.08	3052.08
69637 00	Surgery	42.21	42.21	3039.12	3039.12
69641 00	Surgery	31.43	31.43	2262.96	2262.96
69642 00	Surgery	40.34	40.34	2904.48	2904.48
69643 00	Surgery	36.86	36.86	2653.92	2653.92
69644 00	Surgery	45.30	45.30	3261.60	3261.60
69645 00	Surgery	44.45	44.45	3200.40	3200.40
69646 00	Surgery	47.29	47.29	3404.88	3404.88
69650 00	Surgery	24.27	24.27	1747.44	1747.44
69660 00	Surgery	27.88	27.88	2007.36	2007.36
69661 00	Surgery	36.31	36.31	2614.32	2614.32
69662 00	Surgery	34.88	34.88	2511.36	2511.36
69666 00	Surgery	24.42	24.42	1758.24	1758.24
69667 00	Surgery	24.50	24.50	1764.00	1764.00
69670 00	Surgery	28.48	28.48	2050.56	2050.56
69676 00	Surgery	25.20	25.20	1814.40	1814.40
69700 00	Surgery	20.12	20.12	1448.64	1448.64
69705 00	Surgery	80.55	5.19	5799.60	373.68
69706 00	Surgery	83.22	7.25	5991.84	522.00
69710 00	Surgery	0.00	0.00	BR	BR
69711 00	Surgery	25.31	25.31	1822.32	1822.32
69714 00	Surgery	14.93	14.93	1074.96	1074.96
69716 00	Surgery	18.68	18.68	1344.96	1344.96
69717 00	Surgery	16.91	16.91	1217.52	1217.52
69719 00	Surgery	19.40	19.40	1396.80	1396.80
69720 00	Surgery	35.48	35.48	2554.56	2554.56
69725 00	Surgery	56.16	56.16	4043.52	4043.52
69726 00	Surgery	14.39	14.39	1036.08	1036.08
69727 00	Surgery	16.05	16.05	1155.60	1155.60
69728 00	Surgery	18.15	18.15	1306.80	1306.80
69729 00	Surgery	20.26	20.26	1458.72	1458.72
69730 00	Surgery	21.01	21.01	1512.72	1512.72

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
69740 00	Surgery	34.94	34.94	2515.68	2515.68
69745 00	Surgery	37.25	37.25	2682.00	2682.00
69799 00	Surgery	0.00	0.00	BR	BR
69801 00	Surgery	6.87	3.73	494.64	268.56
69805 00	Surgery	31.00	31.00	2232.00	2232.00
69806 00	Surgery	27.77	27.77	1999.44	1999.44
69905 00	Surgery	27.73	27.73	1996.56	1996.56
69910 00	Surgery	29.85	29.85	2149.20	2149.20
69915 00	Surgery	45.17	45.17	3252.24	3252.24
69930 00	Surgery	36.57	36.57	2633.04	2633.04
69949 00	Surgery	0.00	0.00	BR	BR
69950 00	Surgery	52.40	52.40	3772.80	3772.80
69955 00	Surgery	59.06	59.06	4252.32	4252.32
69960 00	Surgery	56.57	56.57	4073.04	4073.04
69970 00	Surgery	63.84	63.84	4596.48	4596.48
69979 00	Surgery	0.00	0.00	BR	BR
69990 00	Surgery	6.52	6.52	469.44	469.44

Historical Note

New Appendix A, Surgery Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Surgery Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Surgery Codes 2019-2020 repealed; new Appendix A, Surgery Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Codes 2020-2021 repealed; new Appendix A, Surgery Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Surgery Codes 2021-2022 repealed; new Surgery Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Surgery Codes 2022-2023 repealed; new Surgery Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Surgery Codes 2023-2024 repealed; new Appendix A, Surgery Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to CMS and CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A. GENERAL GUIDELINES

1. Values include usual contrast media, equipment, and materials. An additional charge may be warranted when special surgical trays and materials are provided by the healthcare provider.
2. Values include consultation and written reports to the referring healthcare provider.
3. X-ray findings and attending healthcare provider's written orders for x-rays must be included with the statement for x-ray services. Bills unsupported by findings will not be paid.
4. X-rays should be taken, reported, and be properly marked for identification and orientation in accordance with the accepted standard of radiologic practice in the State of Arizona.

B. MODIFIERS

Modifiers identify circumstances that alter or enhance the description of the service. For radiology codes, two modifiers affect the assigned unit value and are listed in *The Essential RBRVS*. However, other modifiers may be required for correct reporting of service. See CMS and the 2024 CPT® publication for additional information on modifiers. Listed radiology modifiers affect the unit values as follows:

1. Total: When no modifier is listed, the unit value represents the global value of the procedure. The five-digit code is used to represent a global service inclusive of the professional and technical value of providing that service. The following sections provide additional definitions for each component.
2. Professional: Modifier 26 is used to designate professional services. The professional component includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination, and consultation with referring healthcare providers.
3. Technical: Modifier TC is used to designate the technical value of providing the service. The technical component includes personnel, materials, space, equipment, and other allocated facility overhead normally included in providing the service.

C. REFERENCE TO RELATIVE VALUES

Two patterns of billing currently prevail in radiology. The first pattern occurs when a total charge for the radiology service, including both the professional component (“PC”) and technical component (“TC”), is billed by appropriately licensed health care providers working in offices, clinics, and, independent diagnostic testing facilities. The second pattern occurs when services are performed in settings such as a hospital or ambulatory surgery center radiology department. The radiologist submits a separate statement to the payer for services that compose the professional component. The hospital or ambulatory surgery center charges for use of the department facilities and the services of its employees as the technical component.

The Radiology Relative Values scales have been devised for use in radiology and are not coordinated with scales for services in other branches of medicine such as surgery, medicine or pathology. The two scales are compatible only within themselves. Some procedures are noted as a “BR” value or “By Report”. This usage is intended to indicate that circumstances involving a given patient procedure may require much more than the average amount of time and effort to perform and thus a value would be unique and could not be anticipated or established. When such added involvement is claimed, a written explanation will usually be required as an addendum to the bill.

The PC values do not include TC charges made by the hospital in which the procedure was accomplished. Such charges by the hospital or ambulatory surgery center cover the services of technologists and other helpers, the films, contrast media, radioactive agents, chemical and other materials, the use of the space and facilities of the x-ray department plus any other hospital or ambulatory surgery center costs. Most hospitals or ambulatory surgery centers have derived their own schedule of charges for these items. Establishment of hospital or ambulatory surgery center charges is not the subject of the Fee Schedule.

The separation of billing in no way implies a division of responsibility, but only a division of the charge. The radiologist is a physician performing a needed medical service for a patient, and must retain full responsibility for his or her own activity and full responsibility for the potential supervision of technologists, the selection and maintenance of equipment, the control of radiation hazards, and the general administration of the radiology department.

D. REVIEW OF DIAGNOSTIC STUDIES

No separate charge is warranted for prior studies reviewed in conjunction with a visit, consultation, record review, or other evaluation by a healthcare provider; neither the professional component value modifier 26 nor the radiological consultation CPT® code 76140 is reimbursable. The review of diagnostic tests is included in the evaluation and management codes.

Historical Note

New Appendix A, Radiology Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Radiology Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Radiology Guidelines repealed; new Radiology Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Radiology Guidelines repealed; new Radiology Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE**Radiology Codes 2024****Radiology Conversion Factor \$70.00**

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
70010 00	Radiology	1.72	1.72	120.40	120.40
70015 00	Radiology	4.98	4.98	348.60	348.60
70015 26	Radiology	1.67	1.67	116.90	116.90
70015 TC	Radiology	3.31	3.31	231.70	231.70
70030 00	Radiology	0.98	0.98	68.60	68.60
70030 26	Radiology	0.25	0.25	17.50	17.50
70030 TC	Radiology	0.73	0.73	51.10	51.10
70100 00	Radiology	1.17	1.17	81.90	81.90
70100 26	Radiology	0.26	0.26	18.20	18.20
70100 TC	Radiology	0.91	0.91	63.70	63.70
70110 00	Radiology	1.31	1.31	91.70	91.70
70110 26	Radiology	0.35	0.35	24.50	24.50
70110 TC	Radiology	0.96	0.96	67.20	67.20
70120 00	Radiology	1.15	1.15	80.50	80.50
70120 26	Radiology	0.26	0.26	18.20	18.20
70120 TC	Radiology	0.89	0.89	62.30	62.30
70130 00	Radiology	1.86	1.86	130.20	130.20
70130 26	Radiology	0.48	0.48	33.60	33.60
70130 TC	Radiology	1.38	1.38	96.60	96.60
70134 00	Radiology	1.86	1.86	130.20	130.20
70134 26	Radiology	0.51	0.51	35.70	35.70
70134 TC	Radiology	1.35	1.35	94.50	94.50
70140 00	Radiology	0.96	0.96	67.20	67.20
70140 26	Radiology	0.28	0.28	19.60	19.60
70140 TC	Radiology	0.68	0.68	47.60	47.60
70150 00	Radiology	1.42	1.42	99.40	99.40
70150 26	Radiology	0.37	0.37	25.90	25.90
70150 TC	Radiology	1.05	1.05	73.50	73.50
70160 00	Radiology	1.13	1.13	79.10	79.10
70160 26	Radiology	0.24	0.24	16.80	16.80
70160 TC	Radiology	0.89	0.89	62.30	62.30
70170 00	Radiology	-	-	103.60	103.60
70170 26	Radiology	0.43	0.43	30.10	30.10
70170 TC	Radiology	-	-	73.50	73.50
70190 00	Radiology	1.13	1.13	79.10	79.10
70190 26	Radiology	0.32	0.32	22.40	22.40
70190 TC	Radiology	0.81	0.81	56.70	56.70

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
70200 00	Radiology	1.44	1.44	100.80	100.80
70200 26	Radiology	0.40	0.40	28.00	28.00
70200 TC	Radiology	1.04	1.04	72.80	72.80
70210 00	Radiology	0.97	0.97	67.90	67.90
70210 26	Radiology	0.25	0.25	17.50	17.50
70210 TC	Radiology	0.72	0.72	50.40	50.40
70220 00	Radiology	1.13	1.13	79.10	79.10
70220 26	Radiology	0.31	0.31	21.70	21.70
70220 TC	Radiology	0.82	0.82	57.40	57.40
70240 00	Radiology	0.99	0.99	69.30	69.30
70240 26	Radiology	0.27	0.27	18.90	18.90
70240 TC	Radiology	0.72	0.72	50.40	50.40
70250 00	Radiology	1.09	1.09	76.30	76.30
70250 26	Radiology	0.26	0.26	18.20	18.20
70250 TC	Radiology	0.83	0.83	58.10	58.10
70260 00	Radiology	1.34	1.34	93.80	93.80
70260 26	Radiology	0.40	0.40	28.00	28.00
70260 TC	Radiology	0.94	0.94	65.80	65.80
70300 00	Radiology	0.39	0.39	27.30	27.30
70300 26	Radiology	0.15	0.15	10.50	10.50
70300 TC	Radiology	0.24	0.24	16.80	16.80
70310 00	Radiology	1.22	1.22	85.40	85.40
70310 26	Radiology	0.24	0.24	16.80	16.80
70310 TC	Radiology	0.98	0.98	68.60	68.60
70320 00	Radiology	1.60	1.60	112.00	112.00
70320 26	Radiology	0.32	0.32	22.40	22.40
70320 TC	Radiology	1.28	1.28	89.60	89.60
70328 00	Radiology	1.04	1.04	72.80	72.80
70328 26	Radiology	0.26	0.26	18.20	18.20
70328 TC	Radiology	0.78	0.78	54.60	54.60
70330 00	Radiology	1.59	1.59	111.30	111.30
70330 26	Radiology	0.34	0.34	23.80	23.80
70330 TC	Radiology	1.25	1.25	87.50	87.50
70332 00	Radiology	2.48	2.48	173.60	173.60
70332 26	Radiology	0.76	0.76	53.20	53.20
70332 TC	Radiology	1.72	1.72	120.40	120.40
70336 00	Radiology	8.15	8.15	570.50	570.50
70336 26	Radiology	2.07	2.07	144.90	144.90
70336 TC	Radiology	6.08	6.08	425.60	425.60
70350 00	Radiology	0.50	0.50	35.00	35.00
70350 26	Radiology	0.25	0.25	17.50	17.50
70350 TC	Radiology	0.25	0.25	17.50	17.50

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
70355 00	Radiology	0.55	0.55	38.50	38.50
70355 26	Radiology	0.29	0.29	20.30	20.30
70355 TC	Radiology	0.26	0.26	18.20	18.20
70360 00	Radiology	0.94	0.94	65.80	65.80
70360 26	Radiology	0.26	0.26	18.20	18.20
70360 TC	Radiology	0.68	0.68	47.60	47.60
70370 00	Radiology	3.15	3.15	220.50	220.50
70370 26	Radiology	0.45	0.45	31.50	31.50
70370 TC	Radiology	2.70	2.70	189.00	189.00
70371 00	Radiology	3.28	3.28	229.60	229.60
70371 26	Radiology	1.23	1.23	86.10	86.10
70371 TC	Radiology	2.05	2.05	143.50	143.50
70380 00	Radiology	1.13	1.13	79.10	79.10
70380 26	Radiology	0.24	0.24	16.80	16.80
70380 TC	Radiology	0.89	0.89	62.30	62.30
70390 00	Radiology	3.47	3.47	242.90	242.90
70390 26	Radiology	0.53	0.53	37.10	37.10
70390 TC	Radiology	2.94	2.94	205.80	205.80
70450 00	Radiology	3.26	3.26	228.20	228.20
70450 26	Radiology	1.19	1.19	83.30	83.30
70450 TC	Radiology	2.07	2.07	144.90	144.90
70460 00	Radiology	4.56	4.56	319.20	319.20
70460 26	Radiology	1.59	1.59	111.30	111.30
70460 TC	Radiology	2.97	2.97	207.90	207.90
70470 00	Radiology	5.34	5.34	373.80	373.80
70470 26	Radiology	1.79	1.79	125.30	125.30
70470 TC	Radiology	3.55	3.55	248.50	248.50
70480 00	Radiology	4.89	4.89	342.30	342.30
70480 26	Radiology	1.81	1.81	126.70	126.70
70480 TC	Radiology	3.08	3.08	215.60	215.60
70481 00	Radiology	5.56	5.56	389.20	389.20
70481 26	Radiology	1.59	1.59	111.30	111.30
70481 TC	Radiology	3.97	3.97	277.90	277.90
70482 00	Radiology	6.49	6.49	454.30	454.30
70482 26	Radiology	1.78	1.78	124.60	124.60
70482 TC	Radiology	4.71	4.71	329.70	329.70
70486 00	Radiology	3.94	3.94	275.80	275.80
70486 26	Radiology	1.20	1.20	84.00	84.00
70486 TC	Radiology	2.74	2.74	191.80	191.80
70487 00	Radiology	4.68	4.68	327.60	327.60
70487 26	Radiology	1.58	1.58	110.60	110.60
70487 TC	Radiology	3.10	3.10	217.00	217.00

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70488 00	Radiology	5.67	5.67	396.90	396.90
70488 26	Radiology	1.78	1.78	124.60	124.60
70488 TC	Radiology	3.89	3.89	272.30	272.30
70490 00	Radiology	4.61	4.61	322.70	322.70
70490 26	Radiology	1.80	1.80	126.00	126.00
70490 TC	Radiology	2.81	2.81	196.70	196.70
70491 00	Radiology	5.67	5.67	396.90	396.90
70491 26	Radiology	1.94	1.94	135.80	135.80
70491 TC	Radiology	3.73	3.73	261.10	261.10
70492 00	Radiology	6.80	6.80	476.00	476.00
70492 26	Radiology	2.26	2.26	158.20	158.20
70492 TC	Radiology	4.54	4.54	317.80	317.80
70496 00	Radiology	8.49	8.49	594.30	594.30
70496 26	Radiology	2.45	2.45	171.50	171.50
70496 TC	Radiology	6.04	6.04	422.80	422.80
70498 00	Radiology	8.48	8.48	593.60	593.60
70498 26	Radiology	2.45	2.45	171.50	171.50
70498 TC	Radiology	6.03	6.03	422.10	422.10
70540 00	Radiology	6.98	6.98	488.60	488.60
70540 26	Radiology	1.89	1.89	132.30	132.30
70540 TC	Radiology	5.09	5.09	356.30	356.30
70542 00	Radiology	8.28	8.28	579.60	579.60
70542 26	Radiology	2.27	2.27	158.90	158.90
70542 TC	Radiology	6.01	6.01	420.70	420.70
70543 00	Radiology	10.45	10.45	731.50	731.50
70543 26	Radiology	3.01	3.01	210.70	210.70
70543 TC	Radiology	7.44	7.44	520.80	520.80
70544 00	Radiology	6.65	6.65	465.50	465.50
70544 26	Radiology	1.68	1.68	117.60	117.60
70544 TC	Radiology	4.97	4.97	347.90	347.90
70545 00	Radiology	7.01	7.01	490.70	490.70
70545 26	Radiology	1.68	1.68	117.60	117.60
70545 TC	Radiology	5.33	5.33	373.10	373.10
70546 00	Radiology	10.19	10.19	713.30	713.30
70546 26	Radiology	2.08	2.08	145.60	145.60
70546 TC	Radiology	8.11	8.11	567.70	567.70
70547 00	Radiology	6.66	6.66	466.20	466.20
70547 26	Radiology	1.68	1.68	117.60	117.60
70547 TC	Radiology	4.98	4.98	348.60	348.60
70548 00	Radiology	7.60	7.60	532.00	532.00
70548 26	Radiology	2.11	2.11	147.70	147.70
70548 TC	Radiology	5.49	5.49	384.30	384.30

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70549 00	Radiology	10.66	10.66	746.20	746.20
70549 26	Radiology	2.52	2.52	176.40	176.40
70549 TC	Radiology	8.14	8.14	569.80	569.80
70551 00	Radiology	6.05	6.05	423.50	423.50
70551 26	Radiology	2.08	2.08	145.60	145.60
70551 TC	Radiology	3.97	3.97	277.90	277.90
70552 00	Radiology	8.34	8.34	583.80	583.80
70552 26	Radiology	2.50	2.50	175.00	175.00
70552 TC	Radiology	5.84	5.84	408.80	408.80
70553 00	Radiology	9.82	9.82	687.40	687.40
70553 26	Radiology	3.21	3.21	224.70	224.70
70553 TC	Radiology	6.61	6.61	462.70	462.70
70554 00	Radiology	11.73	11.73	821.10	821.10
70554 26	Radiology	2.98	2.98	208.60	208.60
70554 TC	Radiology	8.75	8.75	612.50	612.50
70555 00	Radiology	-	-	1441.30	1441.30
70555 26	Radiology	3.50	3.50	245.00	245.00
70555 TC	Radiology	-	-	1196.30	1196.30
70557 00	Radiology	-	-	315.00	315.00
70557 26	Radiology	4.50	4.50	315.00	315.00
70557 TC	Radiology	0.00	0.00	BR	BR
70558 00	Radiology	-	-	1388.80	1388.80
70558 26	Radiology	4.96	4.96	347.20	347.20
70558 TC	Radiology	-	-	1041.60	1041.60
70559 00	Radiology	-	-	905.80	905.80
70559 26	Radiology	4.66	4.66	326.20	326.20
70559 TC	Radiology	-	-	579.60	579.60
71045 00	Radiology	0.77	0.77	53.90	53.90
71045 26	Radiology	0.25	0.25	17.50	17.50
71045 TC	Radiology	0.52	0.52	36.40	36.40
71046 00	Radiology	1.01	1.01	70.70	70.70
71046 26	Radiology	0.31	0.31	21.70	21.70
71046 TC	Radiology	0.70	0.70	49.00	49.00
71047 00	Radiology	1.27	1.27	88.90	88.90
71047 26	Radiology	0.39	0.39	27.30	27.30
71047 TC	Radiology	0.88	0.88	61.60	61.60
71048 00	Radiology	1.37	1.37	95.90	95.90
71048 26	Radiology	0.43	0.43	30.10	30.10
71048 TC	Radiology	0.94	0.94	65.80	65.80
71100 00	Radiology	1.10	1.10	77.00	77.00
71100 26	Radiology	0.31	0.31	21.70	21.70
71100 TC	Radiology	0.79	0.79	55.30	55.30

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71101 00	Radiology	1.27	1.27	88.90	88.90
71101 26	Radiology	0.38	0.38	26.60	26.60
71101 TC	Radiology	0.89	0.89	62.30	62.30
71110 00	Radiology	1.32	1.32	92.40	92.40
71110 26	Radiology	0.41	0.41	28.70	28.70
71110 TC	Radiology	0.91	0.91	63.70	63.70
71111 00	Radiology	1.58	1.58	110.60	110.60
71111 26	Radiology	0.46	0.46	32.20	32.20
71111 TC	Radiology	1.12	1.12	78.40	78.40
71120 00	Radiology	1.01	1.01	70.70	70.70
71120 26	Radiology	0.28	0.28	19.60	19.60
71120 TC	Radiology	0.73	0.73	51.10	51.10
71130 00	Radiology	1.24	1.24	86.80	86.80
71130 26	Radiology	0.31	0.31	21.70	21.70
71130 TC	Radiology	0.93	0.93	65.10	65.10
71250 00	Radiology	4.09	4.09	286.30	286.30
71250 26	Radiology	1.52	1.52	106.40	106.40
71250 TC	Radiology	2.57	2.57	179.90	179.90
71260 00	Radiology	5.14	5.14	359.80	359.80
71260 26	Radiology	1.64	1.64	114.80	114.80
71260 TC	Radiology	3.50	3.50	245.00	245.00
71270 00	Radiology	6.04	6.04	422.80	422.80
71270 26	Radiology	1.75	1.75	122.50	122.50
71270 TC	Radiology	4.29	4.29	300.30	300.30
71271 00	Radiology	4.23	4.23	296.10	296.10
71271 26	Radiology	1.52	1.52	106.40	106.40
71271 TC	Radiology	2.71	2.71	189.70	189.70
71275 00	Radiology	8.66	8.66	606.20	606.20
71275 26	Radiology	2.55	2.55	178.50	178.50
71275 TC	Radiology	6.11	6.11	427.70	427.70
71550 00	Radiology	10.43	10.43	730.10	730.10
71550 26	Radiology	2.05	2.05	143.50	143.50
71550 TC	Radiology	8.38	8.38	586.60	586.60
71551 00	Radiology	11.53	11.53	807.10	807.10
71551 26	Radiology	2.43	2.43	170.10	170.10
71551 TC	Radiology	9.10	9.10	637.00	637.00
71552 00	Radiology	14.55	14.55	1018.50	1018.50
71552 26	Radiology	3.17	3.17	221.90	221.90
71552 TC	Radiology	11.38	11.38	796.60	796.60
71555 00	Radiology	10.30	10.30	721.00	721.00
71555 26	Radiology	2.51	2.51	175.70	175.70
71555 TC	Radiology	7.79	7.79	545.30	545.30

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72020 00	Radiology	0.73	0.73	51.10	51.10
72020 26	Radiology	0.23	0.23	16.10	16.10
72020 TC	Radiology	0.50	0.50	35.00	35.00
72040 00	Radiology	1.19	1.19	83.30	83.30
72040 26	Radiology	0.32	0.32	22.40	22.40
72040 TC	Radiology	0.87	0.87	60.90	60.90
72050 00	Radiology	1.61	1.61	112.70	112.70
72050 26	Radiology	0.38	0.38	26.60	26.60
72050 TC	Radiology	1.23	1.23	86.10	86.10
72052 00	Radiology	1.88	1.88	131.60	131.60
72052 26	Radiology	0.43	0.43	30.10	30.10
72052 TC	Radiology	1.45	1.45	101.50	101.50
72070 00	Radiology	0.99	0.99	69.30	69.30
72070 26	Radiology	0.29	0.29	20.30	20.30
72070 TC	Radiology	0.70	0.70	49.00	49.00
72072 00	Radiology	1.19	1.19	83.30	83.30
72072 26	Radiology	0.32	0.32	22.40	22.40
72072 TC	Radiology	0.87	0.87	60.90	60.90
72074 00	Radiology	1.34	1.34	93.80	93.80
72074 26	Radiology	0.35	0.35	24.50	24.50
72074 TC	Radiology	0.99	0.99	69.30	69.30
72080 00	Radiology	1.04	1.04	72.80	72.80
72080 26	Radiology	0.30	0.30	21.00	21.00
72080 TC	Radiology	0.74	0.74	51.80	51.80
72081 00	Radiology	1.28	1.28	89.60	89.60
72081 26	Radiology	0.37	0.37	25.90	25.90
72081 TC	Radiology	0.91	0.91	63.70	63.70
72082 00	Radiology	2.11	2.11	147.70	147.70
72082 26	Radiology	0.45	0.45	31.50	31.50
72082 TC	Radiology	1.66	1.66	116.20	116.20
72083 00	Radiology	2.39	2.39	167.30	167.30
72083 26	Radiology	0.51	0.51	35.70	35.70
72083 TC	Radiology	1.88	1.88	131.60	131.60
72084 00	Radiology	2.96	2.96	207.20	207.20
72084 26	Radiology	0.59	0.59	41.30	41.30
72084 TC	Radiology	2.37	2.37	165.90	165.90
72100 00	Radiology	1.20	1.20	84.00	84.00
72100 26	Radiology	0.32	0.32	22.40	22.40
72100 TC	Radiology	0.88	0.88	61.60	61.60
72110 00	Radiology	1.56	1.56	109.20	109.20
72110 26	Radiology	0.37	0.37	25.90	25.90
72110 TC	Radiology	1.19	1.19	83.30	83.30

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72114 00	Radiology	1.84	1.84	128.80	128.80
72114 26	Radiology	0.43	0.43	30.10	30.10
72114 TC	Radiology	1.41	1.41	98.70	98.70
72120 00	Radiology	1.22	1.22	85.40	85.40
72120 26	Radiology	0.32	0.32	22.40	22.40
72120 TC	Radiology	0.90	0.90	63.00	63.00
72125 00	Radiology	4.00	4.00	280.00	280.00
72125 26	Radiology	1.40	1.40	98.00	98.00
72125 TC	Radiology	2.60	2.60	182.00	182.00
72126 00	Radiology	5.19	5.19	363.30	363.30
72126 26	Radiology	1.71	1.71	119.70	119.70
72126 TC	Radiology	3.48	3.48	243.60	243.60
72127 00	Radiology	6.08	6.08	425.60	425.60
72127 26	Radiology	1.78	1.78	124.60	124.60
72127 TC	Radiology	4.30	4.30	301.00	301.00
72128 00	Radiology	3.99	3.99	279.30	279.30
72128 26	Radiology	1.40	1.40	98.00	98.00
72128 TC	Radiology	2.59	2.59	181.30	181.30
72129 00	Radiology	5.23	5.23	366.10	366.10
72129 26	Radiology	1.72	1.72	120.40	120.40
72129 TC	Radiology	3.51	3.51	245.70	245.70
72130 00	Radiology	6.12	6.12	428.40	428.40
72130 26	Radiology	1.79	1.79	125.30	125.30
72130 TC	Radiology	4.33	4.33	303.10	303.10
72131 00	Radiology	3.97	3.97	277.90	277.90
72131 26	Radiology	1.40	1.40	98.00	98.00
72131 TC	Radiology	2.57	2.57	179.90	179.90
72132 00	Radiology	5.20	5.20	364.00	364.00
72132 26	Radiology	1.71	1.71	119.70	119.70
72132 TC	Radiology	3.49	3.49	244.30	244.30
72133 00	Radiology	6.09	6.09	426.30	426.30
72133 26	Radiology	1.78	1.78	124.60	124.60
72133 TC	Radiology	4.31	4.31	301.70	301.70
72141 00	Radiology	5.88	5.88	411.60	411.60
72141 26	Radiology	2.08	2.08	145.60	145.60
72141 TC	Radiology	3.80	3.80	266.00	266.00
72142 00	Radiology	8.50	8.50	595.00	595.00
72142 26	Radiology	2.52	2.52	176.40	176.40
72142 TC	Radiology	5.98	5.98	418.60	418.60
72146 00	Radiology	5.87	5.87	410.90	410.90
72146 26	Radiology	2.08	2.08	145.60	145.60
72146 TC	Radiology	3.79	3.79	265.30	265.30

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72147 00	Radiology	8.42	8.42	589.40	589.40
72147 26	Radiology	2.50	2.50	175.00	175.00
72147 TC	Radiology	5.92	5.92	414.40	414.40
72148 00	Radiology	5.90	5.90	413.00	413.00
72148 26	Radiology	2.09	2.09	146.30	146.30
72148 TC	Radiology	3.81	3.81	266.70	266.70
72149 00	Radiology	8.35	8.35	584.50	584.50
72149 26	Radiology	2.51	2.51	175.70	175.70
72149 TC	Radiology	5.84	5.84	408.80	408.80
72156 00	Radiology	9.87	9.87	690.90	690.90
72156 26	Radiology	3.22	3.22	225.40	225.40
72156 TC	Radiology	6.65	6.65	465.50	465.50
72157 00	Radiology	9.89	9.89	692.30	692.30
72157 26	Radiology	3.22	3.22	225.40	225.40
72157 TC	Radiology	6.67	6.67	466.90	466.90
72158 00	Radiology	9.85	9.85	689.50	689.50
72158 26	Radiology	3.22	3.22	225.40	225.40
72158 TC	Radiology	6.63	6.63	464.10	464.10
72159 00	Radiology	10.66	10.66	746.20	746.20
72159 26	Radiology	2.53	2.53	177.10	177.10
72159 TC	Radiology	8.13	8.13	569.10	569.10
72170 00	Radiology	0.84	0.84	58.80	58.80
72170 26	Radiology	0.25	0.25	17.50	17.50
72170 TC	Radiology	0.59	0.59	41.30	41.30
72190 00	Radiology	1.27	1.27	88.90	88.90
72190 26	Radiology	0.36	0.36	25.20	25.20
72190 TC	Radiology	0.91	0.91	63.70	63.70
72191 00	Radiology	9.37	9.37	655.90	655.90
72191 26	Radiology	2.51	2.51	175.70	175.70
72191 TC	Radiology	6.86	6.86	480.20	480.20
72192 00	Radiology	4.09	4.09	286.30	286.30
72192 26	Radiology	1.53	1.53	107.10	107.10
72192 TC	Radiology	2.56	2.56	179.20	179.20
72193 00	Radiology	7.05	7.05	493.50	493.50
72193 26	Radiology	1.63	1.63	114.10	114.10
72193 TC	Radiology	5.42	5.42	379.40	379.40
72194 00	Radiology	7.78	7.78	544.60	544.60
72194 26	Radiology	1.70	1.70	119.00	119.00
72194 TC	Radiology	6.08	6.08	425.60	425.60
72195 00	Radiology	7.07	7.07	494.90	494.90
72195 26	Radiology	2.06	2.06	144.20	144.20
72195 TC	Radiology	5.01	5.01	350.70	350.70

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72196 00	Radiology	8.28	8.28	579.60	579.60
72196 26	Radiology	2.42	2.42	169.40	169.40
72196 TC	Radiology	5.86	5.86	410.20	410.20
72197 00	Radiology	10.39	10.39	727.30	727.30
72197 26	Radiology	3.08	3.08	215.60	215.60
72197 TC	Radiology	7.31	7.31	511.70	511.70
72198 00	Radiology	10.43	10.43	730.10	730.10
72198 26	Radiology	2.50	2.50	175.00	175.00
72198 TC	Radiology	7.93	7.93	555.10	555.10
72200 00	Radiology	1.00	1.00	70.00	70.00
72200 26	Radiology	0.24	0.24	16.80	16.80
72200 TC	Radiology	0.76	0.76	53.20	53.20
72202 00	Radiology	1.18	1.18	82.60	82.60
72202 26	Radiology	0.32	0.32	22.40	22.40
72202 TC	Radiology	0.86	0.86	60.20	60.20
72220 00	Radiology	0.98	0.98	68.60	68.60
72220 26	Radiology	0.25	0.25	17.50	17.50
72220 TC	Radiology	0.73	0.73	51.10	51.10
72240 00	Radiology	3.36	3.36	235.20	235.20
72240 26	Radiology	1.29	1.29	90.30	90.30
72240 TC	Radiology	2.07	2.07	144.90	144.90
72255 00	Radiology	3.23	3.23	226.10	226.10
72255 26	Radiology	1.28	1.28	89.60	89.60
72255 TC	Radiology	1.95	1.95	136.50	136.50
72265 00	Radiology	3.27	3.27	228.90	228.90
72265 26	Radiology	1.18	1.18	82.60	82.60
72265 TC	Radiology	2.09	2.09	146.30	146.30
72270 00	Radiology	4.58	4.58	320.60	320.60
72270 26	Radiology	1.93	1.93	135.10	135.10
72270 TC	Radiology	2.65	2.65	185.50	185.50
72285 00	Radiology	3.96	3.96	277.20	277.20
72285 26	Radiology	1.65	1.65	115.50	115.50
72285 TC	Radiology	2.31	2.31	161.70	161.70
72295 00	Radiology	3.34	3.34	233.80	233.80
72295 26	Radiology	1.17	1.17	81.90	81.90
72295 TC	Radiology	2.17	2.17	151.90	151.90
73000 00	Radiology	0.98	0.98	68.60	68.60
73000 26	Radiology	0.24	0.24	16.80	16.80
73000 TC	Radiology	0.74	0.74	51.80	51.80
73010 00	Radiology	0.72	0.72	50.40	50.40
73010 26	Radiology	0.26	0.26	18.20	18.20
73010 TC	Radiology	0.46	0.46	32.20	32.20

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
73020 00	Radiology	0.65	0.65	45.50	45.50
73020 26	Radiology	0.22	0.22	15.40	15.40
73020 TC	Radiology	0.43	0.43	30.10	30.10
73030 00	Radiology	1.05	1.05	73.50	73.50
73030 26	Radiology	0.27	0.27	18.90	18.90
73030 TC	Radiology	0.78	0.78	54.60	54.60
73040 00	Radiology	3.95	3.95	276.50	276.50
73040 26	Radiology	0.79	0.79	55.30	55.30
73040 TC	Radiology	3.16	3.16	221.20	221.20
73050 00	Radiology	0.87	0.87	60.90	60.90
73050 26	Radiology	0.27	0.27	18.90	18.90
73050 TC	Radiology	0.60	0.60	42.00	42.00
73060 00	Radiology	0.96	0.96	67.20	67.20
73060 26	Radiology	0.23	0.23	16.10	16.10
73060 TC	Radiology	0.73	0.73	51.10	51.10
73070 00	Radiology	0.88	0.88	61.60	61.60
73070 26	Radiology	0.24	0.24	16.80	16.80
73070 TC	Radiology	0.64	0.64	44.80	44.80
73080 00	Radiology	0.99	0.99	69.30	69.30
73080 26	Radiology	0.25	0.25	17.50	17.50
73080 TC	Radiology	0.74	0.74	51.80	51.80
73085 00	Radiology	3.00	3.00	210.00	210.00
73085 26	Radiology	0.76	0.76	53.20	53.20
73085 TC	Radiology	2.24	2.24	156.80	156.80
73090 00	Radiology	0.88	0.88	61.60	61.60
73090 26	Radiology	0.23	0.23	16.10	16.10
73090 TC	Radiology	0.65	0.65	45.50	45.50
73092 00	Radiology	0.95	0.95	66.50	66.50
73092 26	Radiology	0.23	0.23	16.10	16.10
73092 TC	Radiology	0.72	0.72	50.40	50.40
73100 00	Radiology	1.02	1.02	71.40	71.40
73100 26	Radiology	0.24	0.24	16.80	16.80
73100 TC	Radiology	0.78	0.78	54.60	54.60
73110 00	Radiology	1.24	1.24	86.80	86.80
73110 26	Radiology	0.25	0.25	17.50	17.50
73110 TC	Radiology	0.99	0.99	69.30	69.30
73115 00	Radiology	4.05	4.05	283.50	283.50
73115 26	Radiology	0.80	0.80	56.00	56.00
73115 TC	Radiology	3.25	3.25	227.50	227.50
73120 00	Radiology	0.95	0.95	66.50	66.50
73120 26	Radiology	0.24	0.24	16.80	16.80
73120 TC	Radiology	0.71	0.71	49.70	49.70

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73130 00	Radiology	1.12	1.12	78.40	78.40
73130 26	Radiology	0.25	0.25	17.50	17.50
73130 TC	Radiology	0.87	0.87	60.90	60.90
73140 00	Radiology	1.15	1.15	80.50	80.50
73140 26	Radiology	0.20	0.20	14.00	14.00
73140 TC	Radiology	0.95	0.95	66.50	66.50
73200 00	Radiology	4.96	4.96	347.20	347.20
73200 26	Radiology	1.40	1.40	98.00	98.00
73200 TC	Radiology	3.56	3.56	249.20	249.20
73201 00	Radiology	6.18	6.18	432.60	432.60
73201 26	Radiology	1.63	1.63	114.10	114.10
73201 TC	Radiology	4.55	4.55	318.50	318.50
73202 00	Radiology	7.66	7.66	536.20	536.20
73202 26	Radiology	1.70	1.70	119.00	119.00
73202 TC	Radiology	5.96	5.96	417.20	417.20
73206 00	Radiology	9.14	9.14	639.80	639.80
73206 26	Radiology	2.51	2.51	175.70	175.70
73206 TC	Radiology	6.63	6.63	464.10	464.10
73218 00	Radiology	9.37	9.37	655.90	655.90
73218 26	Radiology	1.91	1.91	133.70	133.70
73218 TC	Radiology	7.46	7.46	522.20	522.20
73219 00	Radiology	10.23	10.23	716.10	716.10
73219 26	Radiology	2.28	2.28	159.60	159.60
73219 TC	Radiology	7.95	7.95	556.50	556.50
73220 00	Radiology	12.65	12.65	885.50	885.50
73220 26	Radiology	3.02	3.02	211.40	211.40
73220 TC	Radiology	9.63	9.63	674.10	674.10
73221 00	Radiology	6.26	6.26	438.20	438.20
73221 26	Radiology	1.91	1.91	133.70	133.70
73221 TC	Radiology	4.35	4.35	304.50	304.50
73222 00	Radiology	9.67	9.67	676.90	676.90
73222 26	Radiology	2.29	2.29	160.30	160.30
73222 TC	Radiology	7.38	7.38	516.60	516.60
73223 00	Radiology	11.95	11.95	836.50	836.50
73223 26	Radiology	3.03	3.03	212.10	212.10
73223 TC	Radiology	8.92	8.92	624.40	624.40
73225 00	Radiology	10.56	10.56	739.20	739.20
73225 26	Radiology	2.43	2.43	170.10	170.10
73225 TC	Radiology	8.13	8.13	569.10	569.10
73501 00	Radiology	0.99	0.99	69.30	69.30
73501 26	Radiology	0.27	0.27	18.90	18.90
73501 TC	Radiology	0.72	0.72	50.40	50.40

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73502 00	Radiology	1.43	1.43	100.10	100.10
73502 26	Radiology	0.32	0.32	22.40	22.40
73502 TC	Radiology	1.11	1.11	77.70	77.70
73503 00	Radiology	1.80	1.80	126.00	126.00
73503 26	Radiology	0.39	0.39	27.30	27.30
73503 TC	Radiology	1.41	1.41	98.70	98.70
73521 00	Radiology	1.24	1.24	86.80	86.80
73521 26	Radiology	0.32	0.32	22.40	22.40
73521 TC	Radiology	0.92	0.92	64.40	64.40
73522 00	Radiology	1.62	1.62	113.40	113.40
73522 26	Radiology	0.42	0.42	29.40	29.40
73522 TC	Radiology	1.20	1.20	84.00	84.00
73523 00	Radiology	1.86	1.86	130.20	130.20
73523 26	Radiology	0.45	0.45	31.50	31.50
73523 TC	Radiology	1.41	1.41	98.70	98.70
73525 00	Radiology	3.87	3.87	270.90	270.90
73525 26	Radiology	0.84	0.84	58.80	58.80
73525 TC	Radiology	3.03	3.03	212.10	212.10
73551 00	Radiology	0.88	0.88	61.60	61.60
73551 26	Radiology	0.24	0.24	16.80	16.80
73551 TC	Radiology	0.64	0.64	44.80	44.80
73552 00	Radiology	1.07	1.07	74.90	74.90
73552 26	Radiology	0.26	0.26	18.20	18.20
73552 TC	Radiology	0.81	0.81	56.70	56.70
73560 00	Radiology	1.03	1.03	72.10	72.10
73560 26	Radiology	0.24	0.24	16.80	16.80
73560 TC	Radiology	0.79	0.79	55.30	55.30
73562 00	Radiology	1.23	1.23	86.10	86.10
73562 26	Radiology	0.27	0.27	18.90	18.90
73562 TC	Radiology	0.96	0.96	67.20	67.20
73564 00	Radiology	1.42	1.42	99.40	99.40
73564 26	Radiology	0.33	0.33	23.10	23.10
73564 TC	Radiology	1.09	1.09	76.30	76.30
73565 00	Radiology	1.20	1.20	84.00	84.00
73565 26	Radiology	0.24	0.24	16.80	16.80
73565 TC	Radiology	0.96	0.96	67.20	67.20
73580 00	Radiology	3.32	3.32	232.40	232.40
73580 26	Radiology	0.91	0.91	63.70	63.70
73580 TC	Radiology	2.41	2.41	168.70	168.70
73590 00	Radiology	0.95	0.95	66.50	66.50
73590 26	Radiology	0.23	0.23	16.10	16.10
73590 TC	Radiology	0.72	0.72	50.40	50.40

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73592 00	Radiology	0.95	0.95	66.50	66.50
73592 26	Radiology	0.23	0.23	16.10	16.10
73592 TC	Radiology	0.72	0.72	50.40	50.40
73600 00	Radiology	0.97	0.97	67.90	67.90
73600 26	Radiology	0.23	0.23	16.10	16.10
73600 TC	Radiology	0.74	0.74	51.80	51.80
73610 00	Radiology	1.10	1.10	77.00	77.00
73610 26	Radiology	0.25	0.25	17.50	17.50
73610 TC	Radiology	0.85	0.85	59.50	59.50
73615 00	Radiology	3.84	3.84	268.80	268.80
73615 26	Radiology	0.81	0.81	56.70	56.70
73615 TC	Radiology	3.03	3.03	212.10	212.10
73620 00	Radiology	0.86	0.86	60.20	60.20
73620 26	Radiology	0.22	0.22	15.40	15.40
73620 TC	Radiology	0.64	0.64	44.80	44.80
73630 00	Radiology	1.03	1.03	72.10	72.10
73630 26	Radiology	0.24	0.24	16.80	16.80
73630 TC	Radiology	0.79	0.79	55.30	55.30
73650 00	Radiology	0.86	0.86	60.20	60.20
73650 26	Radiology	0.23	0.23	16.10	16.10
73650 TC	Radiology	0.63	0.63	44.10	44.10
73660 00	Radiology	0.88	0.88	61.60	61.60
73660 26	Radiology	0.19	0.19	13.30	13.30
73660 TC	Radiology	0.69	0.69	48.30	48.30
73700 00	Radiology	3.98	3.98	278.60	278.60
73700 26	Radiology	1.40	1.40	98.00	98.00
73700 TC	Radiology	2.58	2.58	180.60	180.60
73701 00	Radiology	5.13	5.13	359.10	359.10
73701 26	Radiology	1.63	1.63	114.10	114.10
73701 TC	Radiology	3.50	3.50	245.00	245.00
73702 00	Radiology	6.01	6.01	420.70	420.70
73702 26	Radiology	1.70	1.70	119.00	119.00
73702 TC	Radiology	4.31	4.31	301.70	301.70
73706 00	Radiology	9.94	9.94	695.80	695.80
73706 26	Radiology	2.64	2.64	184.80	184.80
73706 TC	Radiology	7.30	7.30	511.00	511.00
73718 00	Radiology	6.89	6.89	482.30	482.30
73718 26	Radiology	1.89	1.89	132.30	132.30
73718 TC	Radiology	5.00	5.00	350.00	350.00
73719 00	Radiology	8.12	8.12	568.40	568.40
73719 26	Radiology	2.27	2.27	158.90	158.90
73719 TC	Radiology	5.85	5.85	409.50	409.50

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73720 00	Radiology	10.40	10.40	728.00	728.00
73720 26	Radiology	3.01	3.01	210.70	210.70
73720 TC	Radiology	7.39	7.39	517.30	517.30
73721 00	Radiology	6.25	6.25	437.50	437.50
73721 26	Radiology	1.91	1.91	133.70	133.70
73721 TC	Radiology	4.34	4.34	303.80	303.80
73722 00	Radiology	9.68	9.68	677.60	677.60
73722 26	Radiology	2.28	2.28	159.60	159.60
73722 TC	Radiology	7.40	7.40	518.00	518.00
73723 00	Radiology	11.90	11.90	833.00	833.00
73723 26	Radiology	3.02	3.02	211.40	211.40
73723 TC	Radiology	8.88	8.88	621.60	621.60
73725 00	Radiology	10.36	10.36	725.20	725.20
73725 26	Radiology	2.52	2.52	176.40	176.40
73725 TC	Radiology	7.84	7.84	548.80	548.80
74018 00	Radiology	0.91	0.91	63.70	63.70
74018 26	Radiology	0.26	0.26	18.20	18.20
74018 TC	Radiology	0.65	0.65	45.50	45.50
74019 00	Radiology	1.10	1.10	77.00	77.00
74019 26	Radiology	0.32	0.32	22.40	22.40
74019 TC	Radiology	0.78	0.78	54.60	54.60
74021 00	Radiology	1.29	1.29	90.30	90.30
74021 26	Radiology	0.38	0.38	26.60	26.60
74021 TC	Radiology	0.91	0.91	63.70	63.70
74022 00	Radiology	1.50	1.50	105.00	105.00
74022 26	Radiology	0.45	0.45	31.50	31.50
74022 TC	Radiology	1.05	1.05	73.50	73.50
74150 00	Radiology	4.20	4.20	294.00	294.00
74150 26	Radiology	1.67	1.67	116.90	116.90
74150 TC	Radiology	2.53	2.53	177.10	177.10
74160 00	Radiology	7.18	7.18	502.60	502.60
74160 26	Radiology	1.79	1.79	125.30	125.30
74160 TC	Radiology	5.39	5.39	377.30	377.30
74170 00	Radiology	8.07	8.07	564.90	564.90
74170 26	Radiology	1.96	1.96	137.20	137.20
74170 TC	Radiology	6.11	6.11	427.70	427.70
74174 00	Radiology	11.71	11.71	819.70	819.70
74174 26	Radiology	3.07	3.07	214.90	214.90
74174 TC	Radiology	8.64	8.64	604.80	604.80
74175 00	Radiology	9.41	9.41	658.70	658.70
74175 26	Radiology	2.54	2.54	177.80	177.80
74175 TC	Radiology	6.87	6.87	480.90	480.90

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74176 00	Radiology	5.63	5.63	394.10	394.10
74176 26	Radiology	2.44	2.44	170.80	170.80
74176 TC	Radiology	3.19	3.19	223.30	223.30
74177 00	Radiology	9.34	9.34	653.80	653.80
74177 26	Radiology	2.55	2.55	178.50	178.50
74177 TC	Radiology	6.79	6.79	475.30	475.30
74178 00	Radiology	10.48	10.48	733.60	733.60
74178 26	Radiology	2.81	2.81	196.70	196.70
74178 TC	Radiology	7.67	7.67	536.90	536.90
74181 00	Radiology	6.04	6.04	422.80	422.80
74181 26	Radiology	2.05	2.05	143.50	143.50
74181 TC	Radiology	3.99	3.99	279.30	279.30
74182 00	Radiology	9.33	9.33	653.10	653.10
74182 26	Radiology	2.42	2.42	169.40	169.40
74182 TC	Radiology	6.91	6.91	483.70	483.70
74183 00	Radiology	10.43	10.43	730.10	730.10
74183 26	Radiology	3.08	3.08	215.60	215.60
74183 TC	Radiology	7.35	7.35	514.50	514.50
74185 00	Radiology	10.39	10.39	727.30	727.30
74185 26	Radiology	2.50	2.50	175.00	175.00
74185 TC	Radiology	7.89	7.89	552.30	552.30
74190 00	Radiology	-	-	151.90	151.90
74190 26	Radiology	0.65	0.65	45.50	45.50
74190 TC	Radiology	-	-	106.40	106.40
74210 00	Radiology	2.84	2.84	198.80	198.80
74210 26	Radiology	0.82	0.82	57.40	57.40
74210 TC	Radiology	2.02	2.02	141.40	141.40
74220 00	Radiology	2.92	2.92	204.40	204.40
74220 26	Radiology	0.84	0.84	58.80	58.80
74220 TC	Radiology	2.08	2.08	145.60	145.60
74221 00	Radiology	3.29	3.29	230.30	230.30
74221 26	Radiology	0.98	0.98	68.60	68.60
74221 TC	Radiology	2.31	2.31	161.70	161.70
74230 00	Radiology	3.74	3.74	261.80	261.80
74230 26	Radiology	0.75	0.75	52.50	52.50
74230 TC	Radiology	2.99	2.99	209.30	209.30
74235 00	Radiology	-	-	333.90	333.90
74235 26	Radiology	1.67	1.67	116.90	116.90
74235 TC	Radiology	-	-	217.00	217.00
74240 00	Radiology	3.68	3.68	257.60	257.60
74240 26	Radiology	1.13	1.13	79.10	79.10
74240 TC	Radiology	2.55	2.55	178.50	178.50

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74246 00	Radiology	4.17	4.17	291.90	291.90
74246 26	Radiology	1.26	1.26	88.20	88.20
74246 TC	Radiology	2.91	2.91	203.70	203.70
74248 00	Radiology	2.47	2.47	172.90	172.90
74248 26	Radiology	0.98	0.98	68.60	68.60
74248 TC	Radiology	1.49	1.49	104.30	104.30
74250 00	Radiology	3.65	3.65	255.50	255.50
74250 26	Radiology	1.13	1.13	79.10	79.10
74250 TC	Radiology	2.52	2.52	176.40	176.40
74251 00	Radiology	10.87	10.87	760.90	760.90
74251 26	Radiology	1.64	1.64	114.80	114.80
74251 TC	Radiology	9.23	9.23	646.10	646.10
74261 00	Radiology	12.76	12.76	893.20	893.20
74261 26	Radiology	3.36	3.36	235.20	235.20
74261 TC	Radiology	9.40	9.40	658.00	658.00
74262 00	Radiology	14.36	14.36	1005.20	1005.20
74262 26	Radiology	3.51	3.51	245.70	245.70
74262 TC	Radiology	10.85	10.85	759.50	759.50
74263 00	Radiology	20.22	20.22	1415.40	1415.40
74263 26	Radiology	3.21	3.21	224.70	224.70
74263 TC	Radiology	17.01	17.01	1190.70	1190.70
74270 00	Radiology	4.60	4.60	322.00	322.00
74270 26	Radiology	1.45	1.45	101.50	101.50
74270 TC	Radiology	3.15	3.15	220.50	220.50
74280 00	Radiology	6.59	6.59	461.30	461.30
74280 26	Radiology	1.77	1.77	123.90	123.90
74280 TC	Radiology	4.82	4.82	337.40	337.40
74283 00	Radiology	7.64	7.64	534.80	534.80
74283 26	Radiology	2.95	2.95	206.50	206.50
74283 TC	Radiology	4.69	4.69	328.30	328.30
74290 00	Radiology	2.55	2.55	178.50	178.50
74290 26	Radiology	0.45	0.45	31.50	31.50
74290 TC	Radiology	2.10	2.10	147.00	147.00
74300 00	Radiology	-	-	91.00	91.00
74300 26	Radiology	0.39	0.39	27.30	27.30
74300 TC	Radiology	-	-	63.70	63.70
74301 00	Radiology	-	-	81.20	81.20
74301 26	Radiology	0.29	0.29	20.30	20.30
74301 TC	Radiology	-	-	60.90	60.90
74328 00	Radiology	-	-	226.80	226.80
74328 26	Radiology	0.68	0.68	47.60	47.60
74328 TC	Radiology	-	-	179.20	179.20

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74329 00	Radiology	-	-	219.80	219.80
74329 26	Radiology	0.69	0.69	48.30	48.30
74329 TC	Radiology	-	-	171.50	171.50
74330 00	Radiology	-	-	207.20	207.20
74330 26	Radiology	0.80	0.80	56.00	56.00
74330 TC	Radiology	-	-	151.20	151.20
74340 00	Radiology	-	-	276.50	276.50
74340 26	Radiology	0.75	0.75	52.50	52.50
74340 TC	Radiology	-	-	224.00	224.00
74355 00	Radiology	-	-	277.20	277.20
74355 26	Radiology	1.07	1.07	74.90	74.90
74355 TC	Radiology	-	-	202.30	202.30
74360 00	Radiology	-	-	329.70	329.70
74360 26	Radiology	0.80	0.80	56.00	56.00
74360 TC	Radiology	-	-	273.70	273.70
74363 00	Radiology	-	-	449.40	449.40
74363 26	Radiology	1.22	1.22	85.40	85.40
74363 TC	Radiology	-	-	364.00	364.00
74400 00	Radiology	4.05	4.05	283.50	283.50
74400 26	Radiology	0.69	0.69	48.30	48.30
74400 TC	Radiology	3.36	3.36	235.20	235.20
74410 00	Radiology	4.25	4.25	297.50	297.50
74410 26	Radiology	0.68	0.68	47.60	47.60
74410 TC	Radiology	3.57	3.57	249.90	249.90
74415 00	Radiology	4.53	4.53	317.10	317.10
74415 26	Radiology	0.68	0.68	47.60	47.60
74415 TC	Radiology	3.85	3.85	269.50	269.50
74420 00	Radiology	2.34	2.34	163.80	163.80
74420 26	Radiology	0.72	0.72	50.40	50.40
74420 TC	Radiology	1.62	1.62	113.40	113.40
74425 00	Radiology	4.07	4.07	284.90	284.90
74425 26	Radiology	0.70	0.70	49.00	49.00
74425 TC	Radiology	3.37	3.37	235.90	235.90
74430 00	Radiology	1.24	1.24	86.80	86.80
74430 26	Radiology	0.45	0.45	31.50	31.50
74430 TC	Radiology	0.79	0.79	55.30	55.30
74440 00	Radiology	2.92	2.92	204.40	204.40
74440 26	Radiology	0.52	0.52	36.40	36.40
74440 TC	Radiology	2.40	2.40	168.00	168.00
74445 00	Radiology	-	-	193.90	193.90
74445 26	Radiology	1.58	1.58	110.60	110.60
74445 TC	Radiology	-	-	83.30	83.30

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74450 00	Radiology	-	-	140.00	140.00
74450 26	Radiology	0.46	0.46	32.20	32.20
74450 TC	Radiology	-	-	107.80	107.80
74455 00	Radiology	3.12	3.12	218.40	218.40
74455 26	Radiology	0.46	0.46	32.20	32.20
74455 TC	Radiology	2.66	2.66	186.20	186.20
74470 00	Radiology	-	-	142.10	142.10
74470 26	Radiology	0.73	0.73	51.10	51.10
74470 TC	Radiology	-	-	91.00	91.00
74485 00	Radiology	3.58	3.58	250.60	250.60
74485 26	Radiology	1.15	1.15	80.50	80.50
74485 TC	Radiology	2.43	2.43	170.10	170.10
74712 00	Radiology	12.60	12.60	882.00	882.00
74712 26	Radiology	4.22	4.22	295.40	295.40
74712 TC	Radiology	8.38	8.38	586.60	586.60
74713 00	Radiology	6.12	6.12	428.40	428.40
74713 26	Radiology	2.60	2.60	182.00	182.00
74713 TC	Radiology	3.52	3.52	246.40	246.40
74740 00	Radiology	2.81	2.81	196.70	196.70
74740 26	Radiology	0.54	0.54	37.80	37.80
74740 TC	Radiology	2.27	2.27	158.90	158.90
74742 00	Radiology	-	-	240.80	240.80
74742 26	Radiology	0.86	0.86	60.20	60.20
74742 TC	Radiology	-	-	180.60	180.60
74775 00	Radiology	-	-	196.70	196.70
74775 26	Radiology	0.87	0.87	60.90	60.90
74775 TC	Radiology	-	-	135.80	135.80
75557 00	Radiology	8.58	8.58	600.60	600.60
75557 26	Radiology	3.26	3.26	228.20	228.20
75557 TC	Radiology	5.32	5.32	372.40	372.40
75559 00	Radiology	11.54	11.54	807.80	807.80
75559 26	Radiology	4.05	4.05	283.50	283.50
75559 TC	Radiology	7.49	7.49	524.30	524.30
75561 00	Radiology	11.21	11.21	784.70	784.70
75561 26	Radiology	3.61	3.61	252.70	252.70
75561 TC	Radiology	7.60	7.60	532.00	532.00
75563 00	Radiology	13.07	13.07	914.90	914.90
75563 26	Radiology	4.13	4.13	289.10	289.10
75563 TC	Radiology	8.94	8.94	625.80	625.80
75565 00	Radiology	1.40	1.40	98.00	98.00
75565 26	Radiology	0.35	0.35	24.50	24.50
75565 TC	Radiology	1.05	1.05	73.50	73.50

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75571 00	Radiology	3.07	3.07	214.90	214.90
75571 26	Radiology	0.81	0.81	56.70	56.70
75571 TC	Radiology	2.26	2.26	158.20	158.20
75572 00	Radiology	7.00	7.00	490.00	490.00
75572 26	Radiology	2.43	2.43	170.10	170.10
75572 TC	Radiology	4.57	4.57	319.90	319.90
75573 00	Radiology	9.34	9.34	653.80	653.80
75573 26	Radiology	3.55	3.55	248.50	248.50
75573 TC	Radiology	5.79	5.79	405.30	405.30
75574 00	Radiology	9.90	9.90	693.00	693.00
75574 26	Radiology	3.34	3.34	233.80	233.80
75574 TC	Radiology	6.56	6.56	459.20	459.20
75580 00	Radiology	27.12	27.12	1898.40	1898.40
75580 26	Radiology	1.04	1.04	72.80	72.80
75580 TC	Radiology	26.08	26.08	1825.60	1825.60
75600 00	Radiology	5.47	5.47	382.90	382.90
75600 26	Radiology	0.69	0.69	48.30	48.30
75600 TC	Radiology	4.78	4.78	334.60	334.60
75605 00	Radiology	3.62	3.62	253.40	253.40
75605 26	Radiology	1.57	1.57	109.90	109.90
75605 TC	Radiology	2.05	2.05	143.50	143.50
75625 00	Radiology	3.79	3.79	265.30	265.30
75625 26	Radiology	1.99	1.99	139.30	139.30
75625 TC	Radiology	1.80	1.80	126.00	126.00
75630 00	Radiology	4.70	4.70	329.00	329.00
75630 26	Radiology	2.76	2.76	193.20	193.20
75630 TC	Radiology	1.94	1.94	135.80	135.80
75635 00	Radiology	12.64	12.64	884.80	884.80
75635 26	Radiology	3.32	3.32	232.40	232.40
75635 TC	Radiology	9.32	9.32	652.40	652.40
75705 00	Radiology	7.51	7.51	525.70	525.70
75705 26	Radiology	3.44	3.44	240.80	240.80
75705 TC	Radiology	4.07	4.07	284.90	284.90
75710 00	Radiology	4.50	4.50	315.00	315.00
75710 26	Radiology	2.43	2.43	170.10	170.10
75710 TC	Radiology	2.07	2.07	144.90	144.90
75716 00	Radiology	4.88	4.88	341.60	341.60
75716 26	Radiology	2.72	2.72	190.40	190.40
75716 TC	Radiology	2.16	2.16	151.20	151.20
75726 00	Radiology	5.09	5.09	356.30	356.30
75726 26	Radiology	2.76	2.76	193.20	193.20
75726 TC	Radiology	2.33	2.33	163.10	163.10

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75731 00	Radiology	4.60	4.60	322.00	322.00
75731 26	Radiology	1.60	1.60	112.00	112.00
75731 TC	Radiology	3.00	3.00	210.00	210.00
75733 00	Radiology	5.17	5.17	361.90	361.90
75733 26	Radiology	1.80	1.80	126.00	126.00
75733 TC	Radiology	3.37	3.37	235.90	235.90
75736 00	Radiology	4.30	4.30	301.00	301.00
75736 26	Radiology	1.53	1.53	107.10	107.10
75736 TC	Radiology	2.77	2.77	193.90	193.90
75741 00	Radiology	3.89	3.89	272.30	272.30
75741 26	Radiology	1.77	1.77	123.90	123.90
75741 TC	Radiology	2.12	2.12	148.40	148.40
75743 00	Radiology	4.42	4.42	309.40	309.40
75743 26	Radiology	2.26	2.26	158.20	158.20
75743 TC	Radiology	2.16	2.16	151.20	151.20
75746 00	Radiology	4.04	4.04	282.80	282.80
75746 26	Radiology	1.55	1.55	108.50	108.50
75746 TC	Radiology	2.49	2.49	174.30	174.30
75756 00	Radiology	4.95	4.95	346.50	346.50
75756 26	Radiology	1.61	1.61	112.70	112.70
75756 TC	Radiology	3.34	3.34	233.80	233.80
75774 00	Radiology	2.89	2.89	202.30	202.30
75774 26	Radiology	1.36	1.36	95.20	95.20
75774 TC	Radiology	1.53	1.53	107.10	107.10
75801 00	Radiology	-	-	518.70	518.70
75801 26	Radiology	1.26	1.26	88.20	88.20
75801 TC	Radiology	-	-	430.50	430.50
75803 00	Radiology	-	-	525.00	525.00
75803 26	Radiology	1.65	1.65	115.50	115.50
75803 TC	Radiology	-	-	409.50	409.50
75805 00	Radiology	-	-	532.00	532.00
75805 26	Radiology	1.14	1.14	79.80	79.80
75805 TC	Radiology	-	-	452.20	452.20
75807 00	Radiology	-	-	542.50	542.50
75807 26	Radiology	1.55	1.55	108.50	108.50
75807 TC	Radiology	-	-	434.00	434.00
75809 00	Radiology	2.45	2.45	171.50	171.50
75809 26	Radiology	0.67	0.67	46.90	46.90
75809 TC	Radiology	1.78	1.78	124.60	124.60
75810 00	Radiology	-	-	903.70	903.70
75810 26	Radiology	1.42	1.42	99.40	99.40
75810 TC	Radiology	-	-	804.30	804.30

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75820 00	Radiology	3.23	3.23	226.10	226.10
75820 26	Radiology	1.45	1.45	101.50	101.50
75820 TC	Radiology	1.78	1.78	124.60	124.60
75822 00	Radiology	4.00	4.00	280.00	280.00
75822 26	Radiology	2.03	2.03	142.10	142.10
75822 TC	Radiology	1.97	1.97	137.90	137.90
75825 00	Radiology	3.42	3.42	239.40	239.40
75825 26	Radiology	1.57	1.57	109.90	109.90
75825 TC	Radiology	1.85	1.85	129.50	129.50
75827 00	Radiology	3.56	3.56	249.20	249.20
75827 26	Radiology	1.58	1.58	110.60	110.60
75827 TC	Radiology	1.98	1.98	138.60	138.60
75831 00	Radiology	3.58	3.58	250.60	250.60
75831 26	Radiology	1.52	1.52	106.40	106.40
75831 TC	Radiology	2.06	2.06	144.20	144.20
75833 00	Radiology	4.43	4.43	310.10	310.10
75833 26	Radiology	2.05	2.05	143.50	143.50
75833 TC	Radiology	2.38	2.38	166.60	166.60
75840 00	Radiology	3.85	3.85	269.50	269.50
75840 26	Radiology	1.60	1.60	112.00	112.00
75840 TC	Radiology	2.25	2.25	157.50	157.50
75842 00	Radiology	4.76	4.76	333.20	333.20
75842 26	Radiology	2.10	2.10	147.00	147.00
75842 TC	Radiology	2.66	2.66	186.20	186.20
75860 00	Radiology	3.76	3.76	263.20	263.20
75860 26	Radiology	1.57	1.57	109.90	109.90
75860 TC	Radiology	2.19	2.19	153.30	153.30
75870 00	Radiology	4.66	4.66	326.20	326.20
75870 26	Radiology	1.72	1.72	120.40	120.40
75870 TC	Radiology	2.94	2.94	205.80	205.80
75872 00	Radiology	3.85	3.85	269.50	269.50
75872 26	Radiology	1.60	1.60	112.00	112.00
75872 TC	Radiology	2.25	2.25	157.50	157.50
75880 00	Radiology	3.23	3.23	226.10	226.10
75880 26	Radiology	0.99	0.99	69.30	69.30
75880 TC	Radiology	2.24	2.24	156.80	156.80
75885 00	Radiology	4.09	4.09	286.30	286.30
75885 26	Radiology	1.92	1.92	134.40	134.40
75885 TC	Radiology	2.17	2.17	151.90	151.90
75887 00	Radiology	4.12	4.12	288.40	288.40
75887 26	Radiology	1.93	1.93	135.10	135.10
75887 TC	Radiology	2.19	2.19	153.30	153.30

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75889 00	Radiology	3.70	3.70	259.00	259.00
75889 26	Radiology	1.53	1.53	107.10	107.10
75889 TC	Radiology	2.17	2.17	151.90	151.90
75891 00	Radiology	3.72	3.72	260.40	260.40
75891 26	Radiology	1.53	1.53	107.10	107.10
75891 TC	Radiology	2.19	2.19	153.30	153.30
75893 00	Radiology	3.15	3.15	220.50	220.50
75893 26	Radiology	0.75	0.75	52.50	52.50
75893 TC	Radiology	2.40	2.40	168.00	168.00
75894 00	Radiology	-	-	2109.80	2109.80
75894 26	Radiology	2.11	2.11	147.70	147.70
75894 TC	Radiology	-	-	1962.10	1962.10
75898 00	Radiology	-	-	280.70	280.70
75898 26	Radiology	2.69	2.69	188.30	188.30
75898 TC	Radiology	-	-	92.40	92.40
75901 00	Radiology	6.82	6.82	477.40	477.40
75901 26	Radiology	0.66	0.66	46.20	46.20
75901 TC	Radiology	6.16	6.16	431.20	431.20
75902 00	Radiology	2.63	2.63	184.10	184.10
75902 26	Radiology	0.53	0.53	37.10	37.10
75902 TC	Radiology	2.10	2.10	147.00	147.00
75956 00	Radiology	-	-	1711.50	1711.50
75956 26	Radiology	9.78	9.78	684.60	684.60
75956 TC	Radiology	-	-	1026.90	1026.90
75957 00	Radiology	-	-	1633.10	1633.10
75957 26	Radiology	8.40	8.40	588.00	588.00
75957 TC	Radiology	-	-	1045.10	1045.10
75958 00	Radiology	-	-	1071.70	1071.70
75958 26	Radiology	5.51	5.51	385.70	385.70
75958 TC	Radiology	-	-	686.00	686.00
75959 00	Radiology	-	-	977.90	977.90
75959 26	Radiology	4.89	4.89	342.30	342.30
75959 TC	Radiology	-	-	635.60	635.60
75970 00	Radiology	-	-	863.10	863.10
75970 26	Radiology	1.11	1.11	77.70	77.70
75970 TC	Radiology	-	-	785.40	785.40
75984 00	Radiology	2.86	2.86	200.20	200.20
75984 26	Radiology	1.12	1.12	78.40	78.40
75984 TC	Radiology	1.74	1.74	121.80	121.80
75989 00	Radiology	3.34	3.34	233.80	233.80
75989 26	Radiology	1.63	1.63	114.10	114.10
75989 TC	Radiology	1.71	1.71	119.70	119.70

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76000 00	Radiology	1.28	1.28	89.60	89.60
76000 26	Radiology	0.44	0.44	30.80	30.80
76000 TC	Radiology	0.84	0.84	58.80	58.80
76010 00	Radiology	0.88	0.88	61.60	61.60
76010 26	Radiology	0.25	0.25	17.50	17.50
76010 TC	Radiology	0.63	0.63	44.10	44.10
76080 00	Radiology	1.79	1.79	125.30	125.30
76080 26	Radiology	0.73	0.73	51.10	51.10
76080 TC	Radiology	1.06	1.06	74.20	74.20
76098 00	Radiology	1.28	1.28	89.60	89.60
76098 26	Radiology	0.45	0.45	31.50	31.50
76098 TC	Radiology	0.83	0.83	58.10	58.10
76100 00	Radiology	2.68	2.68	187.60	187.60
76100 26	Radiology	0.82	0.82	57.40	57.40
76100 TC	Radiology	1.86	1.86	130.20	130.20
76120 00	Radiology	3.54	3.54	247.80	247.80
76120 26	Radiology	0.57	0.57	39.90	39.90
76120 TC	Radiology	2.97	2.97	207.90	207.90
76125 00	Radiology	-	-	88.20	88.20
76125 26	Radiology	0.39	0.39	27.30	27.30
76125 TC	Radiology	-	-	60.90	60.90
76140 00	Radiology	0.00	0.00	BR	BR
76145 00	Radiology	27.21	27.21	1904.70	1904.70
76376 00	Radiology	0.75	0.75	52.50	52.50
76376 26	Radiology	0.28	0.28	19.60	19.60
76376 TC	Radiology	0.47	0.47	32.90	32.90
76377 00	Radiology	2.34	2.34	163.80	163.80
76377 26	Radiology	1.12	1.12	78.40	78.40
76377 TC	Radiology	1.22	1.22	85.40	85.40
76380 00	Radiology	4.02	4.02	281.40	281.40
76380 26	Radiology	1.34	1.34	93.80	93.80
76380 TC	Radiology	2.68	2.68	187.60	187.60
76390 00	Radiology	-	-	1099.00	1099.00
76390 26	Radiology	-	-	186.90	186.90
76390 TC	Radiology	-	-	912.10	912.10
76391 00	Radiology	6.20	6.20	434.00	434.00
76391 26	Radiology	1.55	1.55	108.50	108.50
76391 TC	Radiology	4.65	4.65	325.50	325.50
76496 00	Radiology	0.00	0.00	BR	BR
76496 26	Radiology	0.00	0.00	BR	BR
76496 TC	Radiology	0.00	0.00	BR	BR
76497 00	Radiology	0.00	0.00	BR	BR

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76497 26	Radiology	0.00	0.00	BR	BR
76497 TC	Radiology	0.00	0.00	BR	BR
76498 00	Radiology	0.00	0.00	BR	BR
76498 26	Radiology	0.00	0.00	BR	BR
76498 TC	Radiology	0.00	0.00	BR	BR
76499 00	Radiology	0.00	0.00	BR	BR
76499 26	Radiology	0.00	0.00	BR	BR
76499 TC	Radiology	0.00	0.00	BR	BR
76506 00	Radiology	3.39	3.39	237.30	237.30
76506 26	Radiology	0.92	0.92	64.40	64.40
76506 TC	Radiology	2.47	2.47	172.90	172.90
76510 00	Radiology	2.06	2.06	144.20	144.20
76510 26	Radiology	1.15	1.15	80.50	80.50
76510 TC	Radiology	0.91	0.91	63.70	63.70
76511 00	Radiology	1.71	1.71	119.70	119.70
76511 26	Radiology	1.05	1.05	73.50	73.50
76511 TC	Radiology	0.66	0.66	46.20	46.20
76512 00	Radiology	1.44	1.44	100.80	100.80
76512 26	Radiology	0.90	0.90	63.00	63.00
76512 TC	Radiology	0.54	0.54	37.80	37.80
76513 00	Radiology	2.25	2.25	157.50	157.50
76513 26	Radiology	0.95	0.95	66.50	66.50
76513 TC	Radiology	1.30	1.30	91.00	91.00
76514 00	Radiology	0.34	0.34	23.80	23.80
76514 26	Radiology	0.23	0.23	16.10	16.10
76514 TC	Radiology	0.11	0.11	7.70	7.70
76516 00	Radiology	1.40	1.40	98.00	98.00
76516 26	Radiology	0.66	0.66	46.20	46.20
76516 TC	Radiology	0.74	0.74	51.80	51.80
76519 00	Radiology	2.04	2.04	142.80	142.80
76519 26	Radiology	0.89	0.89	62.30	62.30
76519 TC	Radiology	1.15	1.15	80.50	80.50
76529 00	Radiology	2.57	2.57	179.90	179.90
76529 26	Radiology	0.95	0.95	66.50	66.50
76529 TC	Radiology	1.62	1.62	113.40	113.40
76536 00	Radiology	3.31	3.31	231.70	231.70
76536 26	Radiology	0.79	0.79	55.30	55.30
76536 TC	Radiology	2.52	2.52	176.40	176.40
76604 00	Radiology	1.71	1.71	119.70	119.70
76604 26	Radiology	0.80	0.80	56.00	56.00
76604 TC	Radiology	0.91	0.91	63.70	63.70
76641 00	Radiology	3.08	3.08	215.60	215.60

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76641 26	Radiology	1.03	1.03	72.10	72.10
76641 TC	Radiology	2.05	2.05	143.50	143.50
76642 00	Radiology	2.55	2.55	178.50	178.50
76642 26	Radiology	0.96	0.96	67.20	67.20
76642 TC	Radiology	1.59	1.59	111.30	111.30
76700 00	Radiology	3.49	3.49	244.30	244.30
76700 26	Radiology	1.13	1.13	79.10	79.10
76700 TC	Radiology	2.36	2.36	165.20	165.20
76705 00	Radiology	2.61	2.61	182.70	182.70
76705 26	Radiology	0.82	0.82	57.40	57.40
76705 TC	Radiology	1.79	1.79	125.30	125.30
76706 00	Radiology	3.20	3.20	224.00	224.00
76706 26	Radiology	0.77	0.77	53.90	53.90
76706 TC	Radiology	2.43	2.43	170.10	170.10
76770 00	Radiology	3.25	3.25	227.50	227.50
76770 26	Radiology	1.04	1.04	72.80	72.80
76770 TC	Radiology	2.21	2.21	154.70	154.70
76775 00	Radiology	1.79	1.79	125.30	125.30
76775 26	Radiology	0.81	0.81	56.70	56.70
76775 TC	Radiology	0.98	0.98	68.60	68.60
76776 00	Radiology	4.42	4.42	309.40	309.40
76776 26	Radiology	1.06	1.06	74.20	74.20
76776 TC	Radiology	3.36	3.36	235.20	235.20
76800 00	Radiology	5.19	5.19	363.30	363.30
76800 26	Radiology	1.84	1.84	128.80	128.80
76800 TC	Radiology	3.35	3.35	234.50	234.50
76801 00	Radiology	3.52	3.52	246.40	246.40
76801 26	Radiology	1.39	1.39	97.30	97.30
76801 TC	Radiology	2.13	2.13	149.10	149.10
76802 00	Radiology	1.80	1.80	126.00	126.00
76802 26	Radiology	1.17	1.17	81.90	81.90
76802 TC	Radiology	0.63	0.63	44.10	44.10
76805 00	Radiology	4.07	4.07	284.90	284.90
76805 26	Radiology	1.40	1.40	98.00	98.00
76805 TC	Radiology	2.67	2.67	186.90	186.90
76810 00	Radiology	2.62	2.62	183.40	183.40
76810 26	Radiology	1.38	1.38	96.60	96.60
76810 TC	Radiology	1.24	1.24	86.80	86.80
76811 00	Radiology	5.32	5.32	372.40	372.40
76811 26	Radiology	2.67	2.67	186.90	186.90
76811 TC	Radiology	2.65	2.65	185.50	185.50
76812 00	Radiology	5.75	5.75	402.50	402.50

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76812 26	Radiology	2.51	2.51	175.70	175.70
76812 TC	Radiology	3.24	3.24	226.80	226.80
76813 00	Radiology	3.47	3.47	242.90	242.90
76813 26	Radiology	1.66	1.66	116.20	116.20
76813 TC	Radiology	1.81	1.81	126.70	126.70
76814 00	Radiology	2.23	2.23	156.10	156.10
76814 26	Radiology	1.39	1.39	97.30	97.30
76814 TC	Radiology	0.84	0.84	58.80	58.80
76815 00	Radiology	2.43	2.43	170.10	170.10
76815 26	Radiology	0.91	0.91	63.70	63.70
76815 TC	Radiology	1.52	1.52	106.40	106.40
76816 00	Radiology	3.30	3.30	231.00	231.00
76816 26	Radiology	1.20	1.20	84.00	84.00
76816 TC	Radiology	2.10	2.10	147.00	147.00
76817 00	Radiology	2.78	2.78	194.60	194.60
76817 26	Radiology	1.06	1.06	74.20	74.20
76817 TC	Radiology	1.72	1.72	120.40	120.40
76818 00	Radiology	3.56	3.56	249.20	249.20
76818 26	Radiology	1.48	1.48	103.60	103.60
76818 TC	Radiology	2.08	2.08	145.60	145.60
76819 00	Radiology	2.57	2.57	179.90	179.90
76819 26	Radiology	1.08	1.08	75.60	75.60
76819 TC	Radiology	1.49	1.49	104.30	104.30
76820 00	Radiology	1.34	1.34	93.80	93.80
76820 26	Radiology	0.70	0.70	49.00	49.00
76820 TC	Radiology	0.64	0.64	44.80	44.80
76821 00	Radiology	2.67	2.67	186.90	186.90
76821 26	Radiology	0.99	0.99	69.30	69.30
76821 TC	Radiology	1.68	1.68	117.60	117.60
76825 00	Radiology	7.85	7.85	549.50	549.50
76825 26	Radiology	2.34	2.34	163.80	163.80
76825 TC	Radiology	5.51	5.51	385.70	385.70
76826 00	Radiology	4.70	4.70	329.00	329.00
76826 26	Radiology	1.16	1.16	81.20	81.20
76826 TC	Radiology	3.54	3.54	247.80	247.80
76827 00	Radiology	2.10	2.10	147.00	147.00
76827 26	Radiology	0.82	0.82	57.40	57.40
76827 TC	Radiology	1.28	1.28	89.60	89.60
76828 00	Radiology	1.46	1.46	102.20	102.20
76828 26	Radiology	0.78	0.78	54.60	54.60
76828 TC	Radiology	0.68	0.68	47.60	47.60
76830 00	Radiology	3.58	3.58	250.60	250.60

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76830 26	Radiology	0.97	0.97	67.90	67.90
76830 TC	Radiology	2.61	2.61	182.70	182.70
76831 00	Radiology	3.49	3.49	244.30	244.30
76831 26	Radiology	1.02	1.02	71.40	71.40
76831 TC	Radiology	2.47	2.47	172.90	172.90
76856 00	Radiology	3.16	3.16	221.20	221.20
76856 26	Radiology	0.96	0.96	67.20	67.20
76856 TC	Radiology	2.20	2.20	154.00	154.00
76857 00	Radiology	1.48	1.48	103.60	103.60
76857 26	Radiology	0.69	0.69	48.30	48.30
76857 TC	Radiology	0.79	0.79	55.30	55.30
76870 00	Radiology	3.00	3.00	210.00	210.00
76870 26	Radiology	0.89	0.89	62.30	62.30
76870 TC	Radiology	2.11	2.11	147.70	147.70
76872 00	Radiology	6.04	6.04	422.80	422.80
76872 26	Radiology	0.96	0.96	67.20	67.20
76872 TC	Radiology	5.08	5.08	355.60	355.60
76873 00	Radiology	5.27	5.27	368.90	368.90
76873 26	Radiology	2.26	2.26	158.20	158.20
76873 TC	Radiology	3.01	3.01	210.70	210.70
76881 00	Radiology	1.61	1.61	112.70	112.70
76881 26	Radiology	1.28	1.28	89.60	89.60
76881 TC	Radiology	0.33	0.33	23.10	23.10
76882 00	Radiology	1.90	1.90	133.00	133.00
76882 26	Radiology	0.97	0.97	67.90	67.90
76882 TC	Radiology	0.93	0.93	65.10	65.10
76883 00	Radiology	2.14	2.14	149.80	149.80
76883 26	Radiology	1.71	1.71	119.70	119.70
76883 TC	Radiology	0.43	0.43	30.10	30.10
76885 00	Radiology	4.07	4.07	284.90	284.90
76885 26	Radiology	1.04	1.04	72.80	72.80
76885 TC	Radiology	3.03	3.03	212.10	212.10
76886 00	Radiology	2.99	2.99	209.30	209.30
76886 26	Radiology	0.87	0.87	60.90	60.90
76886 TC	Radiology	2.12	2.12	148.40	148.40
76932 00	Radiology	-	-	200.20	200.20
76932 26	Radiology	1.06	1.06	74.20	74.20
76932 TC	Radiology	-	-	126.00	126.00
76936 00	Radiology	7.81	7.81	546.70	546.70
76936 26	Radiology	2.76	2.76	193.20	193.20
76936 TC	Radiology	5.05	5.05	353.50	353.50
76937 00	Radiology	1.15	1.15	80.50	80.50

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76937 26	Radiology	0.41	0.41	28.70	28.70
76937 TC	Radiology	0.74	0.74	51.80	51.80
76940 00	Radiology	-	-	333.90	333.90
76940 26	Radiology	2.96	2.96	207.20	207.20
76940 TC	Radiology	-	-	126.70	126.70
76941 00	Radiology	-	-	245.00	245.00
76941 26	Radiology	1.89	1.89	132.30	132.30
76941 TC	Radiology	-	-	112.70	112.70
76942 00	Radiology	1.74	1.74	121.80	121.80
76942 26	Radiology	0.89	0.89	62.30	62.30
76942 TC	Radiology	0.85	0.85	59.50	59.50
76945 00	Radiology	-	-	182.70	182.70
76945 26	Radiology	0.94	0.94	65.80	65.80
76945 TC	Radiology	-	-	116.90	116.90
76946 00	Radiology	1.00	1.00	70.00	70.00
76946 26	Radiology	0.54	0.54	37.80	37.80
76946 TC	Radiology	0.46	0.46	32.20	32.20
76948 00	Radiology	2.42	2.42	169.40	169.40
76948 26	Radiology	0.94	0.94	65.80	65.80
76948 TC	Radiology	1.48	1.48	103.60	103.60
76965 00	Radiology	2.83	2.83	198.10	198.10
76965 26	Radiology	2.00	2.00	140.00	140.00
76965 TC	Radiology	0.83	0.83	58.10	58.10
76975 00	Radiology	-	-	205.10	205.10
76975 26	Radiology	1.20	1.20	84.00	84.00
76975 TC	Radiology	-	-	121.10	121.10
76977 00	Radiology	0.22	0.22	15.40	15.40
76977 26	Radiology	0.08	0.08	5.60	5.60
76977 TC	Radiology	0.14	0.14	9.80	9.80
76978 00	Radiology	6.65	6.65	465.50	465.50
76978 26	Radiology	2.28	2.28	159.60	159.60
76978 TC	Radiology	4.37	4.37	305.90	305.90
76979 00	Radiology	4.28	4.28	299.60	299.60
76979 26	Radiology	1.19	1.19	83.30	83.30
76979 TC	Radiology	3.09	3.09	216.30	216.30
76981 00	Radiology	3.13	3.13	219.10	219.10
76981 26	Radiology	0.84	0.84	58.80	58.80
76981 TC	Radiology	2.29	2.29	160.30	160.30
76982 00	Radiology	2.80	2.80	196.00	196.00
76982 26	Radiology	0.84	0.84	58.80	58.80
76982 TC	Radiology	1.96	1.96	137.20	137.20
76983 00	Radiology	1.85	1.85	129.50	129.50

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76983 26	Radiology	0.74	0.74	51.80	51.80
76983 TC	Radiology	1.11	1.11	77.70	77.70
76984 00	Radiology	-	-	149.80	149.80
76984 26	Radiology	0.92	0.92	64.40	64.40
76984 TC	Radiology	-	-	85.40	85.40
76987 00	Radiology	-	-	457.10	457.10
76987 26	Radiology	2.81	2.81	196.70	196.70
76987 TC	Radiology	-	-	260.40	260.40
76988 00	Radiology	-	-	291.20	291.20
76988 26	Radiology	1.79	1.79	125.30	125.30
76988 TC	Radiology	-	-	165.90	165.90
76989 00	Radiology	-	-	170.80	170.80
76989 26	Radiology	1.05	1.05	73.50	73.50
76989 TC	Radiology	-	-	97.30	97.30
76998 00	Radiology	-	-	224.70	224.70
76998 26	Radiology	1.38	1.38	96.60	96.60
76998 TC	Radiology	-	-	128.10	128.10
76999 00	Radiology	0.00	0.00	BR	BR
76999 26	Radiology	0.00	0.00	BR	BR
76999 TC	Radiology	0.00	0.00	BR	BR
77001 00	Radiology	2.96	2.96	207.20	207.20
77001 26	Radiology	0.53	0.53	37.10	37.10
77001 TC	Radiology	2.43	2.43	170.10	170.10
77002 00	Radiology	3.48	3.48	243.60	243.60
77002 26	Radiology	0.79	0.79	55.30	55.30
77002 TC	Radiology	2.69	2.69	188.30	188.30
77003 00	Radiology	3.16	3.16	221.20	221.20
77003 26	Radiology	0.85	0.85	59.50	59.50
77003 TC	Radiology	2.31	2.31	161.70	161.70
77011 00	Radiology	6.64	6.64	464.80	464.80
77011 26	Radiology	1.82	1.82	127.40	127.40
77011 TC	Radiology	4.82	4.82	337.40	337.40
77012 00	Radiology	4.17	4.17	291.90	291.90
77012 26	Radiology	2.05	2.05	143.50	143.50
77012 TC	Radiology	2.12	2.12	148.40	148.40
77013 00	Radiology	-	-	1044.40	1044.40
77013 26	Radiology	5.37	5.37	375.90	375.90
77013 TC	Radiology	-	-	668.50	668.50
77014 00	Radiology	3.59	3.59	251.30	251.30
77014 26	Radiology	1.33	1.33	93.10	93.10
77014 TC	Radiology	2.26	2.26	158.20	158.20
77021 00	Radiology	12.77	12.77	893.90	893.90

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77021 26	Radiology	2.09	2.09	146.30	146.30
77021 TC	Radiology	10.68	10.68	747.60	747.60
77022 00	Radiology	-	-	1323.00	1323.00
77022 26	Radiology	5.86	5.86	410.20	410.20
77022 TC	Radiology	-	-	912.80	912.80
77046 00	Radiology	6.57	6.57	459.90	459.90
77046 26	Radiology	2.03	2.03	142.10	142.10
77046 TC	Radiology	4.54	4.54	317.80	317.80
77047 00	Radiology	6.75	6.75	472.50	472.50
77047 26	Radiology	2.24	2.24	156.80	156.80
77047 TC	Radiology	4.51	4.51	315.70	315.70
77048 00	Radiology	10.36	10.36	725.20	725.20
77048 26	Radiology	2.95	2.95	206.50	206.50
77048 TC	Radiology	7.41	7.41	518.70	518.70
77049 00	Radiology	10.57	10.57	739.90	739.90
77049 26	Radiology	3.23	3.23	226.10	226.10
77049 TC	Radiology	7.34	7.34	513.80	513.80
77053 00	Radiology	1.62	1.62	113.40	113.40
77053 26	Radiology	0.51	0.51	35.70	35.70
77053 TC	Radiology	1.11	1.11	77.70	77.70
77054 00	Radiology	2.08	2.08	145.60	145.60
77054 26	Radiology	0.63	0.63	44.10	44.10
77054 TC	Radiology	1.45	1.45	101.50	101.50
77061 00	Radiology	-	-	132.30	132.30
77061 26	Radiology	0.00	0.00	BR	BR
77061 TC	Radiology	-	-	132.30	132.30
77062 00	Radiology	-	-	132.30	132.30
77062 26	Radiology	0.00	0.00	BR	BR
77062 TC	Radiology	-	-	132.30	132.30
77063 00	Radiology	1.56	1.56	109.20	109.20
77063 26	Radiology	0.84	0.84	58.80	58.80
77063 TC	Radiology	0.72	0.72	50.40	50.40
77065 00	Radiology	3.76	3.76	263.20	263.20
77065 26	Radiology	1.14	1.14	79.80	79.80
77065 TC	Radiology	2.62	2.62	183.40	183.40
77066 00	Radiology	4.76	4.76	333.20	333.20
77066 26	Radiology	1.40	1.40	98.00	98.00
77066 TC	Radiology	3.36	3.36	235.20	235.20
77067 00	Radiology	3.84	3.84	268.80	268.80
77067 26	Radiology	1.07	1.07	74.90	74.90
77067 TC	Radiology	2.77	2.77	193.90	193.90
77071 00	Radiology	1.65	1.65	115.50	115.50

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77072 00	Radiology	0.78	0.78	54.60	54.60
77072 26	Radiology	0.27	0.27	18.90	18.90
77072 TC	Radiology	0.51	0.51	35.70	35.70
77073 00	Radiology	1.36	1.36	95.20	95.20
77073 26	Radiology	0.39	0.39	27.30	27.30
77073 TC	Radiology	0.97	0.97	67.90	67.90
77074 00	Radiology	1.96	1.96	137.20	137.20
77074 26	Radiology	0.62	0.62	43.40	43.40
77074 TC	Radiology	1.34	1.34	93.80	93.80
77075 00	Radiology	2.99	2.99	209.30	209.30
77075 26	Radiology	0.78	0.78	54.60	54.60
77075 TC	Radiology	2.21	2.21	154.70	154.70
77076 00	Radiology	3.22	3.22	225.40	225.40
77076 26	Radiology	0.99	0.99	69.30	69.30
77076 TC	Radiology	2.23	2.23	156.10	156.10
77077 00	Radiology	1.41	1.41	98.70	98.70
77077 26	Radiology	0.49	0.49	34.30	34.30
77077 TC	Radiology	0.92	0.92	64.40	64.40
77078 00	Radiology	3.10	3.10	217.00	217.00
77078 26	Radiology	0.35	0.35	24.50	24.50
77078 TC	Radiology	2.75	2.75	192.50	192.50
77080 00	Radiology	1.17	1.17	81.90	81.90
77080 26	Radiology	0.28	0.28	19.60	19.60
77080 TC	Radiology	0.89	0.89	62.30	62.30
77081 00	Radiology	0.95	0.95	66.50	66.50
77081 26	Radiology	0.28	0.28	19.60	19.60
77081 TC	Radiology	0.67	0.67	46.90	46.90
77084 00	Radiology	9.78	9.78	684.60	684.60
77084 26	Radiology	2.25	2.25	157.50	157.50
77084 TC	Radiology	7.53	7.53	527.10	527.10
77085 00	Radiology	1.60	1.60	112.00	112.00
77085 26	Radiology	0.42	0.42	29.40	29.40
77085 TC	Radiology	1.18	1.18	82.60	82.60
77086 00	Radiology	1.01	1.01	70.70	70.70
77086 26	Radiology	0.24	0.24	16.80	16.80
77086 TC	Radiology	0.77	0.77	53.90	53.90
77089 00	Radiology	1.21	1.21	84.70	84.70
77090 00	Radiology	0.08	0.08	5.60	5.60
77091 00	Radiology	0.84	0.84	58.80	58.80
77092 00	Radiology	0.29	0.29	20.30	20.30
77261 00	Radiology	2.11	2.11	147.70	147.70
77262 00	Radiology	3.23	3.23	226.10	226.10

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77263 00	Radiology	5.01	5.01	350.70	350.70
77280 00	Radiology	8.08	8.08	565.60	565.60
77280 26	Radiology	1.12	1.12	78.40	78.40
77280 TC	Radiology	6.96	6.96	487.20	487.20
77285 00	Radiology	13.23	13.23	926.10	926.10
77285 26	Radiology	1.69	1.69	118.30	118.30
77285 TC	Radiology	11.54	11.54	807.80	807.80
77290 00	Radiology	13.43	13.43	940.10	940.10
77290 26	Radiology	2.45	2.45	171.50	171.50
77290 TC	Radiology	10.98	10.98	768.60	768.60
77293 00	Radiology	12.25	12.25	857.50	857.50
77293 26	Radiology	3.13	3.13	219.10	219.10
77293 TC	Radiology	9.12	9.12	638.40	638.40
77295 00	Radiology	14.42	14.42	1009.40	1009.40
77295 26	Radiology	6.70	6.70	469.00	469.00
77295 TC	Radiology	7.72	7.72	540.40	540.40
77299 00	Radiology	0.00	0.00	BR	BR
77299 26	Radiology	0.00	0.00	BR	BR
77299 TC	Radiology	0.00	0.00	BR	BR
77300 00	Radiology	1.98	1.98	138.60	138.60
77300 26	Radiology	0.97	0.97	67.90	67.90
77300 TC	Radiology	1.01	1.01	70.70	70.70
77301 00	Radiology	55.36	55.36	3875.20	3875.20
77301 26	Radiology	12.49	12.49	874.30	874.30
77301 TC	Radiology	42.87	42.87	3000.90	3000.90
77306 00	Radiology	4.45	4.45	311.50	311.50
77306 26	Radiology	2.19	2.19	153.30	153.30
77306 TC	Radiology	2.26	2.26	158.20	158.20
77307 00	Radiology	8.62	8.62	603.40	603.40
77307 26	Radiology	4.53	4.53	317.10	317.10
77307 TC	Radiology	4.09	4.09	286.30	286.30
77316 00	Radiology	7.39	7.39	517.30	517.30
77316 26	Radiology	2.19	2.19	153.30	153.30
77316 TC	Radiology	5.20	5.20	364.00	364.00
77317 00	Radiology	9.72	9.72	680.40	680.40
77317 26	Radiology	2.87	2.87	200.90	200.90
77317 TC	Radiology	6.85	6.85	479.50	479.50
77318 00	Radiology	13.78	13.78	964.60	964.60
77318 26	Radiology	4.52	4.52	316.40	316.40
77318 TC	Radiology	9.26	9.26	648.20	648.20
77321 00	Radiology	2.83	2.83	198.10	198.10
77321 26	Radiology	1.49	1.49	104.30	104.30

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77321 TC	Radiology	1.34	1.34	93.80	93.80
77331 00	Radiology	1.95	1.95	136.50	136.50
77331 26	Radiology	1.37	1.37	95.90	95.90
77331 TC	Radiology	0.58	0.58	40.60	40.60
77332 00	Radiology	1.18	1.18	82.60	82.60
77332 26	Radiology	0.71	0.71	49.70	49.70
77332 TC	Radiology	0.47	0.47	32.90	32.90
77333 00	Radiology	4.11	4.11	287.70	287.70
77333 26	Radiology	1.17	1.17	81.90	81.90
77333 TC	Radiology	2.94	2.94	205.80	205.80
77334 00	Radiology	3.77	3.77	263.90	263.90
77334 26	Radiology	1.80	1.80	126.00	126.00
77334 TC	Radiology	1.97	1.97	137.90	137.90
77336 00	Radiology	2.67	2.67	186.90	186.90
77338 00	Radiology	14.06	14.06	984.20	984.20
77338 26	Radiology	6.71	6.71	469.70	469.70
77338 TC	Radiology	7.35	7.35	514.50	514.50
77370 00	Radiology	4.34	4.34	303.80	303.80
77371 00	Radiology	-	-	4751.60	4751.60
77372 00	Radiology	28.59	28.59	2001.30	2001.30
77373 00	Radiology	29.85	29.85	2089.50	2089.50
77385 00	Radiology	-	-	1461.60	1461.60
77386 00	Radiology	-	-	1461.60	1461.60
77387 00	Radiology	-	-	191.80	191.80
77399 00	Radiology	0.00	0.00	BR	BR
77399 26	Radiology	0.00	0.00	BR	BR
77399 TC	Radiology	0.00	0.00	BR	BR
77401 00	Radiology	1.25	1.25	87.50	87.50
77402 00	Radiology	-	-	211.40	211.40
77407 00	Radiology	0.00	0.00	BR	BR
77412 00	Radiology	-	-	370.30	370.30
77417 00	Radiology	0.45	0.45	31.50	31.50
77423 00	Radiology	0.00	0.00	BR	BR
77424 00	Radiology	0.00	0.00	BR	BR
77425 00	Radiology	0.00	0.00	BR	BR
77427 00	Radiology	5.70	5.70	399.00	399.00
77431 00	Radiology	3.22	3.22	225.40	225.40
77432 00	Radiology	12.67	12.67	886.90	886.90
77435 00	Radiology	19.16	19.16	1341.20	1341.20
77469 00	Radiology	9.53	9.53	667.10	667.10
77470 00	Radiology	4.26	4.26	298.20	298.20
77470 26	Radiology	3.18	3.18	222.60	222.60

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77470 TC	Radiology	1.08	1.08	75.60	75.60
77499 00	Radiology	0.00	0.00	BR	BR
77499 26	Radiology	0.00	0.00	BR	BR
77499 TC	Radiology	0.00	0.00	BR	BR
77520 00	Radiology	-	-	2664.20	2664.20
77522 00	Radiology	-	-	2487.10	2487.10
77523 00	Radiology	-	-	2804.90	2804.90
77525 00	Radiology	-	-	3495.10	3495.10
77600 00	Radiology	16.35	16.35	1144.50	1144.50
77600 26	Radiology	2.12	2.12	148.40	148.40
77600 TC	Radiology	14.23	14.23	996.10	996.10
77605 00	Radiology	28.35	28.35	1984.50	1984.50
77605 26	Radiology	2.99	2.99	209.30	209.30
77605 TC	Radiology	25.36	25.36	1775.20	1775.20
77610 00	Radiology	20.54	20.54	1437.80	1437.80
77610 26	Radiology	2.06	2.06	144.20	144.20
77610 TC	Radiology	18.48	18.48	1293.60	1293.60
77615 00	Radiology	32.25	32.25	2257.50	2257.50
77615 26	Radiology	2.89	2.89	202.30	202.30
77615 TC	Radiology	29.36	29.36	2055.20	2055.20
77620 00	Radiology	19.12	19.12	1338.40	1338.40
77620 26	Radiology	2.47	2.47	172.90	172.90
77620 TC	Radiology	16.65	16.65	1165.50	1165.50
77750 00	Radiology	11.80	11.80	826.00	826.00
77750 26	Radiology	7.82	7.82	547.40	547.40
77750 TC	Radiology	3.98	3.98	278.60	278.60
77761 00	Radiology	12.65	12.65	885.50	885.50
77761 26	Radiology	6.02	6.02	421.40	421.40
77761 TC	Radiology	6.63	6.63	464.10	464.10
77762 00	Radiology	16.62	16.62	1163.40	1163.40
77762 26	Radiology	9.01	9.01	630.70	630.70
77762 TC	Radiology	7.61	7.61	532.70	532.70
77763 00	Radiology	23.48	23.48	1643.60	1643.60
77763 26	Radiology	13.54	13.54	947.80	947.80
77763 TC	Radiology	9.94	9.94	695.80	695.80
77767 00	Radiology	7.50	7.50	525.00	525.00
77767 26	Radiology	1.64	1.64	114.80	114.80
77767 TC	Radiology	5.86	5.86	410.20	410.20
77768 00	Radiology	10.99	10.99	769.30	769.30
77768 26	Radiology	2.19	2.19	153.30	153.30
77768 TC	Radiology	8.80	8.80	616.00	616.00
77770 00	Radiology	10.45	10.45	731.50	731.50

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77770 26	Radiology	3.05	3.05	213.50	213.50
77770 TC	Radiology	7.40	7.40	518.00	518.00
77771 00	Radiology	18.17	18.17	1271.90	1271.90
77771 26	Radiology	5.94	5.94	415.80	415.80
77771 TC	Radiology	12.23	12.23	856.10	856.10
77772 00	Radiology	27.14	27.14	1899.80	1899.80
77772 26	Radiology	8.39	8.39	587.30	587.30
77772 TC	Radiology	18.75	18.75	1312.50	1312.50
77778 00	Radiology	27.63	27.63	1934.10	1934.10
77778 26	Radiology	13.70	13.70	959.00	959.00
77778 TC	Radiology	13.93	13.93	975.10	975.10
77789 00	Radiology	4.00	4.00	280.00	280.00
77789 26	Radiology	1.79	1.79	125.30	125.30
77789 TC	Radiology	2.21	2.21	154.70	154.70
77790 00	Radiology	0.54	0.54	37.80	37.80
77799 00	Radiology	0.00	0.00	BR	BR
77799 26	Radiology	0.00	0.00	BR	BR
77799 TC	Radiology	0.00	0.00	BR	BR
78012 00	Radiology	2.43	2.43	170.10	170.10
78012 26	Radiology	0.26	0.26	18.20	18.20
78012 TC	Radiology	2.17	2.17	151.90	151.90
78013 00	Radiology	5.14	5.14	359.80	359.80
78013 26	Radiology	0.51	0.51	35.70	35.70
78013 TC	Radiology	4.63	4.63	324.10	324.10
78014 00	Radiology	6.53	6.53	457.10	457.10
78014 26	Radiology	0.68	0.68	47.60	47.60
78014 TC	Radiology	5.85	5.85	409.50	409.50
78015 00	Radiology	6.36	6.36	445.20	445.20
78015 26	Radiology	0.94	0.94	65.80	65.80
78015 TC	Radiology	5.42	5.42	379.40	379.40
78016 00	Radiology	7.58	7.58	530.60	530.60
78016 26	Radiology	0.96	0.96	67.20	67.20
78016 TC	Radiology	6.62	6.62	463.40	463.40
78018 00	Radiology	8.52	8.52	596.40	596.40
78018 26	Radiology	1.14	1.14	79.80	79.80
78018 TC	Radiology	7.38	7.38	516.60	516.60
78020 00	Radiology	2.34	2.34	163.80	163.80
78020 26	Radiology	0.77	0.77	53.90	53.90
78020 TC	Radiology	1.57	1.57	109.90	109.90
78070 00	Radiology	8.08	8.08	565.60	565.60
78070 26	Radiology	1.11	1.11	77.70	77.70
78070 TC	Radiology	6.97	6.97	487.90	487.90

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78071 00	Radiology	9.61	9.61	672.70	672.70
78071 26	Radiology	1.65	1.65	115.50	115.50
78071 TC	Radiology	7.96	7.96	557.20	557.20
78072 00	Radiology	11.92	11.92	834.40	834.40
78072 26	Radiology	2.16	2.16	151.20	151.20
78072 TC	Radiology	9.76	9.76	683.20	683.20
78075 00	Radiology	12.17	12.17	851.90	851.90
78075 26	Radiology	1.04	1.04	72.80	72.80
78075 TC	Radiology	11.13	11.13	779.10	779.10
78099 00	Radiology	0.00	0.00	BR	BR
78099 26	Radiology	0.00	0.00	BR	BR
78099 TC	Radiology	0.00	0.00	BR	BR
78102 00	Radiology	4.81	4.81	336.70	336.70
78102 26	Radiology	0.73	0.73	51.10	51.10
78102 TC	Radiology	4.08	4.08	285.60	285.60
78103 00	Radiology	5.13	5.13	359.10	359.10
78103 26	Radiology	0.88	0.88	61.60	61.60
78103 TC	Radiology	4.25	4.25	297.50	297.50
78104 00	Radiology	6.89	6.89	482.30	482.30
78104 26	Radiology	1.08	1.08	75.60	75.60
78104 TC	Radiology	5.81	5.81	406.70	406.70
78110 00	Radiology	2.07	2.07	144.90	144.90
78110 26	Radiology	0.23	0.23	16.10	16.10
78110 TC	Radiology	1.84	1.84	128.80	128.80
78111 00	Radiology	2.19	2.19	153.30	153.30
78111 26	Radiology	0.26	0.26	18.20	18.20
78111 TC	Radiology	1.93	1.93	135.10	135.10
78120 00	Radiology	2.12	2.12	148.40	148.40
78120 26	Radiology	0.28	0.28	19.60	19.60
78120 TC	Radiology	1.84	1.84	128.80	128.80
78121 00	Radiology	2.31	2.31	161.70	161.70
78121 26	Radiology	0.38	0.38	26.60	26.60
78121 TC	Radiology	1.93	1.93	135.10	135.10
78122 00	Radiology	2.94	2.94	205.80	205.80
78122 26	Radiology	0.60	0.60	42.00	42.00
78122 TC	Radiology	2.34	2.34	163.80	163.80
78130 00	Radiology	3.72	3.72	260.40	260.40
78130 26	Radiology	0.72	0.72	50.40	50.40
78130 TC	Radiology	3.00	3.00	210.00	210.00
78140 00	Radiology	3.28	3.28	229.60	229.60
78140 26	Radiology	0.72	0.72	50.40	50.40
78140 TC	Radiology	2.56	2.56	179.20	179.20

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78185 00	Radiology	4.64	4.64	324.80	324.80
78185 26	Radiology	0.47	0.47	32.90	32.90
78185 TC	Radiology	4.17	4.17	291.90	291.90
78191 00	Radiology	3.72	3.72	260.40	260.40
78191 26	Radiology	0.72	0.72	50.40	50.40
78191 TC	Radiology	3.00	3.00	210.00	210.00
78195 00	Radiology	9.71	9.71	679.70	679.70
78195 26	Radiology	1.64	1.64	114.80	114.80
78195 TC	Radiology	8.07	8.07	564.90	564.90
78199 00	Radiology	0.00	0.00	BR	BR
78199 26	Radiology	0.00	0.00	BR	BR
78199 TC	Radiology	0.00	0.00	BR	BR
78201 00	Radiology	5.30	5.30	371.00	371.00
78201 26	Radiology	0.59	0.59	41.30	41.30
78201 TC	Radiology	4.71	4.71	329.70	329.70
78202 00	Radiology	5.83	5.83	408.10	408.10
78202 26	Radiology	0.69	0.69	48.30	48.30
78202 TC	Radiology	5.14	5.14	359.80	359.80
78215 00	Radiology	5.46	5.46	382.20	382.20
78215 26	Radiology	0.67	0.67	46.90	46.90
78215 TC	Radiology	4.79	4.79	335.30	335.30
78216 00	Radiology	3.83	3.83	268.10	268.10
78216 26	Radiology	0.76	0.76	53.20	53.20
78216 TC	Radiology	3.07	3.07	214.90	214.90
78226 00	Radiology	8.90	8.90	623.00	623.00
78226 26	Radiology	1.03	1.03	72.10	72.10
78226 TC	Radiology	7.87	7.87	550.90	550.90
78227 00	Radiology	11.94	11.94	835.80	835.80
78227 26	Radiology	1.24	1.24	86.80	86.80
78227 TC	Radiology	10.70	10.70	749.00	749.00
78230 00	Radiology	4.91	4.91	343.70	343.70
78230 26	Radiology	0.63	0.63	44.10	44.10
78230 TC	Radiology	4.28	4.28	299.60	299.60
78231 00	Radiology	3.11	3.11	217.70	217.70
78231 26	Radiology	0.61	0.61	42.70	42.70
78231 TC	Radiology	2.50	2.50	175.00	175.00
78232 00	Radiology	3.05	3.05	213.50	213.50
78232 26	Radiology	0.55	0.55	38.50	38.50
78232 TC	Radiology	2.50	2.50	175.00	175.00
78258 00	Radiology	5.93	5.93	415.10	415.10
78258 26	Radiology	0.98	0.98	68.60	68.60
78258 TC	Radiology	4.95	4.95	346.50	346.50

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78261 00	Radiology	5.55	5.55	388.50	388.50
78261 26	Radiology	0.81	0.81	56.70	56.70
78261 TC	Radiology	4.74	4.74	331.80	331.80
78262 00	Radiology	6.79	6.79	475.30	475.30
78262 26	Radiology	0.95	0.95	66.50	66.50
78262 TC	Radiology	5.84	5.84	408.80	408.80
78264 00	Radiology	9.06	9.06	634.20	634.20
78264 26	Radiology	1.09	1.09	76.30	76.30
78264 TC	Radiology	7.97	7.97	557.90	557.90
78265 00	Radiology	10.77	10.77	753.90	753.90
78265 26	Radiology	1.34	1.34	93.80	93.80
78265 TC	Radiology	9.43	9.43	660.10	660.10
78266 00	Radiology	12.25	12.25	857.50	857.50
78266 26	Radiology	1.44	1.44	100.80	100.80
78266 TC	Radiology	10.81	10.81	756.70	756.70
78267 00	Radiology	0.34	0.34	23.64	23.64
78268 00	Radiology	2.88	2.88	201.83	201.83
78278 00	Radiology	9.56	9.56	669.20	669.20
78278 26	Radiology	1.37	1.37	95.90	95.90
78278 TC	Radiology	8.19	8.19	573.30	573.30
78282 00	Radiology	-	-	185.50	185.50
78282 26	Radiology	0.45	0.45	31.50	31.50
78282 TC	Radiology	-	-	154.00	154.00
78290 00	Radiology	9.01	9.01	630.70	630.70
78290 26	Radiology	0.93	0.93	65.10	65.10
78290 TC	Radiology	8.08	8.08	565.60	565.60
78291 00	Radiology	7.27	7.27	508.90	508.90
78291 26	Radiology	1.24	1.24	86.80	86.80
78291 TC	Radiology	6.03	6.03	422.10	422.10
78299 00	Radiology	0.00	0.00	BR	BR
78299 26	Radiology	0.00	0.00	BR	BR
78299 TC	Radiology	0.00	0.00	BR	BR
78300 00	Radiology	6.20	6.20	434.00	434.00
78300 26	Radiology	0.86	0.86	60.20	60.20
78300 TC	Radiology	5.34	5.34	373.80	373.80
78305 00	Radiology	7.48	7.48	523.60	523.60
78305 26	Radiology	1.14	1.14	79.80	79.80
78305 TC	Radiology	6.34	6.34	443.80	443.80
78306 00	Radiology	8.08	8.08	565.60	565.60
78306 26	Radiology	1.18	1.18	82.60	82.60
78306 TC	Radiology	6.90	6.90	483.00	483.00
78315 00	Radiology	9.50	9.50	665.00	665.00

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78315 26	Radiology	1.41	1.41	98.70	98.70
78315 TC	Radiology	8.09	8.09	566.30	566.30
78350 00	Radiology	0.96	0.96	67.20	67.20
78350 26	Radiology	0.32	0.32	22.40	22.40
78350 TC	Radiology	0.64	0.64	44.80	44.80
78351 00	Radiology	0.44	0.44	30.80	30.80
78399 00	Radiology	0.00	0.00	BR	BR
78399 26	Radiology	0.00	0.00	BR	BR
78399 TC	Radiology	0.00	0.00	BR	BR
78414 00	Radiology	-	-	289.10	289.10
78414 26	Radiology	0.62	0.62	43.40	43.40
78414 TC	Radiology	-	-	245.70	245.70
78428 00	Radiology	5.21	5.21	364.70	364.70
78428 26	Radiology	1.06	1.06	74.20	74.20
78428 TC	Radiology	4.15	4.15	290.50	290.50
78429 00	Radiology	-	-	2011.10	2011.10
78429 26	Radiology	2.32	2.32	162.40	162.40
78429 TC	Radiology	-	-	1848.70	1848.70
78430 00	Radiology	0.00	0.00	BR	BR
78430 26	Radiology	2.21	2.21	154.70	154.70
78430 TC	Radiology	0.00	0.00	BR	BR
78431 00	Radiology	-	-	2646.00	2646.00
78431 26	Radiology	2.58	2.58	180.60	180.60
78431 TC	Radiology	-	-	2465.40	2465.40
78432 00	Radiology	0.00	0.00	BR	BR
78432 26	Radiology	2.76	2.76	193.20	193.20
78432 TC	Radiology	0.00	0.00	BR	BR
78433 00	Radiology	-	-	3175.20	3175.20
78433 26	Radiology	3.02	3.02	211.40	211.40
78433 TC	Radiology	-	-	2963.80	2963.80
78434 00	Radiology	-	-	224.70	224.70
78434 26	Radiology	0.85	0.85	59.50	59.50
78434 TC	Radiology	-	-	165.20	165.20
78445 00	Radiology	5.66	5.66	396.20	396.20
78445 26	Radiology	0.72	0.72	50.40	50.40
78445 TC	Radiology	4.94	4.94	345.80	345.80
78451 00	Radiology	9.39	9.39	657.30	657.30
78451 26	Radiology	1.89	1.89	132.30	132.30
78451 TC	Radiology	7.50	7.50	525.00	525.00
78452 00	Radiology	13.00	13.00	910.00	910.00
78452 26	Radiology	2.23	2.23	156.10	156.10
78452 TC	Radiology	10.77	10.77	753.90	753.90

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
78453 00	Radiology	8.00	8.00	560.00	560.00
78453 26	Radiology	1.34	1.34	93.80	93.80
78453 TC	Radiology	6.66	6.66	466.20	466.20
78454 00	Radiology	11.95	11.95	836.50	836.50
78454 26	Radiology	1.87	1.87	130.90	130.90
78454 TC	Radiology	10.08	10.08	705.60	705.60
78456 00	Radiology	8.65	8.65	605.50	605.50
78456 26	Radiology	1.37	1.37	95.90	95.90
78456 TC	Radiology	7.28	7.28	509.60	509.60
78457 00	Radiology	4.64	4.64	324.80	324.80
78457 26	Radiology	1.06	1.06	74.20	74.20
78457 TC	Radiology	3.58	3.58	250.60	250.60
78458 00	Radiology	5.78	5.78	404.60	404.60
78458 26	Radiology	1.27	1.27	88.90	88.90
78458 TC	Radiology	4.51	4.51	315.70	315.70
78459 00	Radiology	-	-	3762.50	3762.50
78459 26	Radiology	2.15	2.15	150.50	150.50
78459 TC	Radiology	-	-	3612.00	3612.00
78466 00	Radiology	5.00	5.00	350.00	350.00
78466 26	Radiology	0.94	0.94	65.80	65.80
78466 TC	Radiology	4.06	4.06	284.20	284.20
78468 00	Radiology	5.50	5.50	385.00	385.00
78468 26	Radiology	1.10	1.10	77.00	77.00
78468 TC	Radiology	4.40	4.40	308.00	308.00
78469 00	Radiology	6.16	6.16	431.20	431.20
78469 26	Radiology	1.26	1.26	88.20	88.20
78469 TC	Radiology	4.90	4.90	343.00	343.00
78472 00	Radiology	6.31	6.31	441.70	441.70
78472 26	Radiology	1.35	1.35	94.50	94.50
78472 TC	Radiology	4.96	4.96	347.20	347.20
78473 00	Radiology	8.04	8.04	562.80	562.80
78473 26	Radiology	2.01	2.01	140.70	140.70
78473 TC	Radiology	6.03	6.03	422.10	422.10
78481 00	Radiology	4.96	4.96	347.20	347.20
78481 26	Radiology	1.35	1.35	94.50	94.50
78481 TC	Radiology	3.61	3.61	252.70	252.70
78483 00	Radiology	6.66	6.66	466.20	466.20
78483 26	Radiology	2.02	2.02	141.40	141.40
78483 TC	Radiology	4.64	4.64	324.80	324.80
78491 00	Radiology	-	-	1640.80	1640.80
78491 26	Radiology	2.11	2.11	147.70	147.70
78491 TC	Radiology	-	-	1493.10	1493.10

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
78492 00	Radiology	-	-	2893.80	2893.80
78492 26	Radiology	2.48	2.48	173.60	173.60
78492 TC	Radiology	-	-	2720.20	2720.20
78494 00	Radiology	6.36	6.36	445.20	445.20
78494 26	Radiology	1.63	1.63	114.10	114.10
78494 TC	Radiology	4.73	4.73	331.10	331.10
78496 00	Radiology	1.26	1.26	88.20	88.20
78496 26	Radiology	0.69	0.69	48.30	48.30
78496 TC	Radiology	0.57	0.57	39.90	39.90
78499 00	Radiology	0.00	0.00	BR	BR
78499 26	Radiology	0.00	0.00	BR	BR
78499 TC	Radiology	0.00	0.00	BR	BR
78579 00	Radiology	5.17	5.17	361.90	361.90
78579 26	Radiology	0.67	0.67	46.90	46.90
78579 TC	Radiology	4.50	4.50	315.00	315.00
78580 00	Radiology	6.50	6.50	455.00	455.00
78580 26	Radiology	1.02	1.02	71.40	71.40
78580 TC	Radiology	5.48	5.48	383.60	383.60
78582 00	Radiology	9.10	9.10	637.00	637.00
78582 26	Radiology	1.47	1.47	102.90	102.90
78582 TC	Radiology	7.63	7.63	534.10	534.10
78597 00	Radiology	5.51	5.51	385.70	385.70
78597 26	Radiology	0.99	0.99	69.30	69.30
78597 TC	Radiology	4.52	4.52	316.40	316.40
78598 00	Radiology	8.26	8.26	578.20	578.20
78598 26	Radiology	1.14	1.14	79.80	79.80
78598 TC	Radiology	7.12	7.12	498.40	498.40
78599 00	Radiology	0.00	0.00	BR	BR
78599 26	Radiology	0.00	0.00	BR	BR
78599 TC	Radiology	0.00	0.00	BR	BR
78600 00	Radiology	5.05	5.05	353.50	353.50
78600 26	Radiology	0.61	0.61	42.70	42.70
78600 TC	Radiology	4.44	4.44	310.80	310.80
78601 00	Radiology	6.01	6.01	420.70	420.70
78601 26	Radiology	0.70	0.70	49.00	49.00
78601 TC	Radiology	5.31	5.31	371.70	371.70
78605 00	Radiology	5.58	5.58	390.60	390.60
78605 26	Radiology	0.75	0.75	52.50	52.50
78605 TC	Radiology	4.83	4.83	338.10	338.10
78606 00	Radiology	9.04	9.04	632.80	632.80
78606 26	Radiology	0.88	0.88	61.60	61.60
78606 TC	Radiology	8.16	8.16	571.20	571.20

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
78608 00	Radiology	-	-	3552.50	3552.50
78608 26	Radiology	2.03	2.03	142.10	142.10
78608 TC	Radiology	-	-	3410.40	3410.40
78609 00	Radiology	2.11	2.11	147.70	147.70
78609 26	Radiology	2.11	2.11	147.70	147.70
78609 TC	Radiology	0.00	0.00	BR	BR
78610 00	Radiology	4.86	4.86	340.20	340.20
78610 26	Radiology	0.41	0.41	28.70	28.70
78610 TC	Radiology	4.45	4.45	311.50	311.50
78630 00	Radiology	9.23	9.23	646.10	646.10
78630 26	Radiology	0.93	0.93	65.10	65.10
78630 TC	Radiology	8.30	8.30	581.00	581.00
78635 00	Radiology	9.26	9.26	648.20	648.20
78635 26	Radiology	0.86	0.86	60.20	60.20
78635 TC	Radiology	8.40	8.40	588.00	588.00
78645 00	Radiology	8.86	8.86	620.20	620.20
78645 26	Radiology	0.78	0.78	54.60	54.60
78645 TC	Radiology	8.08	8.08	565.60	565.60
78650 00	Radiology	7.43	7.43	520.10	520.10
78650 26	Radiology	0.72	0.72	50.40	50.40
78650 TC	Radiology	6.71	6.71	469.70	469.70
78660 00	Radiology	3.98	3.98	278.60	278.60
78660 26	Radiology	0.62	0.62	43.40	43.40
78660 TC	Radiology	3.36	3.36	235.20	235.20
78699 00	Radiology	0.00	0.00	BR	BR
78699 26	Radiology	0.00	0.00	BR	BR
78699 TC	Radiology	0.00	0.00	BR	BR
78700 00	Radiology	4.75	4.75	332.50	332.50
78700 26	Radiology	0.61	0.61	42.70	42.70
78700 TC	Radiology	4.14	4.14	289.80	289.80
78701 00	Radiology	6.24	6.24	436.80	436.80
78701 26	Radiology	0.68	0.68	47.60	47.60
78701 TC	Radiology	5.56	5.56	389.20	389.20
78707 00	Radiology	6.45	6.45	451.50	451.50
78707 26	Radiology	1.30	1.30	91.00	91.00
78707 TC	Radiology	5.15	5.15	360.50	360.50
78708 00	Radiology	5.25	5.25	367.50	367.50
78708 26	Radiology	1.65	1.65	115.50	115.50
78708 TC	Radiology	3.60	3.60	252.00	252.00
78709 00	Radiology	10.13	10.13	709.10	709.10
78709 26	Radiology	1.92	1.92	134.40	134.40
78709 TC	Radiology	8.21	8.21	574.70	574.70

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78725 00	Radiology	2.90	2.90	203.00	203.00
78725 26	Radiology	0.50	0.50	35.00	35.00
78725 TC	Radiology	2.40	2.40	168.00	168.00
78730 00	Radiology	2.05	2.05	143.50	143.50
78730 26	Radiology	0.22	0.22	15.40	15.40
78730 TC	Radiology	1.83	1.83	128.10	128.10
78740 00	Radiology	6.31	6.31	441.70	441.70
78740 26	Radiology	0.78	0.78	54.60	54.60
78740 TC	Radiology	5.53	5.53	387.10	387.10
78761 00	Radiology	5.91	5.91	413.70	413.70
78761 26	Radiology	1.00	1.00	70.00	70.00
78761 TC	Radiology	4.91	4.91	343.70	343.70
78799 00	Radiology	0.00	0.00	BR	BR
78799 26	Radiology	0.00	0.00	BR	BR
78799 TC	Radiology	0.00	0.00	BR	BR
78800 00	Radiology	6.97	6.97	487.90	487.90
78800 26	Radiology	0.91	0.91	63.70	63.70
78800 TC	Radiology	6.06	6.06	424.20	424.20
78801 00	Radiology	7.47	7.47	522.90	522.90
78801 26	Radiology	1.00	1.00	70.00	70.00
78801 TC	Radiology	6.47	6.47	452.90	452.90
78802 00	Radiology	8.44	8.44	590.80	590.80
78802 26	Radiology	1.09	1.09	76.30	76.30
78802 TC	Radiology	7.35	7.35	514.50	514.50
78803 00	Radiology	10.42	10.42	729.40	729.40
78803 26	Radiology	1.48	1.48	103.60	103.60
78803 TC	Radiology	8.94	8.94	625.80	625.80
78804 00	Radiology	17.58	17.58	1230.60	1230.60
78804 26	Radiology	1.38	1.38	96.60	96.60
78804 TC	Radiology	16.20	16.20	1134.00	1134.00
78808 00	Radiology	1.19	1.19	83.30	83.30
78811 00	Radiology	-	-	3657.50	3657.50
78811 26	Radiology	2.09	2.09	146.30	146.30
78811 TC	Radiology	-	-	3511.20	3511.20
78812 00	Radiology	-	-	4620.00	4620.00
78812 26	Radiology	2.64	2.64	184.80	184.80
78812 TC	Radiology	-	-	4435.20	4435.20
78813 00	Radiology	-	-	4725.00	4725.00
78813 26	Radiology	2.70	2.70	189.00	189.00
78813 TC	Radiology	-	-	4536.00	4536.00
78814 00	Radiology	-	-	5232.50	5232.50
78814 26	Radiology	2.99	2.99	209.30	209.30

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
78814 TC	Radiology	-	-	5023.20	5023.20
78815 00	Radiology	-	-	5827.50	5827.50
78815 26	Radiology	3.33	3.33	233.10	233.10
78815 TC	Radiology	-	-	5594.40	5594.40
78816 00	Radiology	-	-	5880.00	5880.00
78816 26	Radiology	3.36	3.36	235.20	235.20
78816 TC	Radiology	-	-	5644.80	5644.80
78830 00	Radiology	13.05	13.05	913.50	913.50
78830 26	Radiology	1.98	1.98	138.60	138.60
78830 TC	Radiology	11.07	11.07	774.90	774.90
78831 00	Radiology	19.52	19.52	1366.40	1366.40
78831 26	Radiology	2.50	2.50	175.00	175.00
78831 TC	Radiology	17.02	17.02	1191.40	1191.40
78832 00	Radiology	24.66	24.66	1726.20	1726.20
78832 26	Radiology	2.84	2.84	198.80	198.80
78832 TC	Radiology	21.82	21.82	1527.40	1527.40
78835 00	Radiology	2.67	2.67	186.90	186.90
78835 26	Radiology	0.62	0.62	43.40	43.40
78835 TC	Radiology	2.05	2.05	143.50	143.50
78999 00	Radiology	0.00	0.00	BR	BR
78999 26	Radiology	0.00	0.00	BR	BR
78999 TC	Radiology	0.00	0.00	BR	BR
79005 00	Radiology	4.01	4.01	280.70	280.70
79005 26	Radiology	2.47	2.47	172.90	172.90
79005 TC	Radiology	1.54	1.54	107.80	107.80
79101 00	Radiology	4.36	4.36	305.20	305.20
79101 26	Radiology	2.75	2.75	192.50	192.50
79101 TC	Radiology	1.61	1.61	112.70	112.70
79200 00	Radiology	3.90	3.90	273.00	273.00
79200 26	Radiology	2.32	2.32	162.40	162.40
79200 TC	Radiology	1.58	1.58	110.60	110.60
79300 00	Radiology	-	-	467.60	467.60
79300 26	Radiology	1.87	1.87	130.90	130.90
79300 TC	Radiology	-	-	336.70	336.70
79403 00	Radiology	6.27	6.27	438.90	438.90
79403 26	Radiology	3.24	3.24	226.80	226.80
79403 TC	Radiology	3.03	3.03	212.10	212.10
79440 00	Radiology	3.51	3.51	245.70	245.70
79440 26	Radiology	2.32	2.32	162.40	162.40
79440 TC	Radiology	1.19	1.19	83.30	83.30
79445 00	Radiology	-	-	408.80	408.80
79445 26	Radiology	3.21	3.21	224.70	224.70

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
79445 TC	Radiology	-	-	184.10	184.10
79999 00	Radiology	0.00	0.00	BR	BR
79999 26	Radiology	0.00	0.00	BR	BR
79999 TC	Radiology	0.00	0.00	BR	BR

Historical Note

New Appendix A, Radiology Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Radiology Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Codes 2019-2020 repealed; new Appendix A, Radiology Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Radiology Codes 2020-2021 repealed; new Appendix A, Radiology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Radiology Codes 2021-2022 repealed; new Appendix A, Radiology Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Radiology Codes 2022-2023 repealed; new Appendix A, Radiology Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Radiology Codes 2023-2024 repealed; new Appendix A, Radiology Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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PATHOLOGY AND LABORATORY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A healthcare provider seeking reimbursement for presumptive, or “point of care” drug testing shall submit to the payer written documentation establishing:

1. That the testing is medically necessary and reasonably required;
2. The type of drug testing utilized; and
3. The healthcare provider’s interpretation of the “point of care” testing.

For purposes of this section, presumptive or “point of care” testing is testing that is performed at or near the site of patient care (*i.e.*, the healthcare provider’s office).

CPT® codes 80305-80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

Healthcare providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Definitive drug testing may be reported with HCPCS codes G0480 - G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this group of codes may be reported per date of service. Requests for quantitative or definitive testing require documentation that qualifies necessity.

G0480 – Definitive drug testing 1 – 7 drug class(es) including metabolites(s) if performed

G0481 – Definitive drug testing 8 – 14 drug class(es) including metabolite(s) if performed

G0482 – Definitive drug testing 15 – 21 drug class(es) including metabolites(s) if performed

G0483 – Definitive drug testing of 22 or more drug class(es), including metabolite(s) if performed.

Historical Note

New Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE Pathology Codes 2024 Pathology Conversion Factor \$68.00					
Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
80047 00	Pathology	0.42	0.42	28.51	28.51
80048 00	Pathology	0.26	0.26	17.57	17.57
80050 00	Pathology	-	-	320.96	320.96
80051 00	Pathology	0.21	0.21	14.56	14.56
80053 00	Pathology	0.32	0.32	21.93	21.93
80055 00	Pathology	1.46	1.46	99.29	99.29
80061 00	Pathology	0.41	0.41	27.81	27.81
80069 00	Pathology	0.27	0.27	18.03	18.03
80074 00	Pathology	1.45	1.45	98.91	98.91
80076 00	Pathology	0.25	0.25	16.97	16.97
80081 00	Pathology	2.29	2.29	155.46	155.46
80143 00	Pathology	0.57	0.57	38.71	38.71
80145 00	Pathology	1.18	1.18	80.10	80.10
80150 00	Pathology	0.46	0.46	31.32	31.32
80151 00	Pathology	0.57	0.57	38.71	38.71
80155 00	Pathology	1.18	1.18	80.10	80.10
80156 00	Pathology	0.44	0.44	30.26	30.26
80157 00	Pathology	0.40	0.40	27.52	27.52
80158 00	Pathology	0.55	0.55	37.48	37.48
80159 00	Pathology	0.62	0.62	41.85	41.85
80161 00	Pathology	0.57	0.57	38.71	38.71
80162 00	Pathology	0.41	0.41	27.58	27.58
80163 00	Pathology	0.41	0.41	27.58	27.58
80164 00	Pathology	0.41	0.41	28.12	28.12
80165 00	Pathology	0.41	0.41	28.12	28.12
80167 00	Pathology	0.57	0.57	38.71	38.71
80168 00	Pathology	0.50	0.50	33.93	33.93
80169 00	Pathology	0.42	0.42	28.51	28.51
80170 00	Pathology	0.50	0.50	34.02	34.02
80171 00	Pathology	0.66	0.66	45.00	45.00
80173 00	Pathology	0.48	0.48	32.77	32.77
80175 00	Pathology	0.40	0.40	27.52	27.52
80176 00	Pathology	0.45	0.45	30.51	30.51
80177 00	Pathology	0.40	0.40	27.52	27.52
80178 00	Pathology	0.20	0.20	13.73	13.73
80179 00	Pathology	0.57	0.57	38.71	38.71

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
80180 00	Pathology	0.55	0.55	37.48	37.48
80181 00	Pathology	0.57	0.57	38.71	38.71
80183 00	Pathology	0.40	0.40	27.52	27.52
80184 00	Pathology	0.47	0.47	31.77	31.77
80185 00	Pathology	0.40	0.40	27.52	27.52
80186 00	Pathology	0.42	0.42	28.58	28.58
80187 00	Pathology	0.83	0.83	56.30	56.30
80188 00	Pathology	0.51	0.51	34.45	34.45
80189 00	Pathology	0.83	0.83	56.30	56.30
80190 00	Pathology	1.83	1.83	124.60	124.60
80192 00	Pathology	0.51	0.51	34.78	34.78
80193 00	Pathology	1.18	1.18	80.10	80.10
80194 00	Pathology	0.45	0.45	30.32	30.32
80195 00	Pathology	0.42	0.42	28.51	28.51
80197 00	Pathology	0.42	0.42	28.51	28.51
80198 00	Pathology	0.43	0.43	29.36	29.36
80199 00	Pathology	0.83	0.83	56.30	56.30
80200 00	Pathology	0.49	0.49	33.50	33.50
80201 00	Pathology	0.36	0.36	24.75	24.75
80202 00	Pathology	0.41	0.41	28.12	28.12
80203 00	Pathology	0.40	0.40	27.52	27.52
80204 00	Pathology	1.18	1.18	80.10	80.10
80210 00	Pathology	0.83	0.83	56.30	56.30
80220 00	Pathology	0.57	0.57	38.71	38.71
80230 00	Pathology	1.18	1.18	80.10	80.10
80235 00	Pathology	0.83	0.83	56.30	56.30
80280 00	Pathology	1.18	1.18	80.10	80.10
80285 00	Pathology	0.83	0.83	56.30	56.30
80299 00	Pathology	0.57	0.57	38.71	38.71
80305 00	Pathology	0.38	0.38	26.17	26.17
80306 00	Pathology	0.52	0.52	35.59	35.59
80307 00	Pathology	1.90	1.90	129.05	129.05
80320 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80321 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80322 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80323 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80324 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
80325 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80326 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80327 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80328 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80329 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80330 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80331 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80332 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80333 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80334 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80335 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80336 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80337 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80338 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80339 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80340 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80341 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80342 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80343 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80344 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80345 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80346 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80347 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
80348 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80349 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80350 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80351 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80352 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80353 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80354 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80355 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80356 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80357 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80358 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80359 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80360 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80361 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80362 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80363 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80364 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80365 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80366 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80367 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80368 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80369 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80370 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
80371 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80372 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80373 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80374 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80375 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80376 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80377 00	Pathology	0.00	0.00	See G0480- G0483	See G0480-G0483
80400 00	Pathology	1.00	1.00	67.74	67.74
80402 00	Pathology	2.66	2.66	180.59	180.59
80406 00	Pathology	2.39	2.39	162.52	162.52
80408 00	Pathology	3.83	3.83	260.63	260.63
80410 00	Pathology	2.45	2.45	166.90	166.90
80412 00	Pathology	24.48	24.48	1664.73	1664.73
80414 00	Pathology	1.58	1.58	107.24	107.24
80415 00	Pathology	1.71	1.71	116.07	116.07
80416 00	Pathology	6.39	6.39	434.70	434.70
80417 00	Pathology	1.34	1.34	91.35	91.35
80418 00	Pathology	17.70	17.70	1203.41	1203.41
80420 00	Pathology	4.94	4.94	336.18	336.18
80422 00	Pathology	1.41	1.41	95.67	95.67
80424 00	Pathology	1.54	1.54	104.87	104.87
80426 00	Pathology	4.53	4.53	308.20	308.20
80428 00	Pathology	2.04	2.04	138.52	138.52
80430 00	Pathology	3.95	3.95	268.58	268.58
80432 00	Pathology	5.06	5.06	343.92	343.92
80434 00	Pathology	8.70	8.70	591.92	591.92
80435 00	Pathology	3.15	3.15	213.90	213.90
80436 00	Pathology	2.78	2.78	189.31	189.31
80438 00	Pathology	1.54	1.54	104.69	104.69
80439 00	Pathology	2.05	2.05	139.58	139.58
80503 00	Pathology	0.80	0.65	54.40	44.20
80504 00	Pathology	1.58	1.40	107.44	95.20
80505 00	Pathology	2.85	2.63	193.80	178.84
80506 00	Pathology	1.26	1.26	85.68	85.68
81000 00	Pathology	0.12	0.12	8.35	8.35
81001 00	Pathology	0.10	0.10	6.58	6.58

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
81002 00	Pathology	0.11	0.11	7.23	7.23
81003 00	Pathology	0.07	0.07	4.67	4.67
81005 00	Pathology	0.07	0.07	4.51	4.51
81007 00	Pathology	0.92	0.92	62.26	62.26
81015 00	Pathology	0.09	0.09	6.33	6.33
81020 00	Pathology	0.14	0.14	9.76	9.76
81025 00	Pathology	0.26	0.26	17.88	17.88
81050 00	Pathology	0.11	0.11	7.56	7.56
81099 00	Pathology	0.00	0.00	BR	BR
81105 00	Pathology	3.73	3.73	253.81	253.81
81106 00	Pathology	3.73	3.73	253.81	253.81
81107 00	Pathology	3.73	3.73	253.81	253.81
81108 00	Pathology	3.73	3.73	253.81	253.81
81109 00	Pathology	3.73	3.73	253.81	253.81
81110 00	Pathology	3.73	3.73	253.81	253.81
81111 00	Pathology	3.73	3.73	253.81	253.81
81112 00	Pathology	3.73	3.73	253.81	253.81
81120 00	Pathology	5.90	5.90	401.32	401.32
81121 00	Pathology	9.03	9.03	614.27	614.27
81161 00	Pathology	8.52	8.52	579.40	579.40
81162 00	Pathology	55.73	55.73	3789.73	3789.73
81163 00	Pathology	14.29	14.29	971.90	971.90
81164 00	Pathology	17.84	17.84	1213.27	1213.27
81165 00	Pathology	8.64	8.64	587.46	587.46
81166 00	Pathology	9.20	9.20	625.81	625.81
81167 00	Pathology	8.64	8.64	587.46	587.46
81168 00	Pathology	6.33	6.33	430.52	430.52
81170 00	Pathology	9.16	9.16	623.01	623.01
81171 00	Pathology	4.18	4.18	284.51	284.51
81172 00	Pathology	8.39	8.39	570.74	570.74
81173 00	Pathology	9.20	9.20	625.81	625.81
81174 00	Pathology	5.66	5.66	384.61	384.61
81175 00	Pathology	20.66	20.66	1404.89	1404.89
81176 00	Pathology	7.39	7.39	502.35	502.35
81177 00	Pathology	4.18	4.18	284.51	284.51
81178 00	Pathology	4.18	4.18	284.51	284.51
81179 00	Pathology	4.18	4.18	284.51	284.51
81180 00	Pathology	4.18	4.18	284.51	284.51
81181 00	Pathology	4.18	4.18	284.51	284.51
81182 00	Pathology	4.18	4.18	284.51	284.51
81183 00	Pathology	4.18	4.18	284.51	284.51

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
81184 00	Pathology	4.18	4.18	284.51	284.51
81185 00	Pathology	25.84	25.84	1757.45	1757.45
81186 00	Pathology	5.66	5.66	384.61	384.61
81187 00	Pathology	4.18	4.18	284.51	284.51
81188 00	Pathology	4.18	4.18	284.51	284.51
81189 00	Pathology	8.39	8.39	570.74	570.74
81190 00	Pathology	5.66	5.66	384.61	384.61
81191 00	Pathology	6.33	6.33	430.52	430.52
81192 00	Pathology	6.33	6.33	430.52	430.52
81193 00	Pathology	6.33	6.33	430.52	430.52
81194 00	Pathology	15.83	15.83	1076.31	1076.31
81200 00	Pathology	1.44	1.44	98.12	98.12
81201 00	Pathology	23.82	23.82	1619.83	1619.83
81202 00	Pathology	8.55	8.55	581.48	581.48
81203 00	Pathology	6.11	6.11	415.34	415.34
81204 00	Pathology	4.18	4.18	284.51	284.51
81205 00	Pathology	2.90	2.90	197.27	197.27
81206 00	Pathology	5.01	5.01	340.50	340.50
81207 00	Pathology	4.42	4.42	300.79	300.79
81208 00	Pathology	6.55	6.55	445.70	445.70
81209 00	Pathology	1.20	1.20	81.64	81.64
81210 00	Pathology	5.36	5.36	364.25	364.25
81212 00	Pathology	13.44	13.44	913.75	913.75
81215 00	Pathology	11.46	11.46	779.28	779.28
81216 00	Pathology	5.65	5.65	384.44	384.44
81217 00	Pathology	11.46	11.46	779.28	779.28
81218 00	Pathology	7.39	7.39	502.35	502.35
81219 00	Pathology	3.71	3.71	252.59	252.59
81220 00	Pathology	17.00	17.00	1155.89	1155.89
81221 00	Pathology	2.97	2.97	201.90	201.90
81222 00	Pathology	13.29	13.29	903.51	903.51
81223 00	Pathology	15.24	15.24	1036.28	1036.28
81224 00	Pathology	5.15	5.15	350.44	350.44
81225 00	Pathology	8.90	8.90	605.07	605.07
81226 00	Pathology	13.77	13.77	936.41	936.41
81227 00	Pathology	5.34	5.34	363.03	363.03
81228 00	Pathology	27.49	27.49	1869.03	1869.03
81229 00	Pathology	35.43	35.43	2408.98	2408.98
81230 00	Pathology	5.34	5.34	363.03	363.03
81231 00	Pathology	5.34	5.34	363.03	363.03
81232 00	Pathology	5.34	5.34	363.03	363.03

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
81233 00	Pathology	5.36	5.36	364.25	364.25
81234 00	Pathology	4.18	4.18	284.51	284.51
81235 00	Pathology	9.91	9.91	674.06	674.06
81236 00	Pathology	8.64	8.64	587.46	587.46
81237 00	Pathology	5.36	5.36	364.25	364.25
81238 00	Pathology	18.32	18.32	1246.02	1246.02
81239 00	Pathology	8.39	8.39	570.74	570.74
81240 00	Pathology	2.01	2.01	136.42	136.42
81241 00	Pathology	2.24	2.24	152.37	152.37
81242 00	Pathology	1.12	1.12	76.05	76.05
81243 00	Pathology	1.74	1.74	118.46	118.46
81244 00	Pathology	1.37	1.37	93.22	93.22
81245 00	Pathology	5.05	5.05	343.72	343.72
81246 00	Pathology	2.53	2.53	172.37	172.37
81247 00	Pathology	5.34	5.34	363.03	363.03
81248 00	Pathology	11.46	11.46	779.28	779.28
81249 00	Pathology	18.32	18.32	1246.02	1246.02
81250 00	Pathology	1.79	1.79	121.47	121.47
81251 00	Pathology	1.44	1.44	98.12	98.12
81252 00	Pathology	3.09	3.09	210.00	210.00
81253 00	Pathology	1.88	1.88	127.76	127.76
81254 00	Pathology	1.07	1.07	72.68	72.68
81255 00	Pathology	1.57	1.57	106.85	106.85
81256 00	Pathology	2.00	2.00	135.73	135.73
81257 00	Pathology	3.12	3.12	212.36	212.36
81258 00	Pathology	11.46	11.46	779.28	779.28
81259 00	Pathology	18.32	18.32	1246.02	1246.02
81260 00	Pathology	1.20	1.20	81.64	81.64
81261 00	Pathology	6.05	6.05	411.17	411.17
81262 00	Pathology	2.09	2.09	142.36	142.36
81263 00	Pathology	8.99	8.99	611.63	611.63
81264 00	Pathology	5.28	5.28	358.71	358.71
81265 00	Pathology	7.12	7.12	484.02	484.02
81266 00	Pathology	9.31	9.31	633.00	633.00
81267 00	Pathology	6.34	6.34	430.83	430.83
81268 00	Pathology	7.96	7.96	541.58	541.58
81269 00	Pathology	6.18	6.18	420.32	420.32
81270 00	Pathology	2.80	2.80	190.35	190.35
81271 00	Pathology	4.18	4.18	284.51	284.51
81272 00	Pathology	10.06	10.06	684.29	684.29
81273 00	Pathology	3.81	3.81	259.32	259.32

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
81274 00	Pathology	8.39	8.39	570.74	570.74
81275 00	Pathology	5.90	5.90	401.32	401.32
81276 00	Pathology	5.90	5.90	401.32	401.32
81277 00	Pathology	35.43	35.43	2408.98	2408.98
81278 00	Pathology	6.33	6.33	430.52	430.52
81279 00	Pathology	5.66	5.66	384.61	384.61
81283 00	Pathology	2.24	2.24	152.37	152.37
81284 00	Pathology	4.18	4.18	284.51	284.51
81285 00	Pathology	8.39	8.39	570.74	570.74
81286 00	Pathology	8.39	8.39	570.74	570.74
81287 00	Pathology	3.81	3.81	258.84	258.84
81288 00	Pathology	5.87	5.87	399.39	399.39
81289 00	Pathology	5.66	5.66	384.61	384.61
81290 00	Pathology	1.20	1.20	81.64	81.64
81291 00	Pathology	2.00	2.00	135.69	135.69
81292 00	Pathology	20.63	20.63	1402.61	1402.61
81293 00	Pathology	10.11	10.11	687.39	687.39
81294 00	Pathology	6.18	6.18	420.32	420.32
81295 00	Pathology	11.66	11.66	792.68	792.68
81296 00	Pathology	10.31	10.31	701.37	701.37
81297 00	Pathology	6.51	6.51	442.96	442.96
81298 00	Pathology	19.60	19.60	1332.93	1332.93
81299 00	Pathology	9.41	9.41	639.62	639.62
81300 00	Pathology	7.27	7.27	494.26	494.26
81301 00	Pathology	10.64	10.64	723.86	723.86
81302 00	Pathology	16.12	16.12	1096.23	1096.23
81303 00	Pathology	3.66	3.66	249.20	249.20
81304 00	Pathology	4.58	4.58	311.51	311.51
81305 00	Pathology	5.36	5.36	364.25	364.25
81306 00	Pathology	8.90	8.90	605.07	605.07
81307 00	Pathology	20.66	20.66	1404.89	1404.89
81308 00	Pathology	9.20	9.20	625.81	625.81
81309 00	Pathology	8.39	8.39	570.74	570.74
81310 00	Pathology	7.53	7.53	511.95	511.95
81311 00	Pathology	9.03	9.03	614.27	614.27
81312 00	Pathology	4.18	4.18	284.51	284.51
81313 00	Pathology	7.79	7.79	529.66	529.66
81314 00	Pathology	10.06	10.06	684.29	684.29
81315 00	Pathology	6.33	6.33	430.52	430.52
81316 00	Pathology	6.33	6.33	430.52	430.52
81317 00	Pathology	20.66	20.66	1404.89	1404.89

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
81318 00	Pathology	10.11	10.11	687.39	687.39
81319 00	Pathology	6.21	6.21	422.61	422.61
81320 00	Pathology	8.90	8.90	605.07	605.07
81321 00	Pathology	18.32	18.32	1246.02	1246.02
81322 00	Pathology	1.42	1.42	96.77	96.77
81323 00	Pathology	9.16	9.16	623.01	623.01
81324 00	Pathology	23.16	23.16	1574.89	1574.89
81325 00	Pathology	23.50	23.50	1598.19	1598.19
81326 00	Pathology	1.42	1.42	96.77	96.77
81327 00	Pathology	5.86	5.86	398.73	398.73
81328 00	Pathology	5.34	5.34	363.03	363.03
81329 00	Pathology	4.18	4.18	284.51	284.51
81330 00	Pathology	1.44	1.44	97.61	97.61
81331 00	Pathology	1.56	1.56	106.06	106.06
81332 00	Pathology	1.33	1.33	90.65	90.65
81333 00	Pathology	4.18	4.18	284.51	284.51
81334 00	Pathology	10.06	10.06	684.29	684.29
81335 00	Pathology	5.34	5.34	363.03	363.03
81336 00	Pathology	9.20	9.20	625.81	625.81
81337 00	Pathology	5.66	5.66	384.61	384.61
81338 00	Pathology	4.59	4.59	312.19	312.19
81339 00	Pathology	5.66	5.66	384.61	384.61
81340 00	Pathology	6.38	6.38	433.86	433.86
81341 00	Pathology	1.51	1.51	102.98	102.98
81342 00	Pathology	6.15	6.15	418.46	418.46
81343 00	Pathology	4.18	4.18	284.51	284.51
81344 00	Pathology	4.18	4.18	284.51	284.51
81345 00	Pathology	5.66	5.66	384.61	384.61
81346 00	Pathology	5.34	5.34	363.03	363.03
81347 00	Pathology	5.90	5.90	401.32	401.32
81348 00	Pathology	5.36	5.36	364.25	364.25
81349 00	Pathology	35.43	35.43	2408.98	2408.98
81350 00	Pathology	7.15	7.15	485.95	485.95
81351 00	Pathology	19.60	19.60	1332.93	1332.93
81352 00	Pathology	10.06	10.06	684.29	684.29
81353 00	Pathology	9.41	9.41	639.62	639.62
81355 00	Pathology	2.69	2.69	183.17	183.17
81357 00	Pathology	5.90	5.90	401.32	401.32
81360 00	Pathology	5.90	5.90	401.32	401.32
81361 00	Pathology	5.34	5.34	363.03	363.03
81362 00	Pathology	11.46	11.46	779.28	779.28

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
81363 00	Pathology	6.18	6.18	420.32	420.32
81364 00	Pathology	9.91	9.91	674.06	674.06
81370 00	Pathology	12.28	12.28	835.08	835.08
81371 00	Pathology	12.35	12.35	840.07	840.07
81372 00	Pathology	12.33	12.33	838.14	838.14
81373 00	Pathology	3.89	3.89	264.63	264.63
81374 00	Pathology	2.27	2.27	154.36	154.36
81375 00	Pathology	6.74	6.74	458.41	458.41
81376 00	Pathology	3.73	3.73	253.81	253.81
81377 00	Pathology	2.89	2.89	196.75	196.75
81378 00	Pathology	10.55	10.55	717.65	717.65
81379 00	Pathology	10.24	10.24	696.48	696.48
81380 00	Pathology	5.41	5.41	368.10	368.10
81381 00	Pathology	5.19	5.19	352.83	352.83
81382 00	Pathology	3.78	3.78	256.85	256.85
81383 00	Pathology	3.33	3.33	226.63	226.63
81400 00	Pathology	1.95	1.95	132.83	132.83
81401 00	Pathology	4.18	4.18	284.51	284.51
81402 00	Pathology	4.59	4.59	312.19	312.19
81403 00	Pathology	5.66	5.66	384.61	384.61
81404 00	Pathology	8.39	8.39	570.74	570.74
81405 00	Pathology	9.20	9.20	625.81	625.81
81406 00	Pathology	8.64	8.64	587.46	587.46
81407 00	Pathology	25.84	25.84	1757.45	1757.45
81408 00	Pathology	61.08	61.08	4153.41	4153.41
81410 00	Pathology	15.39	15.39	1046.66	1046.66
81411 00	Pathology	41.23	41.23	2803.94	2803.94
81412 00	Pathology	74.78	74.78	5084.93	5084.93
81413 00	Pathology	17.86	17.86	1214.66	1214.66
81414 00	Pathology	17.86	17.86	1214.66	1214.66
81415 00	Pathology	145.98	145.98	9926.64	9926.64
81416 00	Pathology	366.48	366.48	24920.44	24920.44
81417 00	Pathology	9.77	9.77	664.55	664.55
81418 00	Pathology	28.01	28.01	1904.50	1904.50
81419 00	Pathology	74.78	74.78	5084.93	5084.93
81420 00	Pathology	23.18	23.18	1576.32	1576.32
81422 00	Pathology	23.18	23.18	1576.32	1576.32
81425 00	Pathology	153.65	153.65	10448.31	10448.31
81426 00	Pathology	82.76	82.76	5627.76	5627.76
81427 00	Pathology	71.39	71.39	4854.61	4854.61
81430 00	Pathology	49.63	49.63	3374.64	3374.64

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
81431 00	Pathology	20.75	20.75	1411.27	1411.27
81432 00	Pathology	20.74	20.74	1410.19	1410.19
81433 00	Pathology	13.40	13.40	911.53	911.53
81434 00	Pathology	18.26	18.26	1241.68	1241.68
81435 00	Pathology	17.86	17.86	1214.66	1214.66
81436 00	Pathology	17.86	17.86	1214.66	1214.66
81437 00	Pathology	13.40	13.40	911.53	911.53
81438 00	Pathology	13.40	13.40	911.53	911.53
81439 00	Pathology	17.86	17.86	1214.66	1214.66
81440 00	Pathology	101.51	101.51	6902.96	6902.96
81441 00	Pathology	74.78	74.78	5084.93	5084.93
81442 00	Pathology	65.47	65.47	4451.62	4451.62
81443 00	Pathology	74.78	74.78	5084.93	5084.93
81445 00	Pathology	18.26	18.26	1241.68	1241.68
81448 00	Pathology	17.86	17.86	1214.66	1214.66
81449 00	Pathology	18.26	18.26	1241.68	1241.68
81450 00	Pathology	23.20	23.20	1577.32	1577.32
81451 00	Pathology	23.20	23.20	1577.32	1577.32
81455 00	Pathology	89.16	89.16	6063.14	6063.14
81456 00	Pathology	89.16	89.16	6063.14	6063.14
81457 00	Pathology	0.00	0.00	BR	BR
81458 00	Pathology	0.00	0.00	BR	BR
81459 00	Pathology	0.00	0.00	BR	BR
81460 00	Pathology	39.30	39.30	2672.72	2672.72
81462 00	Pathology	0.00	0.00	BR	BR
81463 00	Pathology	0.00	0.00	BR	BR
81464 00	Pathology	0.00	0.00	BR	BR
81465 00	Pathology	28.59	28.59	1943.79	1943.79
81470 00	Pathology	27.91	27.91	1898.11	1898.11
81471 00	Pathology	27.91	27.91	1898.11	1898.11
81479 00	Pathology	0.00	0.00	BR	BR
81490 00	Pathology	25.67	25.67	1745.78	1745.78
81493 00	Pathology	32.07	32.07	2180.54	2180.54
81500 00	Pathology	7.96	7.96	540.98	540.98
81503 00	Pathology	27.39	27.39	1862.80	1862.80
81504 00	Pathology	15.88	15.88	1079.89	1079.89
81506 00	Pathology	2.10	2.10	143.13	143.13
81507 00	Pathology	24.28	24.28	1650.98	1650.98
81508 00	Pathology	1.66	1.66	112.77	112.77
81509 00	Pathology	45.42	45.42	3088.83	3088.83
81510 00	Pathology	1.70	1.70	115.34	115.34

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81511 00	Pathology	4.69	4.69	318.77	318.77
81512 00	Pathology	2.12	2.12	144.37	144.37
81513 00	Pathology	4.36	4.36	296.20	296.20
81514 00	Pathology	8.03	8.03	546.15	546.15
81517 00	Pathology	5.38	5.38	365.89	365.89
81518 00	Pathology	118.28	118.28	8043.07	8043.07
81519 00	Pathology	118.28	118.28	8043.07	8043.07
81520 00	Pathology	76.66	76.66	5212.96	5212.96
81521 00	Pathology	118.28	118.28	8043.07	8043.07
81522 00	Pathology	118.28	118.28	8043.07	8043.07
81523 00	Pathology	118.28	118.28	8043.07	8043.07
81525 00	Pathology	95.16	95.16	6471.01	6471.01
81528 00	Pathology	15.54	15.54	1056.77	1056.77
81529 00	Pathology	219.67	219.67	14937.73	14937.73
81535 00	Pathology	17.70	17.70	1203.37	1203.37
81536 00	Pathology	5.42	5.42	368.74	368.74
81538 00	Pathology	87.68	87.68	5962.22	5962.22
81539 00	Pathology	23.21	23.21	1578.29	1578.29
81540 00	Pathology	114.52	114.52	7787.64	7787.64
81541 00	Pathology	118.28	118.28	8043.07	8043.07
81542 00	Pathology	118.28	118.28	8043.07	8043.07
81546 00	Pathology	109.94	109.94	7476.13	7476.13
81551 00	Pathology	62.00	62.00	4215.71	4215.71
81552 00	Pathology	237.48	237.48	16148.45	16148.45
81554 00	Pathology	167.97	167.97	11421.87	11421.87
81560 00	Pathology	19.57	19.57	1330.61	1330.61
81595 00	Pathology	98.95	98.95	6728.52	6728.52
81596 00	Pathology	2.20	2.20	149.92	149.92
81599 00	Pathology	0.00	0.00	BR	BR
82009 00	Pathology	0.14	0.14	9.39	9.39
82010 00	Pathology	0.25	0.25	16.97	16.97
82013 00	Pathology	0.38	0.38	25.52	25.52
82016 00	Pathology	0.50	0.50	34.24	34.24
82017 00	Pathology	0.52	0.52	35.03	35.03
82024 00	Pathology	1.18	1.18	80.20	80.20
82030 00	Pathology	0.79	0.79	53.58	53.58
82040 00	Pathology	0.15	0.15	10.28	10.28
82042 00	Pathology	0.24	0.24	16.16	16.16
82043 00	Pathology	0.18	0.18	12.00	12.00
82044 00	Pathology	0.19	0.19	12.94	12.94
82045 00	Pathology	1.04	1.04	70.48	70.48

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82075 00	Pathology	0.92	0.92	62.30	62.30
82077 00	Pathology	0.53	0.53	35.86	35.86
82085 00	Pathology	0.30	0.30	20.16	20.16
82088 00	Pathology	1.24	1.24	84.63	84.63
82103 00	Pathology	0.41	0.41	27.91	27.91
82104 00	Pathology	0.44	0.44	30.03	30.03
82105 00	Pathology	0.51	0.51	34.83	34.83
82106 00	Pathology	0.52	0.52	35.30	35.30
82107 00	Pathology	1.97	1.97	133.76	133.76
82108 00	Pathology	0.78	0.78	52.91	52.91
82120 00	Pathology	0.18	0.18	12.44	12.44
82127 00	Pathology	0.43	0.43	29.45	29.45
82128 00	Pathology	0.42	0.42	28.80	28.80
82131 00	Pathology	0.70	0.70	47.72	47.72
82135 00	Pathology	0.50	0.50	34.16	34.16
82136 00	Pathology	0.60	0.60	40.72	40.72
82139 00	Pathology	0.52	0.52	35.03	35.03
82140 00	Pathology	0.44	0.44	30.26	30.26
82143 00	Pathology	0.29	0.29	19.42	19.42
82150 00	Pathology	0.20	0.20	13.46	13.46
82154 00	Pathology	0.88	0.88	59.87	59.87
82157 00	Pathology	0.89	0.89	60.81	60.81
82160 00	Pathology	0.78	0.78	53.06	53.06
82163 00	Pathology	0.63	0.63	42.61	42.61
82164 00	Pathology	0.45	0.45	30.32	30.32
82166 00	Pathology	1.18	1.18	80.20	80.20
82172 00	Pathology	0.64	0.64	43.80	43.80
82175 00	Pathology	0.58	0.58	39.40	39.40
82180 00	Pathology	0.30	0.30	20.54	20.54
82190 00	Pathology	0.49	0.49	33.02	33.02
82232 00	Pathology	0.49	0.49	33.60	33.60
82239 00	Pathology	0.52	0.52	35.55	35.55
82240 00	Pathology	0.81	0.81	55.20	55.20
82247 00	Pathology	0.15	0.15	10.43	10.43
82248 00	Pathology	0.15	0.15	10.43	10.43
82252 00	Pathology	0.14	0.14	9.47	9.47
82261 00	Pathology	0.52	0.52	35.03	35.03
82270 00	Pathology	0.13	0.13	9.10	9.10
82271 00	Pathology	0.16	0.16	11.05	11.05
82272 00	Pathology	0.13	0.13	8.78	8.78
82274 00	Pathology	0.49	0.49	33.06	33.06

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82286 00	Pathology	0.16	0.16	10.72	10.72
82300 00	Pathology	0.72	0.72	49.09	49.09
82306 00	Pathology	0.90	0.90	61.47	61.47
82308 00	Pathology	0.82	0.82	55.63	55.63
82310 00	Pathology	0.16	0.16	10.72	10.72
82330 00	Pathology	0.42	0.42	28.41	28.41
82331 00	Pathology	0.41	0.41	27.70	27.70
82340 00	Pathology	0.18	0.18	12.52	12.52
82355 00	Pathology	0.35	0.35	24.05	24.05
82360 00	Pathology	0.39	0.39	26.73	26.73
82365 00	Pathology	0.39	0.39	26.79	26.79
82370 00	Pathology	0.38	0.38	26.00	26.00
82373 00	Pathology	0.55	0.55	37.51	37.51
82374 00	Pathology	0.15	0.15	10.13	10.13
82375 00	Pathology	0.38	0.38	25.58	25.58
82376 00	Pathology	0.43	0.43	29.22	29.22
82378 00	Pathology	0.58	0.58	39.37	39.37
82379 00	Pathology	0.52	0.52	35.03	35.03
82380 00	Pathology	0.28	0.28	19.15	19.15
82382 00	Pathology	0.83	0.83	56.69	56.69
82383 00	Pathology	0.89	0.89	60.39	60.39
82384 00	Pathology	0.77	0.77	52.44	52.44
82387 00	Pathology	0.55	0.55	37.51	37.51
82390 00	Pathology	0.33	0.33	22.30	22.30
82397 00	Pathology	0.43	0.43	29.32	29.32
82415 00	Pathology	0.39	0.39	26.31	26.31
82435 00	Pathology	0.14	0.14	9.55	9.55
82436 00	Pathology	0.18	0.18	11.94	11.94
82438 00	Pathology	0.15	0.15	10.38	10.38
82441 00	Pathology	0.18	0.18	12.48	12.48
82465 00	Pathology	0.13	0.13	9.03	9.03
82480 00	Pathology	0.24	0.24	16.34	16.34
82482 00	Pathology	0.30	0.30	20.37	20.37
82485 00	Pathology	0.63	0.63	42.88	42.88
82495 00	Pathology	0.62	0.62	42.12	42.12
82507 00	Pathology	0.85	0.85	57.73	57.73
82523 00	Pathology	0.57	0.57	38.79	38.79
82525 00	Pathology	0.38	0.38	25.77	25.77
82528 00	Pathology	0.69	0.69	46.77	46.77
82530 00	Pathology	0.51	0.51	34.70	34.70
82533 00	Pathology	0.50	0.50	33.85	33.85

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82540 00	Pathology	0.14	0.14	9.64	9.64
82542 00	Pathology	0.74	0.74	50.03	50.03
82550 00	Pathology	0.20	0.20	13.52	13.52
82552 00	Pathology	0.41	0.41	27.81	27.81
82553 00	Pathology	0.35	0.35	23.99	23.99
82554 00	Pathology	0.36	0.36	24.65	24.65
82565 00	Pathology	0.16	0.16	10.63	10.63
82570 00	Pathology	0.16	0.16	10.76	10.76
82575 00	Pathology	0.29	0.29	19.65	19.65
82585 00	Pathology	0.43	0.43	29.36	29.36
82595 00	Pathology	0.20	0.20	13.44	13.44
82600 00	Pathology	0.59	0.59	40.29	40.29
82607 00	Pathology	0.46	0.46	31.32	31.32
82608 00	Pathology	0.44	0.44	29.74	29.74
82610 00	Pathology	0.57	0.57	38.46	38.46
82615 00	Pathology	0.29	0.29	19.83	19.83
82626 00	Pathology	0.77	0.77	52.48	52.48
82627 00	Pathology	0.68	0.68	46.17	46.17
82633 00	Pathology	0.95	0.95	64.34	64.34
82634 00	Pathology	0.89	0.89	60.81	60.81
82638 00	Pathology	0.37	0.37	25.44	25.44
82642 00	Pathology	0.89	0.89	60.81	60.81
82652 00	Pathology	1.18	1.18	79.95	79.95
82653 00	Pathology	0.70	0.70	47.70	47.70
82656 00	Pathology	0.35	0.35	23.94	23.94
82657 00	Pathology	0.68	0.68	46.04	46.04
82658 00	Pathology	1.34	1.34	91.44	91.44
82664 00	Pathology	1.88	1.88	127.72	127.72
82668 00	Pathology	0.57	0.57	39.02	39.02
82670 00	Pathology	0.85	0.85	58.02	58.02
82671 00	Pathology	0.99	0.99	67.08	67.08
82672 00	Pathology	0.66	0.66	45.06	45.06
82677 00	Pathology	0.74	0.74	50.21	50.21
82679 00	Pathology	0.76	0.76	51.81	51.81
82681 00	Pathology	0.85	0.85	58.02	58.02
82693 00	Pathology	0.46	0.46	30.94	30.94
82696 00	Pathology	0.80	0.80	54.49	54.49
82705 00	Pathology	0.16	0.16	10.59	10.59
82710 00	Pathology	0.51	0.51	34.89	34.89
82715 00	Pathology	0.70	0.70	47.70	47.70
82725 00	Pathology	0.57	0.57	38.98	38.98

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82726 00	Pathology	0.60	0.60	41.01	41.01
82728 00	Pathology	0.42	0.42	28.31	28.31
82731 00	Pathology	1.97	1.97	133.76	133.76
82735 00	Pathology	0.57	0.57	38.50	38.50
82746 00	Pathology	0.45	0.45	30.53	30.53
82747 00	Pathology	0.54	0.54	36.65	36.65
82757 00	Pathology	0.53	0.53	36.01	36.01
82759 00	Pathology	0.66	0.66	44.61	44.61
82760 00	Pathology	0.34	0.34	23.26	23.26
82775 00	Pathology	0.64	0.64	43.76	43.76
82776 00	Pathology	0.36	0.36	24.38	24.38
82777 00	Pathology	1.35	1.35	91.89	91.89
82784 00	Pathology	0.28	0.28	19.31	19.31
82785 00	Pathology	0.50	0.50	34.18	34.18
82787 00	Pathology	0.24	0.24	16.66	16.66
82800 00	Pathology	0.34	0.34	22.84	22.84
82803 00	Pathology	0.80	0.80	54.14	54.14
82805 00	Pathology	2.41	2.41	163.58	163.58
82810 00	Pathology	0.30	0.30	20.29	20.29
82820 00	Pathology	0.41	0.41	27.70	27.70
82930 00	Pathology	0.20	0.20	13.93	13.93
82938 00	Pathology	0.54	0.54	36.74	36.74
82941 00	Pathology	0.54	0.54	36.61	36.61
82943 00	Pathology	0.44	0.44	29.68	29.68
82945 00	Pathology	0.12	0.12	8.16	8.16
82946 00	Pathology	0.54	0.54	36.90	36.90
82947 00	Pathology	0.12	0.12	8.16	8.16
82948 00	Pathology	0.15	0.15	10.47	10.47
82950 00	Pathology	0.15	0.15	9.86	9.86
82951 00	Pathology	0.39	0.39	26.73	26.73
82952 00	Pathology	0.12	0.12	8.14	8.14
82955 00	Pathology	0.30	0.30	20.14	20.14
82960 00	Pathology	0.18	0.18	12.56	12.56
82962 00	Pathology	0.10	0.10	6.81	6.81
82963 00	Pathology	0.66	0.66	44.61	44.61
82965 00	Pathology	0.40	0.40	27.31	27.31
82977 00	Pathology	0.22	0.22	14.95	14.95
82978 00	Pathology	0.47	0.47	32.09	32.09
82979 00	Pathology	0.29	0.29	19.60	19.60
82985 00	Pathology	0.51	0.51	34.81	34.81
83001 00	Pathology	0.57	0.57	38.59	38.59

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83002 00	Pathology	0.57	0.57	38.46	38.46
83003 00	Pathology	0.51	0.51	34.62	34.62
83006 00	Pathology	2.31	2.31	157.00	157.00
83009 00	Pathology	2.06	2.06	139.89	139.89
83010 00	Pathology	0.38	0.38	26.12	26.12
83012 00	Pathology	0.82	0.82	55.84	55.84
83013 00	Pathology	2.06	2.06	139.89	139.89
83014 00	Pathology	0.24	0.24	16.32	16.32
83015 00	Pathology	0.64	0.64	43.49	43.49
83018 00	Pathology	0.67	0.67	45.60	45.60
83020 00	Pathology	0.39	0.39	26.73	26.73
83020 26	Pathology	0.52	0.52	35.36	35.36
83021 00	Pathology	0.55	0.55	37.51	37.51
83026 00	Pathology	0.12	0.12	8.33	8.33
83030 00	Pathology	0.33	0.33	22.30	22.30
83033 00	Pathology	0.24	0.24	16.61	16.61
83036 00	Pathology	0.30	0.30	20.16	20.16
83037 00	Pathology	0.30	0.30	20.16	20.16
83045 00	Pathology	0.20	0.20	13.48	13.48
83050 00	Pathology	0.25	0.25	17.03	17.03
83051 00	Pathology	0.22	0.22	15.18	15.18
83060 00	Pathology	0.27	0.27	18.27	18.27
83065 00	Pathology	0.27	0.27	18.69	18.69
83068 00	Pathology	0.29	0.29	19.67	19.67
83069 00	Pathology	0.12	0.12	8.20	8.20
83070 00	Pathology	0.15	0.15	9.86	9.86
83080 00	Pathology	0.52	0.52	35.03	35.03
83088 00	Pathology	0.90	0.90	61.33	61.33
83090 00	Pathology	0.55	0.55	37.21	37.21
83150 00	Pathology	0.68	0.68	46.54	46.54
83491 00	Pathology	0.55	0.55	37.17	37.17
83497 00	Pathology	0.39	0.39	26.79	26.79
83498 00	Pathology	0.83	0.83	56.42	56.42
83500 00	Pathology	0.69	0.69	47.04	47.04
83505 00	Pathology	0.74	0.74	50.46	50.46
83516 00	Pathology	0.35	0.35	23.94	23.94
83518 00	Pathology	0.29	0.29	20.02	20.02
83519 00	Pathology	0.56	0.56	38.21	38.21
83520 00	Pathology	0.53	0.53	35.86	35.86
83521 00	Pathology	0.53	0.53	35.86	35.86
83525 00	Pathology	0.35	0.35	23.74	23.74

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83527 00	Pathology	0.40	0.40	26.89	26.89
83528 00	Pathology	0.61	0.61	41.16	41.16
83529 00	Pathology	0.53	0.53	35.86	35.86
83540 00	Pathology	0.20	0.20	13.44	13.44
83550 00	Pathology	0.27	0.27	18.15	18.15
83570 00	Pathology	0.27	0.27	18.38	18.38
83582 00	Pathology	0.47	0.47	32.13	32.13
83586 00	Pathology	0.39	0.39	26.58	26.58
83593 00	Pathology	0.87	0.87	59.19	59.19
83605 00	Pathology	0.35	0.35	24.03	24.03
83615 00	Pathology	0.18	0.18	12.54	12.54
83625 00	Pathology	0.39	0.39	26.56	26.56
83630 00	Pathology	0.60	0.60	40.91	40.91
83631 00	Pathology	0.60	0.60	40.77	40.77
83632 00	Pathology	0.62	0.62	41.99	41.99
83633 00	Pathology	0.34	0.34	23.36	23.36
83655 00	Pathology	0.37	0.37	25.15	25.15
83661 00	Pathology	0.67	0.67	45.67	45.67
83662 00	Pathology	0.58	0.58	39.27	39.27
83663 00	Pathology	0.58	0.58	39.27	39.27
83664 00	Pathology	0.59	0.59	40.12	40.12
83670 00	Pathology	0.30	0.30	20.37	20.37
83690 00	Pathology	0.21	0.21	14.31	14.31
83695 00	Pathology	0.44	0.44	29.74	29.74
83698 00	Pathology	1.41	1.41	96.17	96.17
83700 00	Pathology	0.34	0.34	23.38	23.38
83701 00	Pathology	1.03	1.03	70.32	70.32
83704 00	Pathology	1.04	1.04	71.00	71.00
83718 00	Pathology	0.25	0.25	17.01	17.01
83719 00	Pathology	0.39	0.39	26.48	26.48
83721 00	Pathology	0.32	0.32	21.81	21.81
83722 00	Pathology	1.04	1.04	71.00	71.00
83727 00	Pathology	0.52	0.52	35.70	35.70
83735 00	Pathology	0.20	0.20	13.91	13.91
83775 00	Pathology	0.23	0.23	15.31	15.31
83785 00	Pathology	0.81	0.81	55.34	55.34
83789 00	Pathology	0.74	0.74	50.07	50.07
83825 00	Pathology	0.50	0.50	33.77	33.77
83835 00	Pathology	0.52	0.52	35.18	35.18
83857 00	Pathology	0.33	0.33	22.30	22.30
83861 00	Pathology	0.69	0.69	46.68	46.68

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83864 00	Pathology	0.87	0.87	59.19	59.19
83872 00	Pathology	0.18	0.18	12.17	12.17
83873 00	Pathology	0.53	0.53	35.72	35.72
83874 00	Pathology	0.39	0.39	26.83	26.83
83876 00	Pathology	1.55	1.55	105.62	105.62
83880 00	Pathology	1.20	1.20	81.53	81.53
83883 00	Pathology	0.42	0.42	28.24	28.24
83885 00	Pathology	0.75	0.75	50.90	50.90
83915 00	Pathology	0.34	0.34	23.16	23.16
83916 00	Pathology	0.84	0.84	56.88	56.88
83918 00	Pathology	0.72	0.72	49.01	49.01
83919 00	Pathology	0.50	0.50	34.16	34.16
83921 00	Pathology	0.65	0.65	44.05	44.05
83930 00	Pathology	0.20	0.20	13.73	13.73
83935 00	Pathology	0.21	0.21	14.16	14.16
83937 00	Pathology	0.91	0.91	61.99	61.99
83945 00	Pathology	0.44	0.44	30.01	30.01
83950 00	Pathology	1.97	1.97	133.76	133.76
83951 00	Pathology	1.97	1.97	133.76	133.76
83970 00	Pathology	1.26	1.26	85.73	85.73
83986 00	Pathology	0.11	0.11	7.43	7.43
83987 00	Pathology	0.11	0.11	7.43	7.43
83992 00	Pathology	-	-	79.56	79.56
83993 00	Pathology	0.60	0.60	40.77	40.77
84030 00	Pathology	0.17	0.17	11.42	11.42
84035 00	Pathology	0.12	0.12	8.27	8.27
84060 00	Pathology	0.23	0.23	15.87	15.87
84066 00	Pathology	0.30	0.30	20.06	20.06
84075 00	Pathology	0.16	0.16	10.76	10.76
84078 00	Pathology	0.25	0.25	17.15	17.15
84080 00	Pathology	0.45	0.45	30.69	30.69
84081 00	Pathology	0.50	0.50	34.31	34.31
84085 00	Pathology	0.29	0.29	19.60	19.60
84087 00	Pathology	0.33	0.33	22.28	22.28
84100 00	Pathology	0.14	0.14	9.84	9.84
84105 00	Pathology	0.18	0.18	12.00	12.00
84106 00	Pathology	0.18	0.18	12.09	12.09
84110 00	Pathology	0.26	0.26	17.53	17.53
84112 00	Pathology	3.00	3.00	203.75	203.75
84119 00	Pathology	0.41	0.41	27.74	27.74
84120 00	Pathology	0.45	0.45	30.55	30.55

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84126 00	Pathology	1.19	1.19	81.22	81.22
84132 00	Pathology	0.15	0.15	9.89	9.89
84133 00	Pathology	0.14	0.14	9.82	9.82
84134 00	Pathology	0.45	0.45	30.30	30.30
84135 00	Pathology	0.65	0.65	44.17	44.17
84138 00	Pathology	0.64	0.64	43.71	43.71
84140 00	Pathology	0.63	0.63	42.93	42.93
84143 00	Pathology	0.70	0.70	47.37	47.37
84144 00	Pathology	0.64	0.64	43.32	43.32
84145 00	Pathology	0.83	0.83	56.53	56.53
84146 00	Pathology	0.59	0.59	40.25	40.25
84150 00	Pathology	1.28	1.28	86.74	86.74
84152 00	Pathology	0.56	0.56	38.19	38.19
84153 00	Pathology	0.56	0.56	38.19	38.19
84154 00	Pathology	0.56	0.56	38.19	38.19
84155 00	Pathology	0.11	0.11	7.62	7.62
84156 00	Pathology	0.11	0.11	7.62	7.62
84157 00	Pathology	0.12	0.12	8.31	8.31
84160 00	Pathology	0.17	0.17	11.65	11.65
84163 00	Pathology	0.46	0.46	31.25	31.25
84165 00	Pathology	0.33	0.33	22.30	22.30
84165 26	Pathology	0.52	0.52	35.36	35.36
84166 00	Pathology	0.54	0.54	37.03	37.03
84166 26	Pathology	0.52	0.52	35.36	35.36
84181 00	Pathology	0.52	0.52	35.37	35.37
84181 26	Pathology	0.52	0.52	35.36	35.36
84182 00	Pathology	0.89	0.89	60.66	60.66
84182 26	Pathology	0.52	0.52	35.36	35.36
84202 00	Pathology	0.44	0.44	29.80	29.80
84203 00	Pathology	0.30	0.30	20.23	20.23
84206 00	Pathology	0.82	0.82	55.43	55.43
84207 00	Pathology	0.86	0.86	58.36	58.36
84210 00	Pathology	0.44	0.44	30.07	30.07
84220 00	Pathology	0.29	0.29	19.60	19.60
84228 00	Pathology	0.36	0.36	24.15	24.15
84233 00	Pathology	2.68	2.68	182.50	182.50
84234 00	Pathology	1.98	1.98	134.74	134.74
84235 00	Pathology	2.18	2.18	147.92	147.92
84238 00	Pathology	1.12	1.12	75.95	75.95
84244 00	Pathology	0.67	0.67	45.67	45.67
84252 00	Pathology	0.62	0.62	42.03	42.03

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84255 00	Pathology	0.78	0.78	53.02	53.02
84260 00	Pathology	0.95	0.95	64.34	64.34
84270 00	Pathology	0.66	0.66	45.13	45.13
84275 00	Pathology	0.41	0.41	27.91	27.91
84285 00	Pathology	0.77	0.77	52.35	52.35
84295 00	Pathology	0.15	0.15	9.99	9.99
84300 00	Pathology	0.15	0.15	10.51	10.51
84302 00	Pathology	0.15	0.15	10.09	10.09
84305 00	Pathology	0.65	0.65	44.15	44.15
84307 00	Pathology	0.56	0.56	37.96	37.96
84311 00	Pathology	0.25	0.25	16.82	16.82
84315 00	Pathology	0.10	0.10	6.81	6.81
84375 00	Pathology	1.19	1.19	80.99	80.99
84376 00	Pathology	0.17	0.17	11.42	11.42
84377 00	Pathology	0.17	0.17	11.42	11.42
84378 00	Pathology	0.35	0.35	23.94	23.94
84379 00	Pathology	0.35	0.35	23.94	23.94
84392 00	Pathology	0.17	0.17	11.40	11.40
84402 00	Pathology	0.78	0.78	52.89	52.89
84403 00	Pathology	0.79	0.79	53.60	53.60
84410 00	Pathology	1.57	1.57	106.49	106.49
84425 00	Pathology	0.65	0.65	44.09	44.09
84430 00	Pathology	0.36	0.36	24.15	24.15
84431 00	Pathology	1.07	1.07	72.91	72.91
84432 00	Pathology	0.49	0.49	33.35	33.35
84433 00	Pathology	0.68	0.68	46.04	46.04
84436 00	Pathology	0.21	0.21	14.27	14.27
84437 00	Pathology	0.20	0.20	13.44	13.44
84439 00	Pathology	0.28	0.28	18.73	18.73
84442 00	Pathology	0.45	0.45	30.69	30.69
84443 00	Pathology	0.51	0.51	34.89	34.89
84445 00	Pathology	1.55	1.55	105.62	105.62
84446 00	Pathology	0.43	0.43	29.45	29.45
84449 00	Pathology	0.55	0.55	37.38	37.38
84450 00	Pathology	0.16	0.16	10.76	10.76
84460 00	Pathology	0.16	0.16	11.01	11.01
84466 00	Pathology	0.39	0.39	26.50	26.50
84478 00	Pathology	0.18	0.18	11.92	11.92
84479 00	Pathology	0.20	0.20	13.44	13.44
84480 00	Pathology	0.43	0.43	29.45	29.45
84481 00	Pathology	0.52	0.52	35.18	35.18

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84482 00	Pathology	0.48	0.48	32.73	32.73
84484 00	Pathology	0.38	0.38	25.90	25.90
84485 00	Pathology	0.22	0.22	14.95	14.95
84488 00	Pathology	0.22	0.22	15.16	15.16
84490 00	Pathology	0.30	0.30	20.62	20.62
84510 00	Pathology	0.32	0.32	22.08	22.08
84512 00	Pathology	0.31	0.31	20.95	20.95
84520 00	Pathology	0.12	0.12	8.20	8.20
84525 00	Pathology	0.16	0.16	10.65	10.65
84540 00	Pathology	0.17	0.17	11.55	11.55
84545 00	Pathology	0.22	0.22	14.95	14.95
84550 00	Pathology	0.14	0.14	9.39	9.39
84560 00	Pathology	0.16	0.16	10.55	10.55
84577 00	Pathology	0.51	0.51	34.89	34.89
84578 00	Pathology	0.14	0.14	9.28	9.28
84580 00	Pathology	0.29	0.29	19.83	19.83
84583 00	Pathology	0.18	0.18	12.56	12.56
84585 00	Pathology	0.47	0.47	32.19	32.19
84586 00	Pathology	1.08	1.08	73.37	73.37
84588 00	Pathology	1.04	1.04	70.48	70.48
84590 00	Pathology	0.35	0.35	24.11	24.11
84591 00	Pathology	0.52	0.52	35.43	35.43
84597 00	Pathology	0.42	0.42	28.49	28.49
84600 00	Pathology	0.52	0.52	35.53	35.53
84620 00	Pathology	0.39	0.39	26.81	26.81
84630 00	Pathology	0.35	0.35	23.65	23.65
84681 00	Pathology	0.64	0.64	43.22	43.22
84702 00	Pathology	0.46	0.46	31.25	31.25
84703 00	Pathology	0.23	0.23	15.62	15.62
84704 00	Pathology	0.47	0.47	31.75	31.75
84830 00	Pathology	0.39	0.39	26.37	26.37
84999 00	Pathology	0.00	0.00	BR	BR
85002 00	Pathology	0.15	0.15	10.01	10.01
85004 00	Pathology	0.20	0.20	13.44	13.44
85007 00	Pathology	0.12	0.12	7.89	7.89
85008 00	Pathology	0.10	0.10	7.12	7.12
85009 00	Pathology	0.15	0.15	10.53	10.53
85013 00	Pathology	0.21	0.21	14.54	14.54
85014 00	Pathology	0.07	0.07	4.92	4.92
85018 00	Pathology	0.07	0.07	4.92	4.92
85025 00	Pathology	0.24	0.24	16.14	16.14

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85027 00	Pathology	0.20	0.20	13.44	13.44
85032 00	Pathology	0.13	0.13	8.95	8.95
85041 00	Pathology	0.09	0.09	6.27	6.27
85044 00	Pathology	0.13	0.13	8.95	8.95
85045 00	Pathology	0.12	0.12	8.29	8.29
85046 00	Pathology	0.17	0.17	11.57	11.57
85048 00	Pathology	0.08	0.08	5.27	5.27
85049 00	Pathology	0.14	0.14	9.30	9.30
85055 00	Pathology	1.09	1.09	74.22	74.22
85060 00	Pathology	0.70	0.70	47.60	47.60
85097 00	Pathology	2.08	1.41	141.44	95.88
85130 00	Pathology	0.36	0.36	24.69	24.69
85170 00	Pathology	0.50	0.50	33.85	33.85
85175 00	Pathology	0.62	0.62	42.30	42.30
85210 00	Pathology	0.40	0.40	26.96	26.96
85220 00	Pathology	0.54	0.54	36.65	36.65
85230 00	Pathology	0.55	0.55	37.17	37.17
85240 00	Pathology	0.55	0.55	37.17	37.17
85244 00	Pathology	0.62	0.62	42.41	42.41
85245 00	Pathology	0.70	0.70	47.64	47.64
85246 00	Pathology	0.70	0.70	47.64	47.64
85247 00	Pathology	0.70	0.70	47.64	47.64
85250 00	Pathology	0.58	0.58	39.54	39.54
85260 00	Pathology	0.55	0.55	37.17	37.17
85270 00	Pathology	0.55	0.55	37.17	37.17
85280 00	Pathology	0.59	0.59	40.18	40.18
85290 00	Pathology	0.50	0.50	33.93	33.93
85291 00	Pathology	0.28	0.28	18.92	18.92
85292 00	Pathology	0.58	0.58	39.31	39.31
85293 00	Pathology	0.58	0.58	39.31	39.31
85300 00	Pathology	0.36	0.36	24.61	24.61
85301 00	Pathology	0.33	0.33	22.45	22.45
85302 00	Pathology	0.37	0.37	24.94	24.94
85303 00	Pathology	0.42	0.42	28.74	28.74
85305 00	Pathology	0.35	0.35	24.11	24.11
85306 00	Pathology	0.47	0.47	31.82	31.82
85307 00	Pathology	0.47	0.47	31.82	31.82
85335 00	Pathology	0.39	0.39	26.73	26.73
85337 00	Pathology	0.53	0.53	35.86	35.86
85345 00	Pathology	0.14	0.14	9.74	9.74
85347 00	Pathology	0.13	0.13	8.89	8.89

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
85348 00	Pathology	0.14	0.14	9.32	9.32
85360 00	Pathology	0.26	0.26	17.47	17.47
85362 00	Pathology	0.21	0.21	14.31	14.31
85366 00	Pathology	2.46	2.46	167.09	167.09
85370 00	Pathology	0.38	0.38	25.81	25.81
85378 00	Pathology	0.30	0.30	20.19	20.19
85379 00	Pathology	0.31	0.31	21.14	21.14
85380 00	Pathology	0.31	0.31	21.14	21.14
85384 00	Pathology	0.30	0.30	20.19	20.19
85385 00	Pathology	0.44	0.44	30.03	30.03
85390 00	Pathology	0.47	0.47	32.15	32.15
85390 26	Pathology	1.06	1.06	72.08	72.08
85396 00	Pathology	0.57	0.57	38.76	38.76
85397 00	Pathology	0.94	0.94	64.09	64.09
85400 00	Pathology	0.24	0.24	16.01	16.01
85410 00	Pathology	0.24	0.24	16.01	16.01
85415 00	Pathology	0.52	0.52	35.70	35.70
85420 00	Pathology	0.20	0.20	13.56	13.56
85421 00	Pathology	0.31	0.31	21.14	21.14
85441 00	Pathology	0.13	0.13	8.72	8.72
85445 00	Pathology	0.21	0.21	14.16	14.16
85460 00	Pathology	0.24	0.24	16.05	16.05
85461 00	Pathology	0.29	0.29	19.44	19.44
85475 00	Pathology	0.27	0.27	18.42	18.42
85520 00	Pathology	0.40	0.40	27.18	27.18
85525 00	Pathology	0.36	0.36	24.59	24.59
85530 00	Pathology	0.40	0.40	27.18	27.18
85536 00	Pathology	0.21	0.21	14.29	14.29
85540 00	Pathology	0.26	0.26	17.86	17.86
85547 00	Pathology	0.26	0.26	17.86	17.86
85549 00	Pathology	0.57	0.57	38.94	38.94
85555 00	Pathology	0.23	0.23	15.51	15.51
85557 00	Pathology	0.41	0.41	27.74	27.74
85576 00	Pathology	0.76	0.76	51.73	51.73
85576 26	Pathology	0.52	0.52	35.36	35.36
85597 00	Pathology	0.55	0.55	37.34	37.34
85598 00	Pathology	0.55	0.55	37.34	37.34
85610 00	Pathology	0.13	0.13	8.91	8.91
85611 00	Pathology	0.12	0.12	8.18	8.18
85612 00	Pathology	0.53	0.53	36.32	36.32
85613 00	Pathology	0.29	0.29	19.89	19.89

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
85635 00	Pathology	0.30	0.30	20.46	20.46
85651 00	Pathology	0.13	0.13	8.87	8.87
85652 00	Pathology	0.08	0.08	5.61	5.61
85660 00	Pathology	0.17	0.17	11.44	11.44
85670 00	Pathology	0.18	0.18	11.98	11.98
85675 00	Pathology	0.21	0.21	14.23	14.23
85705 00	Pathology	0.29	0.29	20.00	20.00
85730 00	Pathology	0.18	0.18	12.48	12.48
85732 00	Pathology	0.20	0.20	13.44	13.44
85810 00	Pathology	0.36	0.36	24.24	24.24
85999 00	Pathology	0.00	0.00	BR	BR
86000 00	Pathology	0.21	0.21	14.50	14.50
86001 00	Pathology	0.24	0.24	16.24	16.24
86003 00	Pathology	0.16	0.16	10.84	10.84
86005 00	Pathology	0.24	0.24	16.55	16.55
86008 00	Pathology	0.55	0.55	37.24	37.24
86015 00	Pathology	0.37	0.37	25.02	25.02
86021 00	Pathology	0.46	0.46	31.25	31.25
86022 00	Pathology	0.56	0.56	38.15	38.15
86023 00	Pathology	0.38	0.38	25.88	25.88
86036 00	Pathology	0.37	0.37	25.02	25.02
86037 00	Pathology	0.37	0.37	25.02	25.02
86038 00	Pathology	0.37	0.37	25.11	25.11
86039 00	Pathology	0.34	0.34	23.18	23.18
86041 00	Pathology	0.56	0.56	38.21	38.21
86042 00	Pathology	0.56	0.56	38.21	38.21
86043 00	Pathology	0.37	0.37	25.02	25.02
86051 00	Pathology	0.35	0.35	23.94	23.94
86052 00	Pathology	0.37	0.37	25.02	25.02
86053 00	Pathology	1.15	1.15	78.35	78.35
86060 00	Pathology	0.22	0.22	15.16	15.16
86063 00	Pathology	0.18	0.18	11.98	11.98
86077 00	Pathology	1.58	1.44	107.44	97.92
86078 00	Pathology	1.58	1.44	107.44	97.92
86079 00	Pathology	1.58	1.44	107.44	97.92
86140 00	Pathology	0.16	0.16	10.76	10.76
86141 00	Pathology	0.40	0.40	26.89	26.89
86146 00	Pathology	0.78	0.78	52.85	52.85
86147 00	Pathology	0.78	0.78	52.85	52.85
86148 00	Pathology	0.49	0.49	33.37	33.37
86152 00	Pathology	7.66	7.66	520.80	520.80

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86153 26	Pathology	0.98	0.98	66.64	66.64
86155 00	Pathology	0.49	0.49	33.21	33.21
86156 00	Pathology	0.25	0.25	16.76	16.76
86157 00	Pathology	0.25	0.25	16.74	16.74
86160 00	Pathology	0.37	0.37	24.92	24.92
86161 00	Pathology	0.37	0.37	24.92	24.92
86162 00	Pathology	0.62	0.62	42.20	42.20
86171 00	Pathology	0.31	0.31	20.79	20.79
86200 00	Pathology	0.40	0.40	26.89	26.89
86215 00	Pathology	0.40	0.40	27.52	27.52
86225 00	Pathology	0.42	0.42	28.53	28.53
86226 00	Pathology	0.37	0.37	25.15	25.15
86231 00	Pathology	0.37	0.37	25.11	25.11
86235 00	Pathology	0.55	0.55	37.24	37.24
86255 00	Pathology	0.37	0.37	25.02	25.02
86255 26	Pathology	0.52	0.52	35.36	35.36
86256 00	Pathology	0.37	0.37	25.02	25.02
86256 26	Pathology	0.52	0.52	35.36	35.36
86258 00	Pathology	0.37	0.37	25.02	25.02
86277 00	Pathology	0.48	0.48	32.69	32.69
86280 00	Pathology	0.25	0.25	17.01	17.01
86294 00	Pathology	0.78	0.78	53.10	53.10
86300 00	Pathology	0.64	0.64	43.22	43.22
86301 00	Pathology	0.64	0.64	43.22	43.22
86304 00	Pathology	0.64	0.64	43.22	43.22
86305 00	Pathology	0.64	0.64	43.22	43.22
86308 00	Pathology	0.16	0.16	10.76	10.76
86309 00	Pathology	0.20	0.20	13.44	13.44
86310 00	Pathology	0.23	0.23	15.31	15.31
86316 00	Pathology	0.64	0.64	43.22	43.22
86317 00	Pathology	0.46	0.46	31.13	31.13
86318 00	Pathology	0.55	0.55	37.57	37.57
86320 00	Pathology	0.91	0.91	62.13	62.13
86320 26	Pathology	0.52	0.52	35.36	35.36
86325 00	Pathology	0.71	0.71	48.03	48.03
86325 26	Pathology	0.52	0.52	35.36	35.36
86327 00	Pathology	0.91	0.91	62.13	62.13
86327 26	Pathology	0.63	0.63	42.84	42.84
86328 00	Pathology	1.38	1.38	94.03	94.03
86329 00	Pathology	0.43	0.43	29.18	29.18
86331 00	Pathology	0.37	0.37	24.88	24.88

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
86332 00	Pathology	0.74	0.74	50.61	50.61
86334 00	Pathology	0.68	0.68	46.39	46.39
86334 26	Pathology	0.52	0.52	35.36	35.36
86335 00	Pathology	0.90	0.90	60.95	60.95
86335 26	Pathology	0.52	0.52	35.36	35.36
86336 00	Pathology	0.48	0.48	32.38	32.38
86337 00	Pathology	0.65	0.65	44.46	44.46
86340 00	Pathology	0.46	0.46	31.32	31.32
86341 00	Pathology	0.72	0.72	48.95	48.95
86343 00	Pathology	0.38	0.38	25.88	25.88
86344 00	Pathology	0.32	0.32	21.58	21.58
86352 00	Pathology	4.15	4.15	282.14	282.14
86353 00	Pathology	1.50	1.50	101.82	101.82
86355 00	Pathology	1.15	1.15	78.35	78.35
86356 00	Pathology	0.82	0.82	55.61	55.61
86357 00	Pathology	1.15	1.15	78.35	78.35
86359 00	Pathology	1.15	1.15	78.35	78.35
86360 00	Pathology	1.43	1.43	97.56	97.56
86361 00	Pathology	0.82	0.82	55.61	55.61
86362 00	Pathology	0.37	0.37	25.02	25.02
86363 00	Pathology	1.15	1.15	78.35	78.35
86364 00	Pathology	0.35	0.35	23.94	23.94
86366 00	Pathology	0.56	0.56	38.21	38.21
86367 00	Pathology	2.38	2.38	161.53	161.53
86376 00	Pathology	0.44	0.44	30.22	30.22
86381 00	Pathology	0.78	0.78	52.85	52.85
86382 00	Pathology	0.52	0.52	35.12	35.12
86384 00	Pathology	0.42	0.42	28.26	28.26
86386 00	Pathology	0.67	0.67	45.23	45.23
86403 00	Pathology	0.35	0.35	23.97	23.97
86406 00	Pathology	0.32	0.32	22.10	22.10
86408 00	Pathology	1.29	1.29	87.49	87.49
86409 00	Pathology	-	-	349.52	349.52
86413 00	Pathology	-	-	170.68	170.68
86430 00	Pathology	0.19	0.19	12.75	12.75
86431 00	Pathology	0.17	0.17	11.77	11.77
86480 00	Pathology	1.89	1.89	128.71	128.71
86481 00	Pathology	3.05	3.05	207.67	207.67
86485 00	Pathology	-	-	66.64	66.64
86486 00	Pathology	0.19	0.19	12.92	12.92
86490 00	Pathology	2.29	2.29	155.72	155.72

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
86510 00	Pathology	0.23	0.23	15.64	15.64
86580 00	Pathology	0.31	0.31	21.08	21.08
86590 00	Pathology	0.39	0.39	26.29	26.29
86592 00	Pathology	0.13	0.13	8.87	8.87
86593 00	Pathology	0.13	0.13	9.14	9.14
86596 00	Pathology	0.37	0.37	25.02	25.02
86602 00	Pathology	0.31	0.31	21.14	21.14
86603 00	Pathology	0.39	0.39	26.73	26.73
86606 00	Pathology	0.46	0.46	31.25	31.25
86609 00	Pathology	0.39	0.39	26.75	26.75
86611 00	Pathology	0.31	0.31	21.14	21.14
86612 00	Pathology	0.39	0.39	26.79	26.79
86615 00	Pathology	0.40	0.40	27.39	27.39
86617 00	Pathology	0.47	0.47	32.17	32.17
86618 00	Pathology	0.52	0.52	35.37	35.37
86619 00	Pathology	0.41	0.41	27.79	27.79
86622 00	Pathology	0.27	0.27	18.54	18.54
86625 00	Pathology	0.40	0.40	27.25	27.25
86628 00	Pathology	0.37	0.37	24.94	24.94
86631 00	Pathology	0.36	0.36	24.55	24.55
86632 00	Pathology	0.39	0.39	26.33	26.33
86635 00	Pathology	0.35	0.35	23.82	23.82
86638 00	Pathology	0.37	0.37	25.17	25.17
86641 00	Pathology	0.44	0.44	29.93	29.93
86644 00	Pathology	0.44	0.44	29.88	29.88
86645 00	Pathology	0.51	0.51	34.99	34.99
86648 00	Pathology	0.46	0.46	31.59	31.59
86651 00	Pathology	0.40	0.40	27.39	27.39
86652 00	Pathology	0.40	0.40	27.39	27.39
86653 00	Pathology	0.40	0.40	27.39	27.39
86654 00	Pathology	0.40	0.40	27.39	27.39
86658 00	Pathology	0.40	0.40	27.06	27.06
86663 00	Pathology	0.40	0.40	27.25	27.25
86664 00	Pathology	0.47	0.47	31.75	31.75
86665 00	Pathology	0.55	0.55	37.67	37.67
86666 00	Pathology	0.31	0.31	21.14	21.14
86668 00	Pathology	0.43	0.43	29.41	29.41
86671 00	Pathology	0.37	0.37	25.44	25.44
86674 00	Pathology	0.45	0.45	30.57	30.57
86677 00	Pathology	0.51	0.51	34.99	34.99
86682 00	Pathology	0.40	0.40	27.02	27.02

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86684 00	Pathology	0.48	0.48	32.89	32.89
86687 00	Pathology	0.28	0.28	18.88	18.88
86688 00	Pathology	0.43	0.43	29.07	29.07
86689 00	Pathology	0.59	0.59	40.18	40.18
86692 00	Pathology	0.52	0.52	35.64	35.64
86694 00	Pathology	0.44	0.44	29.88	29.88
86695 00	Pathology	0.40	0.40	27.39	27.39
86696 00	Pathology	0.59	0.59	40.18	40.18
86698 00	Pathology	0.42	0.42	28.64	28.64
86701 00	Pathology	0.27	0.27	18.46	18.46
86702 00	Pathology	0.41	0.41	28.08	28.08
86703 00	Pathology	0.42	0.42	28.47	28.47
86704 00	Pathology	0.37	0.37	25.02	25.02
86705 00	Pathology	0.36	0.36	24.44	24.44
86706 00	Pathology	0.33	0.33	22.30	22.30
86707 00	Pathology	0.35	0.35	24.03	24.03
86708 00	Pathology	0.38	0.38	25.73	25.73
86709 00	Pathology	0.34	0.34	23.38	23.38
86710 00	Pathology	0.41	0.41	28.14	28.14
86711 00	Pathology	0.52	0.52	35.08	35.08
86713 00	Pathology	0.47	0.47	31.77	31.77
86717 00	Pathology	0.37	0.37	25.44	25.44
86720 00	Pathology	0.49	0.49	33.64	33.64
86723 00	Pathology	0.40	0.40	27.39	27.39
86727 00	Pathology	0.39	0.39	26.73	26.73
86732 00	Pathology	0.46	0.46	31.15	31.15
86735 00	Pathology	0.40	0.40	27.10	27.10
86738 00	Pathology	0.40	0.40	27.50	27.50
86741 00	Pathology	0.40	0.40	27.39	27.39
86744 00	Pathology	0.49	0.49	33.21	33.21
86747 00	Pathology	0.46	0.46	31.21	31.21
86750 00	Pathology	0.40	0.40	27.39	27.39
86753 00	Pathology	0.38	0.38	25.73	25.73
86756 00	Pathology	0.49	0.49	33.00	33.00
86757 00	Pathology	0.59	0.59	40.18	40.18
86759 00	Pathology	0.56	0.56	37.86	37.86
86762 00	Pathology	0.44	0.44	29.88	29.88
86765 00	Pathology	0.39	0.39	26.75	26.75
86768 00	Pathology	0.40	0.40	27.39	27.39
86769 00	Pathology	1.29	1.29	87.49	87.49
86771 00	Pathology	0.75	0.75	50.84	50.84

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86774 00	Pathology	0.45	0.45	30.74	30.74
86777 00	Pathology	0.44	0.44	29.88	29.88
86778 00	Pathology	0.44	0.44	29.93	29.93
86780 00	Pathology	0.40	0.40	27.50	27.50
86784 00	Pathology	0.38	0.38	26.08	26.08
86787 00	Pathology	0.39	0.39	26.75	26.75
86788 00	Pathology	0.51	0.51	34.99	34.99
86789 00	Pathology	0.44	0.44	29.88	29.88
86790 00	Pathology	0.39	0.39	26.75	26.75
86793 00	Pathology	0.40	0.40	27.39	27.39
86794 00	Pathology	0.51	0.51	34.99	34.99
86800 00	Pathology	0.49	0.49	33.04	33.04
86803 00	Pathology	0.44	0.44	29.63	29.63
86804 00	Pathology	0.47	0.47	32.17	32.17
86805 00	Pathology	5.79	5.79	393.56	393.56
86806 00	Pathology	1.45	1.45	98.83	98.83
86807 00	Pathology	2.40	2.40	163.33	163.33
86808 00	Pathology	0.91	0.91	61.64	61.64
86812 00	Pathology	0.79	0.79	53.60	53.60
86813 00	Pathology	1.77	1.77	120.45	120.45
86816 00	Pathology	0.92	0.92	62.65	62.65
86817 00	Pathology	3.24	3.24	220.42	220.42
86821 00	Pathology	1.12	1.12	75.92	75.92
86825 00	Pathology	3.34	3.34	227.38	227.38
86826 00	Pathology	1.12	1.12	75.86	75.86
86828 00	Pathology	1.96	1.96	133.30	133.30
86829 00	Pathology	1.96	1.96	133.30	133.30
86830 00	Pathology	2.92	2.92	198.37	198.37
86831 00	Pathology	2.50	2.50	170.04	170.04
86832 00	Pathology	9.89	9.89	672.33	672.33
86833 00	Pathology	9.95	9.95	676.59	676.59
86834 00	Pathology	10.92	10.92	742.55	742.55
86835 00	Pathology	9.86	9.86	670.69	670.69
86849 00	Pathology	0.00	0.00	BR	BR
86850 00	Pathology	0.30	0.30	20.29	20.29
86860 00	Pathology	-	-	234.60	234.60
86870 00	Pathology	-	-	174.08	174.08
86880 00	Pathology	0.16	0.16	11.19	11.19
86885 00	Pathology	0.17	0.17	11.88	11.88
86886 00	Pathology	0.16	0.16	10.76	10.76
86890 00	Pathology	-	-	246.84	246.84

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86891 00	Pathology	-	-	1243.04	1243.04
86900 00	Pathology	0.09	0.09	6.21	6.21
86901 00	Pathology	0.09	0.09	6.21	6.21
86902 00	Pathology	0.19	0.19	13.19	13.19
86904 00	Pathology	0.50	0.50	33.93	33.93
86905 00	Pathology	0.12	0.12	7.95	7.95
86906 00	Pathology	0.24	0.24	16.09	16.09
86910 00	Pathology	0.00	0.00	BR	BR
86911 00	Pathology	0.00	0.00	BR	BR
86920 00	Pathology	-	-	129.20	129.20
86921 00	Pathology	-	-	124.44	124.44
86922 00	Pathology	-	-	157.76	157.76
86923 00	Pathology	-	-	36.72	36.72
86927 00	Pathology	-	-	23.12	23.12
86930 00	Pathology	0.00	0.00	BR	BR
86931 00	Pathology	0.00	0.00	BR	BR
86932 00	Pathology	0.00	0.00	BR	BR
86940 00	Pathology	0.27	0.27	18.21	18.21
86941 00	Pathology	0.37	0.37	25.15	25.15
86945 00	Pathology	-	-	76.84	76.84
86950 00	Pathology	0.00	0.00	BR	BR
86960 00	Pathology	-	-	99.28	99.28
86965 00	Pathology	-	-	742.56	742.56
86970 00	Pathology	-	-	305.32	305.32
86971 00	Pathology	-	-	74.80	74.80
86972 00	Pathology	-	-	174.08	174.08
86975 00	Pathology	0.00	0.00	BR	BR
86976 00	Pathology	-	-	127.84	127.84
86977 00	Pathology	0.00	0.00	BR	BR
86978 00	Pathology	-	-	218.96	218.96
86985 00	Pathology	-	-	132.60	132.60
86999 00	Pathology	0.00	0.00	BR	BR
87003 00	Pathology	0.51	0.51	34.97	34.97
87015 00	Pathology	0.20	0.20	13.87	13.87
87040 00	Pathology	0.32	0.32	21.43	21.43
87045 00	Pathology	0.29	0.29	19.60	19.60
87046 00	Pathology	0.29	0.29	19.60	19.60
87070 00	Pathology	0.26	0.26	17.90	17.90
87071 00	Pathology	0.30	0.30	20.54	20.54
87073 00	Pathology	0.30	0.30	20.06	20.06
87075 00	Pathology	0.29	0.29	19.67	19.67

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87076 00	Pathology	0.25	0.25	16.78	16.78
87077 00	Pathology	0.25	0.25	16.78	16.78
87081 00	Pathology	0.20	0.20	13.77	13.77
87084 00	Pathology	0.83	0.83	56.22	56.22
87086 00	Pathology	0.25	0.25	16.76	16.76
87088 00	Pathology	0.25	0.25	16.80	16.80
87101 00	Pathology	0.24	0.24	16.01	16.01
87102 00	Pathology	0.26	0.26	17.47	17.47
87103 00	Pathology	0.62	0.62	42.49	42.49
87106 00	Pathology	0.32	0.32	21.43	21.43
87107 00	Pathology	0.32	0.32	21.43	21.43
87109 00	Pathology	0.47	0.47	31.96	31.96
87110 00	Pathology	0.60	0.60	40.70	40.70
87116 00	Pathology	0.33	0.33	22.43	22.43
87118 00	Pathology	0.45	0.45	30.34	30.34
87140 00	Pathology	0.17	0.17	11.57	11.57
87143 00	Pathology	0.38	0.38	26.00	26.00
87147 00	Pathology	0.16	0.16	10.76	10.76
87149 00	Pathology	0.61	0.61	41.64	41.64
87150 00	Pathology	1.07	1.07	72.87	72.87
87152 00	Pathology	0.24	0.24	16.07	16.07
87153 00	Pathology	3.52	3.52	239.57	239.57
87154 00	Pathology	6.66	6.66	452.85	452.85
87158 00	Pathology	0.24	0.24	16.07	16.07
87164 00	Pathology	0.33	0.33	22.30	22.30
87164 26	Pathology	0.56	0.56	38.08	38.08
87166 00	Pathology	0.35	0.35	23.47	23.47
87168 00	Pathology	0.13	0.13	8.87	8.87
87169 00	Pathology	0.13	0.13	8.95	8.95
87172 00	Pathology	0.13	0.13	8.87	8.87
87176 00	Pathology	0.18	0.18	12.21	12.21
87177 00	Pathology	0.27	0.27	18.48	18.48
87181 00	Pathology	0.15	0.15	9.86	9.86
87184 00	Pathology	0.23	0.23	15.53	15.53
87185 00	Pathology	0.15	0.15	9.86	9.86
87186 00	Pathology	0.26	0.26	17.96	17.96
87187 00	Pathology	1.23	1.23	83.42	83.42
87188 00	Pathology	0.20	0.20	13.79	13.79
87190 00	Pathology	0.22	0.22	15.18	15.18
87197 00	Pathology	0.46	0.46	31.19	31.19
87205 00	Pathology	0.13	0.13	8.87	8.87

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87206 00	Pathology	0.16	0.16	11.19	11.19
87207 00	Pathology	0.18	0.18	12.44	12.44
87207 26	Pathology	0.52	0.52	35.36	35.36
87209 00	Pathology	0.55	0.55	37.34	37.34
87210 00	Pathology	0.18	0.18	12.09	12.09
87220 00	Pathology	0.13	0.13	8.87	8.87
87230 00	Pathology	0.60	0.60	40.99	40.99
87250 00	Pathology	0.60	0.60	40.62	40.62
87252 00	Pathology	0.80	0.80	54.14	54.14
87253 00	Pathology	0.62	0.62	41.95	41.95
87254 00	Pathology	0.60	0.60	40.62	40.62
87255 00	Pathology	1.03	1.03	70.32	70.32
87260 00	Pathology	0.44	0.44	29.97	29.97
87265 00	Pathology	0.37	0.37	24.88	24.88
87267 00	Pathology	0.41	0.41	27.87	27.87
87269 00	Pathology	0.42	0.42	28.26	28.26
87270 00	Pathology	0.37	0.37	24.88	24.88
87271 00	Pathology	0.41	0.41	27.87	27.87
87272 00	Pathology	0.37	0.37	24.88	24.88
87273 00	Pathology	0.37	0.37	24.88	24.88
87274 00	Pathology	0.37	0.37	24.88	24.88
87275 00	Pathology	0.37	0.37	25.44	25.44
87276 00	Pathology	0.49	0.49	33.37	33.37
87278 00	Pathology	0.48	0.48	32.40	32.40
87279 00	Pathology	0.50	0.50	34.12	34.12
87280 00	Pathology	0.41	0.41	27.87	27.87
87281 00	Pathology	0.37	0.37	24.88	24.88
87283 00	Pathology	1.86	1.86	126.26	126.26
87285 00	Pathology	0.37	0.37	25.29	25.29
87290 00	Pathology	0.41	0.41	27.87	27.87
87299 00	Pathology	0.49	0.49	33.43	33.43
87300 00	Pathology	0.37	0.37	24.88	24.88
87301 00	Pathology	0.37	0.37	24.88	24.88
87305 00	Pathology	0.37	0.37	24.88	24.88
87320 00	Pathology	0.46	0.46	31.15	31.15
87324 00	Pathology	0.37	0.37	24.88	24.88
87327 00	Pathology	0.41	0.41	27.87	27.87
87328 00	Pathology	0.42	0.42	28.70	28.70
87329 00	Pathology	0.37	0.37	24.88	24.88
87332 00	Pathology	0.37	0.37	24.88	24.88
87335 00	Pathology	0.39	0.39	26.29	26.29

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
87336 00	Pathology	0.49	0.49	33.23	33.23
87337 00	Pathology	0.37	0.37	24.88	24.88
87338 00	Pathology	0.44	0.44	29.86	29.86
87339 00	Pathology	0.49	0.49	33.23	33.23
87340 00	Pathology	0.32	0.32	21.45	21.45
87341 00	Pathology	0.32	0.32	21.45	21.45
87350 00	Pathology	0.35	0.35	23.94	23.94
87380 00	Pathology	0.56	0.56	38.13	38.13
87385 00	Pathology	0.40	0.40	27.52	27.52
87389 00	Pathology	0.74	0.74	50.01	50.01
87390 00	Pathology	0.73	0.73	49.97	49.97
87391 00	Pathology	0.67	0.67	45.48	45.48
87400 00	Pathology	0.43	0.43	29.34	29.34
87420 00	Pathology	0.42	0.42	28.89	28.89
87425 00	Pathology	0.37	0.37	24.88	24.88
87426 00	Pathology	1.08	1.08	73.37	73.37
87427 00	Pathology	0.37	0.37	24.88	24.88
87428 00	Pathology	2.15	2.15	145.97	145.97
87430 00	Pathology	0.51	0.51	34.91	34.91
87449 00	Pathology	0.37	0.37	24.88	24.88
87451 00	Pathology	0.32	0.32	21.83	21.83
87467 00	Pathology	-	-	30.20	30.20
87468 00	Pathology	1.07	1.07	72.87	72.87
87469 00	Pathology	1.07	1.07	72.87	72.87
87471 00	Pathology	1.07	1.07	72.87	72.87
87472 00	Pathology	1.31	1.31	88.97	88.97
87475 00	Pathology	0.61	0.61	41.64	41.64
87476 00	Pathology	1.07	1.07	72.87	72.87
87478 00	Pathology	1.07	1.07	72.87	72.87
87480 00	Pathology	0.61	0.61	41.64	41.64
87481 00	Pathology	1.07	1.07	72.87	72.87
87482 00	Pathology	1.70	1.70	115.76	115.76
87483 00	Pathology	12.73	12.73	865.53	865.53
87484 00	Pathology	1.07	1.07	72.87	72.87
87485 00	Pathology	0.61	0.61	41.64	41.64
87486 00	Pathology	1.07	1.07	72.87	72.87
87487 00	Pathology	1.31	1.31	88.97	88.97
87490 00	Pathology	0.69	0.69	47.25	47.25
87491 00	Pathology	1.07	1.07	72.87	72.87
87492 00	Pathology	1.63	1.63	111.04	111.04
87493 00	Pathology	1.14	1.14	77.40	77.40

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
87495 00	Pathology	0.92	0.92	62.36	62.36
87496 00	Pathology	1.07	1.07	72.87	72.87
87497 00	Pathology	1.31	1.31	88.97	88.97
87498 00	Pathology	1.07	1.07	72.87	72.87
87500 00	Pathology	1.07	1.07	72.87	72.87
87501 00	Pathology	1.57	1.57	106.56	106.56
87502 00	Pathology	2.93	2.93	198.95	198.95
87503 00	Pathology	0.89	0.89	60.68	60.68
87505 00	Pathology	3.92	3.92	266.42	266.42
87506 00	Pathology	8.03	8.03	546.15	546.15
87507 00	Pathology	12.73	12.73	865.53	865.53
87510 00	Pathology	0.61	0.61	41.64	41.64
87511 00	Pathology	1.07	1.07	72.87	72.87
87512 00	Pathology	1.28	1.28	86.72	86.72
87516 00	Pathology	1.07	1.07	72.87	72.87
87517 00	Pathology	1.31	1.31	88.97	88.97
87520 00	Pathology	0.95	0.95	64.83	64.83
87521 00	Pathology	1.07	1.07	72.87	72.87
87522 00	Pathology	1.31	1.31	88.97	88.97
87523 00	Pathology	1.31	1.31	88.97	88.97
87525 00	Pathology	0.91	0.91	61.89	61.89
87526 00	Pathology	1.20	1.20	81.53	81.53
87527 00	Pathology	1.28	1.28	86.72	86.72
87528 00	Pathology	0.61	0.61	41.64	41.64
87529 00	Pathology	1.07	1.07	72.87	72.87
87530 00	Pathology	1.31	1.31	88.97	88.97
87531 00	Pathology	1.77	1.77	120.45	120.45
87532 00	Pathology	1.07	1.07	72.87	72.87
87533 00	Pathology	1.28	1.28	86.72	86.72
87534 00	Pathology	0.67	0.67	45.52	45.52
87535 00	Pathology	1.07	1.07	72.87	72.87
87536 00	Pathology	2.60	2.60	176.73	176.73
87537 00	Pathology	0.67	0.67	45.52	45.52
87538 00	Pathology	1.07	1.07	72.87	72.87
87539 00	Pathology	1.79	1.79	121.74	121.74
87540 00	Pathology	0.61	0.61	41.64	41.64
87541 00	Pathology	1.07	1.07	72.87	72.87
87542 00	Pathology	1.28	1.28	86.72	86.72
87550 00	Pathology	0.61	0.61	41.64	41.64
87551 00	Pathology	1.47	1.47	100.18	100.18
87552 00	Pathology	1.31	1.31	88.97	88.97

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
87555 00	Pathology	0.82	0.82	55.82	55.82
87556 00	Pathology	1.27	1.27	86.56	86.56
87557 00	Pathology	1.31	1.31	88.97	88.97
87560 00	Pathology	0.83	0.83	56.67	56.67
87561 00	Pathology	1.07	1.07	72.87	72.87
87562 00	Pathology	1.31	1.31	88.97	88.97
87563 00	Pathology	1.07	1.07	72.87	72.87
87580 00	Pathology	0.61	0.61	41.64	41.64
87581 00	Pathology	1.07	1.07	72.87	72.87
87582 00	Pathology	9.24	9.24	628.45	628.45
87590 00	Pathology	0.82	0.82	55.82	55.82
87591 00	Pathology	1.07	1.07	72.87	72.87
87592 00	Pathology	1.31	1.31	88.97	88.97
87593 00	Pathology	-	-	82.96	82.96
87623 00	Pathology	1.07	1.07	72.87	72.87
87624 00	Pathology	1.07	1.07	72.87	72.87
87625 00	Pathology	1.24	1.24	84.21	84.21
87631 00	Pathology	4.36	4.36	296.20	296.20
87632 00	Pathology	6.66	6.66	452.85	452.85
87633 00	Pathology	12.73	12.73	865.53	865.53
87634 00	Pathology	2.14	2.14	145.78	145.78
87635 00	Pathology	1.57	1.57	106.56	106.56
87636 00	Pathology	4.36	4.36	296.20	296.20
87637 00	Pathology	4.36	4.36	296.20	296.20
87640 00	Pathology	1.07	1.07	72.87	72.87
87641 00	Pathology	1.07	1.07	72.87	72.87
87650 00	Pathology	0.61	0.61	41.64	41.64
87651 00	Pathology	1.07	1.07	72.87	72.87
87652 00	Pathology	1.28	1.28	86.72	86.72
87653 00	Pathology	1.07	1.07	72.87	72.87
87660 00	Pathology	0.61	0.61	41.64	41.64
87661 00	Pathology	1.07	1.07	72.87	72.87
87662 00	Pathology	1.57	1.57	106.56	106.56
87797 00	Pathology	0.92	0.92	62.36	62.36
87798 00	Pathology	1.07	1.07	72.87	72.87
87799 00	Pathology	1.31	1.31	88.97	88.97
87800 00	Pathology	1.33	1.33	90.69	90.69
87801 00	Pathology	2.14	2.14	145.78	145.78
87802 00	Pathology	0.39	0.39	26.44	26.44
87803 00	Pathology	0.49	0.49	33.23	33.23
87804 00	Pathology	0.51	0.51	34.37	34.37

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87806 00	Pathology	1.00	1.00	68.05	68.05
87807 00	Pathology	0.40	0.40	27.20	27.20
87808 00	Pathology	0.47	0.47	31.75	31.75
87809 00	Pathology	0.66	0.66	45.19	45.19
87810 00	Pathology	1.08	1.08	73.29	73.29
87811 00	Pathology	1.26	1.26	85.93	85.93
87850 00	Pathology	0.75	0.75	51.00	51.00
87880 00	Pathology	0.50	0.50	34.33	34.33
87899 00	Pathology	0.49	0.49	33.37	33.37
87900 00	Pathology	3.98	3.98	270.70	270.70
87901 00	Pathology	7.86	7.86	534.65	534.65
87902 00	Pathology	7.86	7.86	534.65	534.65
87903 00	Pathology	14.92	14.92	1014.80	1014.80
87904 00	Pathology	0.80	0.80	54.14	54.14
87905 00	Pathology	0.37	0.37	25.38	25.38
87906 00	Pathology	3.93	3.93	267.33	267.33
87910 00	Pathology	7.86	7.86	534.65	534.65
87912 00	Pathology	7.86	7.86	534.65	534.65
87913 00	Pathology	7.86	7.86	534.65	534.65
87999 00	Pathology	0.00	0.00	BR	BR
88000 00	Pathology	0.00	0.00	BR	BR
88005 00	Pathology	0.00	0.00	BR	BR
88007 00	Pathology	0.00	0.00	BR	BR
88012 00	Pathology	0.00	0.00	BR	BR
88014 00	Pathology	0.00	0.00	BR	BR
88016 00	Pathology	0.00	0.00	BR	BR
88020 00	Pathology	0.00	0.00	BR	BR
88025 00	Pathology	0.00	0.00	BR	BR
88027 00	Pathology	0.00	0.00	BR	BR
88028 00	Pathology	0.00	0.00	BR	BR
88029 00	Pathology	0.00	0.00	BR	BR
88036 00	Pathology	0.00	0.00	BR	BR
88037 00	Pathology	0.00	0.00	BR	BR
88040 00	Pathology	0.00	0.00	BR	BR
88045 00	Pathology	0.00	0.00	BR	BR
88099 00	Pathology	0.00	0.00	BR	BR
88104 00	Pathology	2.27	2.27	154.36	154.36
88104 26	Pathology	0.80	0.80	54.40	54.40
88104 TC	Pathology	1.47	1.47	99.96	99.96
88106 00	Pathology	2.14	2.14	145.52	145.52
88106 26	Pathology	0.55	0.55	37.40	37.40

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88106 TC	Pathology	1.59	1.59	108.12	108.12
88108 00	Pathology	2.06	2.06	140.08	140.08
88108 26	Pathology	0.65	0.65	44.20	44.20
88108 TC	Pathology	1.41	1.41	95.88	95.88
88112 00	Pathology	2.04	2.04	138.72	138.72
88112 26	Pathology	0.80	0.80	54.40	54.40
88112 TC	Pathology	1.24	1.24	84.32	84.32
88120 00	Pathology	17.39	17.39	1182.52	1182.52
88120 26	Pathology	1.68	1.68	114.24	114.24
88120 TC	Pathology	15.71	15.71	1068.28	1068.28
88121 00	Pathology	12.58	12.58	855.44	855.44
88121 26	Pathology	1.40	1.40	95.20	95.20
88121 TC	Pathology	11.18	11.18	760.24	760.24
88125 00	Pathology	0.86	0.86	58.48	58.48
88125 26	Pathology	0.40	0.40	27.20	27.20
88125 TC	Pathology	0.46	0.46	31.28	31.28
88130 00	Pathology	0.55	0.55	37.34	37.34
88140 00	Pathology	0.24	0.24	16.59	16.59
88141 00	Pathology	0.72	0.72	48.96	48.96
88142 00	Pathology	0.62	0.62	42.07	42.07
88143 00	Pathology	0.70	0.70	47.85	47.85
88147 00	Pathology	1.54	1.54	105.00	105.00
88148 00	Pathology	0.54	0.54	36.88	36.88
88150 00	Pathology	0.54	0.54	36.88	36.88
88152 00	Pathology	0.84	0.84	57.40	57.40
88153 00	Pathology	0.73	0.73	49.90	49.90
88155 00	Pathology	0.45	0.45	30.42	30.42
88160 00	Pathology	2.39	2.39	162.52	162.52
88160 26	Pathology	0.74	0.74	50.32	50.32
88160 TC	Pathology	1.65	1.65	112.20	112.20
88161 00	Pathology	2.44	2.44	165.92	165.92
88161 26	Pathology	0.73	0.73	49.64	49.64
88161 TC	Pathology	1.71	1.71	116.28	116.28
88162 00	Pathology	3.86	3.86	262.48	262.48
88162 26	Pathology	1.14	1.14	77.52	77.52
88162 TC	Pathology	2.72	2.72	184.96	184.96
88164 00	Pathology	0.54	0.54	36.88	36.88
88165 00	Pathology	1.29	1.29	87.68	87.68
88166 00	Pathology	0.54	0.54	36.88	36.88
88167 00	Pathology	0.54	0.54	36.88	36.88
88172 00	Pathology	1.67	1.67	113.56	113.56

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
88172 26	Pathology	1.02	1.02	69.36	69.36
88172 TC	Pathology	0.65	0.65	44.20	44.20
88173 00	Pathology	5.02	5.02	341.36	341.36
88173 26	Pathology	2.02	2.02	137.36	137.36
88173 TC	Pathology	3.00	3.00	204.00	204.00
88174 00	Pathology	0.77	0.77	52.69	52.69
88175 00	Pathology	0.81	0.81	55.26	55.26
88177 00	Pathology	0.88	0.88	59.84	59.84
88177 26	Pathology	0.63	0.63	42.84	42.84
88177 TC	Pathology	0.25	0.25	17.00	17.00
88182 00	Pathology	5.01	5.01	340.68	340.68
88182 26	Pathology	1.11	1.11	75.48	75.48
88182 TC	Pathology	3.90	3.90	265.20	265.20
88184 00	Pathology	2.34	2.34	159.12	159.12
88185 00	Pathology	0.71	0.71	48.28	48.28
88187 00	Pathology	1.05	1.05	71.40	71.40
88188 00	Pathology	1.81	1.81	123.08	123.08
88189 00	Pathology	2.45	2.45	166.60	166.60
88199 00	Pathology	0.00	0.00	BR	BR
88199 26	Pathology	0.00	0.00	BR	BR
88199 TC	Pathology	0.00	0.00	BR	BR
88230 00	Pathology	3.56	3.56	241.92	241.92
88233 00	Pathology	4.30	4.30	292.25	292.25
88235 00	Pathology	4.59	4.59	312.13	312.13
88237 00	Pathology	4.39	4.39	298.53	298.53
88239 00	Pathology	4.51	4.51	306.36	306.36
88240 00	Pathology	0.40	0.40	27.14	27.14
88241 00	Pathology	0.37	0.37	25.11	25.11
88245 00	Pathology	5.29	5.29	359.62	359.62
88248 00	Pathology	5.29	5.29	359.62	359.62
88249 00	Pathology	5.29	5.29	359.62	359.62
88261 00	Pathology	8.07	8.07	548.96	548.96
88262 00	Pathology	3.83	3.83	260.61	260.61
88263 00	Pathology	4.59	4.59	312.11	312.11
88264 00	Pathology	4.42	4.42	300.31	300.31
88267 00	Pathology	5.76	5.76	391.60	391.60
88269 00	Pathology	5.30	5.30	360.64	360.64
88271 00	Pathology	0.65	0.65	44.48	44.48
88272 00	Pathology	1.24	1.24	84.52	84.52
88273 00	Pathology	1.06	1.06	72.29	72.29
88274 00	Pathology	1.29	1.29	88.01	88.01

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
88275 00	Pathology	1.56	1.56	106.31	106.31
88280 00	Pathology	1.02	1.02	69.51	69.51
88283 00	Pathology	2.10	2.10	142.46	142.46
88285 00	Pathology	0.82	0.82	55.88	55.88
88289 00	Pathology	1.05	1.05	71.50	71.50
88291 00	Pathology	1.00	1.00	68.00	68.00
88299 00	Pathology	0.00	0.00	BR	BR
88300 00	Pathology	0.49	0.49	33.32	33.32
88300 26	Pathology	0.13	0.13	8.84	8.84
88300 TC	Pathology	0.36	0.36	24.48	24.48
88302 00	Pathology	1.00	1.00	68.00	68.00
88302 26	Pathology	0.20	0.20	13.60	13.60
88302 TC	Pathology	0.80	0.80	54.40	54.40
88304 00	Pathology	1.29	1.29	87.72	87.72
88304 26	Pathology	0.33	0.33	22.44	22.44
88304 TC	Pathology	0.96	0.96	65.28	65.28
88305 00	Pathology	2.15	2.15	146.20	146.20
88305 26	Pathology	1.08	1.08	73.44	73.44
88305 TC	Pathology	1.07	1.07	72.76	72.76
88307 00	Pathology	8.64	8.64	587.52	587.52
88307 26	Pathology	2.37	2.37	161.16	161.16
88307 TC	Pathology	6.27	6.27	426.36	426.36
88309 00	Pathology	12.98	12.98	882.64	882.64
88309 26	Pathology	4.18	4.18	284.24	284.24
88309 TC	Pathology	8.80	8.80	598.40	598.40
88311 00	Pathology	0.61	0.61	41.48	41.48
88311 26	Pathology	0.35	0.35	23.80	23.80
88311 TC	Pathology	0.26	0.26	17.68	17.68
88312 00	Pathology	3.38	3.38	229.84	229.84
88312 26	Pathology	0.77	0.77	52.36	52.36
88312 TC	Pathology	2.61	2.61	177.48	177.48
88313 00	Pathology	2.49	2.49	169.32	169.32
88313 26	Pathology	0.35	0.35	23.80	23.80
88313 TC	Pathology	2.14	2.14	145.52	145.52
88314 00	Pathology	2.66	2.66	180.88	180.88
88314 26	Pathology	0.59	0.59	40.12	40.12
88314 TC	Pathology	2.07	2.07	140.76	140.76
88319 00	Pathology	4.10	4.10	278.80	278.80
88319 26	Pathology	0.78	0.78	53.04	53.04
88319 TC	Pathology	3.32	3.32	225.76	225.76
88321 00	Pathology	2.89	2.44	196.52	165.92

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
88323 00	Pathology	3.45	3.45	234.60	234.60
88323 26	Pathology	2.56	2.56	174.08	174.08
88323 TC	Pathology	0.89	0.89	60.52	60.52
88325 00	Pathology	4.63	3.92	314.84	266.56
88329 00	Pathology	1.65	1.03	112.20	70.04
88331 00	Pathology	3.03	3.03	206.04	206.04
88331 26	Pathology	1.79	1.79	121.72	121.72
88331 TC	Pathology	1.24	1.24	84.32	84.32
88332 00	Pathology	1.63	1.63	110.84	110.84
88332 26	Pathology	0.88	0.88	59.84	59.84
88332 TC	Pathology	0.75	0.75	51.00	51.00
88333 00	Pathology	2.74	2.74	186.32	186.32
88333 26	Pathology	1.78	1.78	121.04	121.04
88333 TC	Pathology	0.96	0.96	65.28	65.28
88334 00	Pathology	1.66	1.66	112.88	112.88
88334 26	Pathology	1.08	1.08	73.44	73.44
88334 TC	Pathology	0.58	0.58	39.44	39.44
88341 00	Pathology	2.72	2.72	184.96	184.96
88341 26	Pathology	0.81	0.81	55.08	55.08
88341 TC	Pathology	1.91	1.91	129.88	129.88
88342 00	Pathology	3.18	3.18	216.24	216.24
88342 26	Pathology	1.01	1.01	68.68	68.68
88342 TC	Pathology	2.17	2.17	147.56	147.56
88344 00	Pathology	5.19	5.19	352.92	352.92
88344 26	Pathology	1.11	1.11	75.48	75.48
88344 TC	Pathology	4.08	4.08	277.44	277.44
88346 00	Pathology	4.50	4.50	306.00	306.00
88346 26	Pathology	1.04	1.04	70.72	70.72
88346 TC	Pathology	3.46	3.46	235.28	235.28
88348 00	Pathology	14.53	14.53	988.04	988.04
88348 26	Pathology	2.23	2.23	151.64	151.64
88348 TC	Pathology	12.30	12.30	836.40	836.40
88350 00	Pathology	3.42	3.42	232.56	232.56
88350 26	Pathology	0.84	0.84	57.12	57.12
88350 TC	Pathology	2.58	2.58	175.44	175.44
88355 00	Pathology	3.79	3.79	257.72	257.72
88355 26	Pathology	2.21	2.21	150.28	150.28
88355 TC	Pathology	1.58	1.58	107.44	107.44
88356 00	Pathology	7.06	7.06	480.08	480.08
88356 26	Pathology	3.55	3.55	241.40	241.40
88356 TC	Pathology	3.51	3.51	238.68	238.68

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
88358 00	Pathology	4.10	4.10	278.80	278.80
88358 26	Pathology	1.43	1.43	97.24	97.24
88358 TC	Pathology	2.67	2.67	181.56	181.56
88360 00	Pathology	3.61	3.61	245.48	245.48
88360 26	Pathology	1.20	1.20	81.60	81.60
88360 TC	Pathology	2.41	2.41	163.88	163.88
88361 00	Pathology	3.58	3.58	243.44	243.44
88361 26	Pathology	1.26	1.26	85.68	85.68
88361 TC	Pathology	2.32	2.32	157.76	157.76
88362 00	Pathology	6.87	6.87	467.16	467.16
88362 26	Pathology	3.22	3.22	218.96	218.96
88362 TC	Pathology	3.65	3.65	248.20	248.20
88363 00	Pathology	0.69	0.56	46.92	38.08
88364 00	Pathology	4.00	4.00	272.00	272.00
88364 26	Pathology	0.98	0.98	66.64	66.64
88364 TC	Pathology	3.02	3.02	205.36	205.36
88365 00	Pathology	5.32	5.32	361.76	361.76
88365 26	Pathology	1.24	1.24	84.32	84.32
88365 TC	Pathology	4.08	4.08	277.44	277.44
88366 00	Pathology	8.15	8.15	554.20	554.20
88366 26	Pathology	1.78	1.78	121.04	121.04
88366 TC	Pathology	6.37	6.37	433.16	433.16
88367 00	Pathology	3.35	3.35	227.80	227.80
88367 26	Pathology	0.96	0.96	65.28	65.28
88367 TC	Pathology	2.39	2.39	162.52	162.52
88368 00	Pathology	4.44	4.44	301.92	301.92
88368 26	Pathology	1.22	1.22	82.96	82.96
88368 TC	Pathology	3.22	3.22	218.96	218.96
88369 00	Pathology	3.85	3.85	261.80	261.80
88369 26	Pathology	0.97	0.97	65.96	65.96
88369 TC	Pathology	2.88	2.88	195.84	195.84
88371 00	Pathology	0.68	0.68	46.17	46.17
88371 26	Pathology	0.56	0.56	38.08	38.08
88372 00	Pathology	0.80	0.80	54.45	54.45
88372 26	Pathology	0.52	0.52	35.36	35.36
88373 00	Pathology	2.03	2.03	138.04	138.04
88373 26	Pathology	0.73	0.73	49.64	49.64
88373 TC	Pathology	1.30	1.30	88.40	88.40
88374 00	Pathology	8.63	8.63	586.84	586.84
88374 26	Pathology	1.22	1.22	82.96	82.96
88374 TC	Pathology	7.41	7.41	503.88	503.88

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
88375 00	Pathology	1.40	1.40	95.20	95.20
88377 00	Pathology	11.86	11.86	806.48	806.48
88377 26	Pathology	1.85	1.85	125.80	125.80
88377 TC	Pathology	10.01	10.01	680.68	680.68
88380 00	Pathology	3.73	3.73	253.64	253.64
88380 26	Pathology	1.52	1.52	103.36	103.36
88380 TC	Pathology	2.21	2.21	150.28	150.28
88381 00	Pathology	6.04	6.04	410.72	410.72
88381 26	Pathology	0.68	0.68	46.24	46.24
88381 TC	Pathology	5.36	5.36	364.48	364.48
88387 00	Pathology	0.99	0.99	67.32	67.32
88387 26	Pathology	0.77	0.77	52.36	52.36
88387 TC	Pathology	0.22	0.22	14.96	14.96
88388 00	Pathology	1.08	1.08	73.44	73.44
88388 26	Pathology	0.68	0.68	46.24	46.24
88388 TC	Pathology	0.40	0.40	27.20	27.20
88399 00	Pathology	0.00	0.00	BR	BR
88399 26	Pathology	0.00	0.00	BR	BR
88399 TC	Pathology	0.00	0.00	BR	BR
88720 00	Pathology	0.15	0.15	10.43	10.43
88738 00	Pathology	0.15	0.15	10.43	10.43
88740 00	Pathology	0.29	0.29	19.46	19.46
88741 00	Pathology	0.29	0.29	19.46	19.46
88749 00	Pathology	0.00	0.00	BR	BR
89049 00	Pathology	8.57	1.82	582.76	123.76
89050 00	Pathology	0.14	0.14	9.80	9.80
89051 00	Pathology	0.17	0.17	11.63	11.63
89055 00	Pathology	0.13	0.13	8.87	8.87
89060 00	Pathology	0.22	0.22	15.22	15.22
89060 26	Pathology	0.52	0.52	35.36	35.36
89125 00	Pathology	0.18	0.18	12.21	12.21
89160 00	Pathology	0.15	0.15	10.07	10.07
89190 00	Pathology	0.18	0.18	12.02	12.02
89220 00	Pathology	0.58	0.58	39.44	39.44
89230 00	Pathology	0.09	0.09	6.12	6.12
89240 00	Pathology	0.00	0.00	BR	BR
89250 00	Pathology	-	-	3315.68	3315.68
89251 00	Pathology	-	-	2486.76	2486.76
89253 00	Pathology	-	-	1657.84	1657.84
89254 00	Pathology	-	-	1339.60	1339.60
89255 00	Pathology	-	-	994.84	994.84

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
89257 00	Pathology	-	-	994.84	994.84
89258 00	Pathology	-	-	1989.00	1989.00
89259 00	Pathology	-	-	515.44	515.44
89260 00	Pathology	-	-	429.08	429.08
89261 00	Pathology	-	-	488.92	488.92
89264 00	Pathology	-	-	1077.80	1077.80
89268 00	Pathology	-	-	1357.96	1357.96
89272 00	Pathology	-	-	2536.40	2536.40
89280 00	Pathology	-	-	3542.80	3542.80
89281 00	Pathology	-	-	3201.44	3201.44
89290 00	Pathology	-	-	3389.80	3389.80
89291 00	Pathology	-	-	4144.60	4144.60
89300 00	Pathology	0.30	0.30	20.43	20.43
89310 00	Pathology	0.26	0.26	17.88	17.88
89320 00	Pathology	0.38	0.38	25.56	25.56
89321 00	Pathology	0.37	0.37	25.02	25.02
89322 00	Pathology	0.47	0.47	32.19	32.19
89325 00	Pathology	0.33	0.33	22.16	22.16
89329 00	Pathology	0.60	0.60	40.68	40.68
89330 00	Pathology	0.32	0.32	21.56	21.56
89331 00	Pathology	0.60	0.60	40.68	40.68
89335 00	Pathology	-	-	663.00	663.00
89337 00	Pathology	-	-	7874.40	7874.40
89342 00	Pathology	-	-	1243.04	1243.04
89343 00	Pathology	-	-	1094.12	1094.12
89344 00	Pathology	-	-	994.84	994.84
89346 00	Pathology	-	-	1300.84	1300.84
89352 00	Pathology	-	-	1044.48	1044.48
89353 00	Pathology	-	-	331.84	331.84
89354 00	Pathology	-	-	497.08	497.08
89356 00	Pathology	-	-	994.84	994.84
89398 00	Pathology	0.00	0.00	BR	BR
G0480 00	Pathology	3.49	3.49	237.64	237.64
G0481 00	Pathology	4.78	4.78	325.19	325.19
G0482 00	Pathology	6.07	6.07	412.72	412.72
G0483 00	Pathology	7.54	7.54	512.78	512.78
G0659 00	Pathology	1.90	1.90	129.05	129.05

Historical Note

New Appendix A, Pathology and Laboratory Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Codes 2019-2020 repealed; new Appendix A, Pathology and Laboratory Codes 2020-2021 made by exempt

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rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology Codes 2020-2021 repealed; new Appendix A, Pathology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pathology Codes 2021-2022 repealed; new Appendix A, Pathology Codes 2022- 2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pathology Codes 2022-2023 repealed; new Appendix A, Pathology Codes 2023- 2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Pathology Codes 2023- 2024 repealed; new Appendix A, Pathology Codes 2024- 2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS codes and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. **MATERIALS SUPPLIED BY A HEALTHCARE PROVIDER:** A healthcare provider may charge for materials and supplies as described in the HCPCS Section of the Physician's Fee Schedule.
- B. **COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT:** CPT® Code 99199 can be used to bill for the services of an interpreter when they are used to comply with the provisions of "The Americans With Disabilities Act", *i.e.*, interpreters for the hearing impaired.
- C. **ADD-ON CODES:** Some of the listed procedures are commonly carried out in addition to the primary procedure performed. All add-on codes found in the CPT® codebook are exempt from the multiple procedure concept. They are exempt from the use of modifier 51.
- D. **SEPARATE PROCEDURES:** Some of the procedures or services listed in the CPT® codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term "separate procedure". The codes designated as a "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

When a procedure or service is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier 59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure.

- E. **BUNDLED CODES:** Indicates that the service is always bundled in a payment for another service. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (*e.g.*, a telephone call from a hospital nurse regarding the care of a patient).
- F. **MODERATE SEDATION:** Codes specific to the provider performing the services (*e.g.*, CPT® codes 99151, 99152, and 99153) are used when the physician performing the procedure provides the sedation whereas CPT® codes 99155, 99156, and 99157 are used when sedation is provided by a healthcare professional other than the physician performing the procedure.

Historical Note

New Appendix A, Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE**Medicine Codes 2024****Medicine Conversion Factor \$68.00**

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
90281 00	Medicine	-	-	101.32	101.32
90283 00	Medicine	-	-	30.60	30.60
90284 00	Medicine	0.00	0.00	BR	BR
90287 00	Medicine	0.00	0.00	BR	BR
90288 00	Medicine	0.00	0.00	BR	BR
90291 00	Medicine	-	-	114.92	114.92
90296 00	Medicine	0.00	0.00	BR	BR
90371 00	Medicine	-	-	286.28	286.28
90375 00	Medicine	-	-	602.48	602.48
90376 00	Medicine	-	-	996.20	996.20
90377 00	Medicine	-	-	532.44	532.44
90378 00	Medicine	-	-	1885.64	1885.64
90380 00	Medicine	0.00	0.00	BR	BR
90381 00	Medicine	0.00	0.00	BR	BR
90384 00	Medicine	-	-	133.96	133.96
90385 00	Medicine	-	-	63.92	63.92
90386 00	Medicine	-	-	84.32	84.32
90389 00	Medicine	-	-	101.32	101.32
90393 00	Medicine	-	-	34.00	34.00
90396 00	Medicine	-	-	149.60	149.60
90399 00	Medicine	0.00	0.00	BR	BR
90460 00	Medicine	0.69	0.69	46.92	46.92
90461 00	Medicine	0.26	0.26	17.68	17.68
90471 00	Medicine	0.62	0.62	42.16	42.16
90472 00	Medicine	0.44	0.44	29.92	29.92
90473 00	Medicine	0.50	0.50	34.00	34.00
90474 00	Medicine	0.36	0.36	24.48	24.48
90476 00	Medicine	-	-	47.60	47.60
90477 00	Medicine	0.00	0.00	BR	BR
90480 00	Medicine	-	-	51.00	51.00
90581 00	Medicine	0.00	0.00	BR	BR
90584 00	Medicine	0.00	0.00	BR	BR
90585 00	Medicine	-	-	31.28	31.28
90586 00	Medicine	-	-	299.88	299.88
90587 00	Medicine	0.00	0.00	BR	BR
90589 00	Medicine	0.00	0.00	BR	BR

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90611 00	Medicine	-	-	27.20	27.20
90619 00	Medicine	-	-	152.32	152.32
90620 00	Medicine	-	-	201.96	201.96
90621 00	Medicine	-	-	166.60	166.60
90622 00	Medicine	-	-	23.80	23.80
90623 00	Medicine	0.00	0.00	BR	BR
90625 00	Medicine	-	-	267.24	267.24
90626 00	Medicine	-	-	334.56	334.56
90627 00	Medicine	-	-	283.56	283.56
90630 00	Medicine	-	-	34.00	34.00
90632 00	Medicine	-	-	146.20	146.20
90633 00	Medicine	-	-	48.96	48.96
90634 00	Medicine	-	-	70.04	70.04
90636 00	Medicine	-	-	124.44	124.44
90644 00	Medicine	-	-	52.36	52.36
90647 00	Medicine	-	-	42.16	42.16
90648 00	Medicine	-	-	37.40	37.40
90649 00	Medicine	-	-	174.76	174.76
90650 00	Medicine	-	-	178.16	178.16
90651 00	Medicine	-	-	242.08	242.08
90653 00	Medicine	-	-	55.76	55.76
90654 00	Medicine	-	-	25.84	25.84
90655 00	Medicine	-	-	23.80	23.80
90656 00	Medicine	-	-	27.20	27.20
90657 00	Medicine	-	-	23.80	23.80
90658 00	Medicine	-	-	23.80	23.80
90660 00	Medicine	-	-	40.80	40.80
90661 00	Medicine	-	-	23.80	23.80
90662 00	Medicine	-	-	152.32	152.32
90664 00	Medicine	0.00	0.00	BR	BR
90666 00	Medicine	-	-	47.60	47.60
90667 00	Medicine	-	-	10.20	10.20
90668 00	Medicine	-	-	34.00	34.00
90670 00	Medicine	-	-	535.84	535.84
90671 00	Medicine	-	-	526.32	526.32
90672 00	Medicine	-	-	57.80	57.80
90673 00	Medicine	-	-	47.60	47.60
90674 00	Medicine	-	-	70.72	70.72
90675 00	Medicine	-	-	674.56	674.56
90676 00	Medicine	-	-	182.24	182.24
90677 00	Medicine	-	-	599.76	599.76

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90678 00	Medicine	0.00	0.00	BR	BR
90679 00	Medicine	0.00	0.00	BR	BR
90680 00	Medicine	-	-	101.32	101.32
90681 00	Medicine	-	-	135.32	135.32
90682 00	Medicine	-	-	152.32	152.32
90683 00	Medicine	0.00	0.00	BR	BR
90685 00	Medicine	-	-	34.00	34.00
90686 00	Medicine	-	-	46.24	46.24
90687 00	Medicine	-	-	21.76	21.76
90688 00	Medicine	-	-	43.52	43.52
90689 00	Medicine	-	-	64.60	64.60
90690 00	Medicine	-	-	93.84	93.84
90691 00	Medicine	-	-	104.04	104.04
90694 00	Medicine	-	-	160.48	160.48
90696 00	Medicine	-	-	78.20	78.20
90697 00	Medicine	-	-	142.80	142.80
90698 00	Medicine	-	-	108.12	108.12
90700 00	Medicine	-	-	40.80	40.80
90702 00	Medicine	-	-	40.80	40.80
90707 00	Medicine	-	-	86.36	86.36
90710 00	Medicine	-	-	234.60	234.60
90713 00	Medicine	-	-	44.20	44.20
90714 00	Medicine	-	-	63.24	63.24
90715 00	Medicine	-	-	79.56	79.56
90716 00	Medicine	-	-	143.48	143.48
90717 00	Medicine	-	-	173.40	173.40
90723 00	Medicine	-	-	103.36	103.36
90732 00	Medicine	-	-	277.44	277.44
90733 00	Medicine	-	-	135.32	135.32
90734 00	Medicine	-	-	144.84	144.84
90736 00	Medicine	-	-	202.64	202.64
90738 00	Medicine	-	-	287.64	287.64
90739 00	Medicine	-	-	332.52	332.52
90740 00	Medicine	-	-	316.20	316.20
90743 00	Medicine	-	-	156.40	156.40
90744 00	Medicine	-	-	63.92	63.92
90746 00	Medicine	-	-	146.20	146.20
90747 00	Medicine	-	-	292.40	292.40
90748 00	Medicine	-	-	61.88	61.88
90749 00	Medicine	0.00	0.00	BR	BR
90750 00	Medicine	-	-	181.56	181.56

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90756 00	Medicine	-	-	67.32	67.32
90758 00	Medicine	0.00	0.00	BR	BR
90759 00	Medicine	-	-	153.00	153.00
90785 00	Medicine	0.44	0.39	29.92	26.52
90791 00	Medicine	5.17	4.43	351.56	301.24
90792 00	Medicine	5.82	5.08	395.76	345.44
90832 00	Medicine	2.35	2.05	159.80	139.40
90833 00	Medicine	2.16	1.92	146.88	130.56
90834 00	Medicine	3.10	2.71	210.80	184.28
90836 00	Medicine	2.73	2.43	185.64	165.24
90837 00	Medicine	4.57	4.00	310.76	272.00
90838 00	Medicine	3.62	3.22	246.16	218.96
90839 00	Medicine	4.40	3.87	299.20	263.16
90840 00	Medicine	2.18	1.94	148.24	131.92
90845 00	Medicine	2.94	2.60	199.92	176.80
90846 00	Medicine	2.93	2.92	199.24	198.56
90847 00	Medicine	3.07	3.05	208.76	207.40
90849 00	Medicine	1.13	0.88	76.84	59.84
90853 00	Medicine	0.83	0.72	56.44	48.96
90863 00	Medicine	0.75	0.70	51.00	47.60
90865 00	Medicine	4.85	3.64	329.80	247.52
90867 00	Medicine	-	-	542.64	477.36
90868 00	Medicine	-	-	405.96	357.00
90869 00	Medicine	-	-	811.24	714.00
90870 00	Medicine	5.18	3.12	352.24	212.16
90875 00	Medicine	1.75	1.74	119.00	118.32
90876 00	Medicine	3.08	2.76	209.44	187.68
90880 00	Medicine	3.08	2.57	209.44	174.76
90882 00	Medicine	-	-	40.80	36.04
90885 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90887 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90889 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90899 00	Medicine	0.00	0.00	BR	BR
90901 00	Medicine	1.23	0.57	83.64	38.76
90912 00	Medicine	2.42	1.26	164.56	85.68
90913 00	Medicine	0.96	0.71	65.28	48.28
90935 00	Medicine	2.10	2.10	142.80	142.80
90937 00	Medicine	3.02	3.02	205.36	205.36
90940 00	Medicine	-	-	38.08	38.08
90945 00	Medicine	2.54	2.54	172.72	172.72
90947 00	Medicine	3.62	3.62	246.16	246.16

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90951 00	Medicine	34.74	34.74	2362.32	2362.32
90952 00	Medicine	0.00	0.00	BR	BR
90953 00	Medicine	-	-	304.64	304.64
90954 00	Medicine	29.78	29.78	2025.04	2025.04
90955 00	Medicine	15.49	15.49	1053.32	1053.32
90956 00	Medicine	10.33	10.33	702.44	702.44
90957 00	Medicine	22.80	22.80	1550.40	1550.40
90958 00	Medicine	14.84	14.84	1009.12	1009.12
90959 00	Medicine	9.68	9.68	658.24	658.24
90960 00	Medicine	10.50	10.50	714.00	714.00
90961 00	Medicine	8.72	8.72	592.96	592.96
90962 00	Medicine	6.02	6.02	409.36	409.36
90963 00	Medicine	18.00	18.00	1224.00	1224.00
90964 00	Medicine	15.43	15.43	1049.24	1049.24
90965 00	Medicine	14.81	14.81	1007.08	1007.08
90966 00	Medicine	8.72	8.72	592.96	592.96
90967 00	Medicine	0.52	0.52	35.36	35.36
90968 00	Medicine	0.51	0.51	34.68	34.68
90969 00	Medicine	0.50	0.50	34.00	34.00
90970 00	Medicine	0.28	0.28	19.04	19.04
90989 00	Medicine	-	-	608.60	608.60
90993 00	Medicine	-	-	91.12	91.12
90997 00	Medicine	2.60	2.60	176.80	176.80
90999 00	Medicine	0.00	0.00	BR	BR
91010 00	Medicine	6.63	6.63	450.84	450.84
91010 26	Medicine	1.90	1.90	129.20	129.20
91010 TC	Medicine	4.73	4.73	321.64	321.64
91013 00	Medicine	0.76	0.76	51.68	51.68
91013 26	Medicine	0.27	0.27	18.36	18.36
91013 TC	Medicine	0.49	0.49	33.32	33.32
91020 00	Medicine	8.29	8.29	563.72	563.72
91020 26	Medicine	2.13	2.13	144.84	144.84
91020 TC	Medicine	6.16	6.16	418.88	418.88
91022 00	Medicine	5.21	5.21	354.28	354.28
91022 26	Medicine	2.13	2.13	144.84	144.84
91022 TC	Medicine	3.08	3.08	209.44	209.44
91030 00	Medicine	4.36	4.36	296.48	296.48
91030 26	Medicine	1.35	1.35	91.80	91.80
91030 TC	Medicine	3.01	3.01	204.68	204.68
91034 00	Medicine	5.74	5.74	390.32	390.32
91034 26	Medicine	1.46	1.46	99.28	99.28

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91034 TC	Medicine	4.28	4.28	291.04	291.04
91035 00	Medicine	13.64	13.64	927.52	927.52
91035 26	Medicine	2.39	2.39	162.52	162.52
91035 TC	Medicine	11.25	11.25	765.00	765.00
91037 00	Medicine	5.06	5.06	344.08	344.08
91037 26	Medicine	1.43	1.43	97.24	97.24
91037 TC	Medicine	3.63	3.63	246.84	246.84
91038 00	Medicine	12.08	12.08	821.44	821.44
91038 26	Medicine	1.63	1.63	110.84	110.84
91038 TC	Medicine	10.45	10.45	710.60	710.60
91040 00	Medicine	15.49	15.49	1053.32	1053.32
91040 26	Medicine	1.45	1.45	98.60	98.60
91040 TC	Medicine	14.04	14.04	954.72	954.72
91065 00	Medicine	2.22	2.22	150.96	150.96
91065 26	Medicine	0.29	0.29	19.72	19.72
91065 TC	Medicine	1.93	1.93	131.24	131.24
91110 00	Medicine	21.90	21.90	1489.20	1489.20
91110 26	Medicine	3.30	3.30	224.40	224.40
91110 TC	Medicine	18.60	18.60	1264.80	1264.80
91111 00	Medicine	26.24	26.24	1784.32	1784.32
91111 26	Medicine	1.33	1.33	90.44	90.44
91111 TC	Medicine	24.91	24.91	1693.88	1693.88
91112 00	Medicine	48.27	48.27	3282.36	3282.36
91112 26	Medicine	3.10	3.10	210.80	210.80
91112 TC	Medicine	45.17	45.17	3071.56	3071.56
91113 00	Medicine	26.81	26.81	1823.08	1823.08
91113 26	Medicine	3.56	3.56	242.08	242.08
91113 TC	Medicine	23.25	23.25	1581.00	1581.00
91117 00	Medicine	4.02	4.02	273.36	273.36
91120 00	Medicine	15.00	15.00	1020.00	1020.00
91120 26	Medicine	1.42	1.42	96.56	96.56
91120 TC	Medicine	13.58	13.58	923.44	923.44
91122 00	Medicine	8.28	8.28	563.04	563.04
91122 26	Medicine	2.58	2.58	175.44	175.44
91122 TC	Medicine	5.70	5.70	387.60	387.60
91132 00	Medicine	13.12	13.12	892.16	892.16
91132 26	Medicine	0.77	0.77	52.36	52.36
91132 TC	Medicine	12.35	12.35	839.80	839.80
91133 00	Medicine	13.79	13.79	937.72	937.72
91133 26	Medicine	0.97	0.97	65.96	65.96
91133 TC	Medicine	12.82	12.82	871.76	871.76

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91200 00	Medicine	0.92	0.92	62.56	62.56
91200 26	Medicine	0.31	0.31	21.08	21.08
91200 TC	Medicine	0.61	0.61	41.48	41.48
91299 00	Medicine	0.00	0.00	BR	BR
91299 26	Medicine	0.00	0.00	BR	BR
91299 TC	Medicine	0.00	0.00	BR	BR
91304 00	Medicine	-	-	308.04	308.04
91318 00	Medicine	-	-	136.00	136.00
91319 00	Medicine	-	-	182.24	182.24
91320 00	Medicine	-	-	272.00	272.00
91321 00	Medicine	-	-	303.28	303.28
91322 00	Medicine	-	-	303.28	303.28
92002 00	Medicine	2.54	1.34	172.72	91.12
92004 00	Medicine	4.46	2.77	303.28	188.36
92012 00	Medicine	2.67	1.48	181.56	100.64
92014 00	Medicine	3.77	2.23	256.36	151.64
92015 00	Medicine	0.57	0.55	38.76	37.40
92018 00	Medicine	4.11	4.11	279.48	279.48
92019 00	Medicine	2.15	2.15	146.20	146.20
92020 00	Medicine	0.82	0.60	55.76	40.80
92025 00	Medicine	1.09	1.09	74.12	74.12
92025 26	Medicine	0.57	0.57	38.76	38.76
92025 TC	Medicine	0.52	0.52	35.36	35.36
92060 00	Medicine	1.91	1.91	129.88	129.88
92060 26	Medicine	1.09	1.09	74.12	74.12
92060 TC	Medicine	0.82	0.82	55.76	55.76
92065 00	Medicine	1.19	0.99	80.92	67.32
92066 00	Medicine	0.79	0.79	53.72	53.72
92071 00	Medicine	1.08	0.95	73.44	64.60
92072 00	Medicine	3.73	2.75	253.64	187.00
92081 00	Medicine	1.00	1.00	68.00	68.00
92081 26	Medicine	0.47	0.47	31.96	31.96
92081 TC	Medicine	0.53	0.53	36.04	36.04
92082 00	Medicine	1.41	1.41	95.88	95.88
92082 26	Medicine	0.61	0.61	41.48	41.48
92082 TC	Medicine	0.80	0.80	54.40	54.40
92083 00	Medicine	1.90	1.90	129.20	129.20
92083 26	Medicine	0.79	0.79	53.72	53.72
92083 TC	Medicine	1.11	1.11	75.48	75.48
92100 00	Medicine	2.55	0.95	173.40	64.60
92132 00	Medicine	0.94	0.94	63.92	63.92

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92132 26	Medicine	0.48	0.48	32.64	32.64
92132 TC	Medicine	0.46	0.46	31.28	31.28
92133 00	Medicine	1.09	1.09	74.12	74.12
92133 26	Medicine	0.63	0.63	42.84	42.84
92133 TC	Medicine	0.46	0.46	31.28	31.28
92134 00	Medicine	1.21	1.21	82.28	82.28
92134 26	Medicine	0.73	0.73	49.64	49.64
92134 TC	Medicine	0.48	0.48	32.64	32.64
92136 00	Medicine	1.41	1.41	95.88	95.88
92136 26	Medicine	0.89	0.89	60.52	60.52
92136 TC	Medicine	0.52	0.52	35.36	35.36
92145 00	Medicine	0.39	0.39	26.52	26.52
92145 26	Medicine	0.16	0.16	10.88	10.88
92145 TC	Medicine	0.23	0.23	15.64	15.64
92201 00	Medicine	0.74	0.67	50.32	45.56
92202 00	Medicine	0.46	0.43	31.28	29.24
92227 00	Medicine	0.53	0.53	36.04	36.04
92228 00	Medicine	0.89	0.89	60.52	60.52
92228 26	Medicine	0.49	0.49	33.32	33.32
92228 TC	Medicine	0.40	0.40	27.20	27.20
92229 00	Medicine	1.23	1.23	83.64	83.64
92230 00	Medicine	4.11	1.02	279.48	69.36
92235 00	Medicine	4.87	4.87	331.16	331.16
92235 26	Medicine	1.24	1.24	84.32	84.32
92235 TC	Medicine	3.63	3.63	246.84	246.84
92240 00	Medicine	5.64	5.64	383.52	383.52
92240 26	Medicine	1.38	1.38	93.84	93.84
92240 TC	Medicine	4.26	4.26	289.68	289.68
92242 00	Medicine	8.43	8.43	573.24	573.24
92242 26	Medicine	1.59	1.59	108.12	108.12
92242 TC	Medicine	6.84	6.84	465.12	465.12
92250 00	Medicine	1.11	1.11	75.48	75.48
92250 26	Medicine	0.61	0.61	41.48	41.48
92250 TC	Medicine	0.50	0.50	34.00	34.00
92260 00	Medicine	0.58	0.32	39.44	21.76
92265 00	Medicine	2.61	2.61	177.48	177.48
92265 26	Medicine	1.34	1.34	91.12	91.12
92265 TC	Medicine	1.27	1.27	86.36	86.36
92270 00	Medicine	3.52	3.52	239.36	239.36
92270 26	Medicine	1.24	1.24	84.32	84.32
92270 TC	Medicine	2.28	2.28	155.04	155.04

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92273 00	Medicine	3.78	3.78	257.04	257.04
92273 26	Medicine	1.06	1.06	72.08	72.08
92273 TC	Medicine	2.72	2.72	184.96	184.96
92274 00	Medicine	2.68	2.68	182.24	182.24
92274 26	Medicine	0.97	0.97	65.96	65.96
92274 TC	Medicine	1.71	1.71	116.28	116.28
92283 00	Medicine	1.63	1.63	110.84	110.84
92283 26	Medicine	0.25	0.25	17.00	17.00
92283 TC	Medicine	1.38	1.38	93.84	93.84
92284 00	Medicine	1.12	1.12	76.16	76.16
92285 00	Medicine	0.70	0.70	47.60	47.60
92285 26	Medicine	0.09	0.09	6.12	6.12
92285 TC	Medicine	0.61	0.61	41.48	41.48
92286 00	Medicine	1.17	1.17	79.56	79.56
92286 26	Medicine	0.63	0.63	42.84	42.84
92286 TC	Medicine	0.54	0.54	36.72	36.72
92287 00	Medicine	4.28	4.28	291.04	291.04
92287 26	Medicine	0.87	0.87	59.16	59.16
92287 TC	Medicine	3.41	3.41	231.88	231.88
92310 00	Medicine	2.99	1.69	203.32	114.92
92311 00	Medicine	3.09	1.51	210.12	102.68
92312 00	Medicine	3.69	1.80	250.92	122.40
92313 00	Medicine	2.94	1.26	199.92	85.68
92314 00	Medicine	2.60	1.00	176.80	68.00
92315 00	Medicine	2.45	0.61	166.60	41.48
92316 00	Medicine	3.03	0.92	206.04	62.56
92317 00	Medicine	2.59	0.61	176.12	41.48
92325 00	Medicine	1.23	1.23	83.64	83.64
92326 00	Medicine	1.18	1.18	80.24	80.24
92340 00	Medicine	1.04	0.53	70.72	36.04
92341 00	Medicine	1.19	0.68	80.92	46.24
92342 00	Medicine	1.27	0.77	86.36	52.36
92352 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92353 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92354 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92355 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92358 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92370 00	Medicine	0.91	0.46	61.88	31.28
92371 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92499 00	Medicine	0.00	0.00	BR	BR
92499 26	Medicine	0.00	0.00	BR	BR

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92499 TC	Medicine	0.00	0.00	BR	BR
92502 00	Medicine	2.85	2.85	193.80	193.80
92504 00	Medicine	0.87	0.27	59.16	18.36
92507 00	Medicine	2.29	2.29	155.72	155.72
92508 00	Medicine	0.73	0.73	49.64	49.64
92511 00	Medicine	3.52	1.13	239.36	76.84
92512 00	Medicine	1.93	0.81	131.24	55.08
92516 00	Medicine	2.17	0.67	147.56	45.56
92517 00	Medicine	2.31	1.25	157.08	85.00
92518 00	Medicine	2.34	1.27	159.12	86.36
92519 00	Medicine	3.82	1.88	259.76	127.84
92520 00	Medicine	2.63	1.18	178.84	80.24
92521 00	Medicine	3.99	3.99	271.32	271.32
92522 00	Medicine	3.34	3.34	227.12	227.12
92523 00	Medicine	6.84	6.84	465.12	465.12
92524 00	Medicine	3.29	3.29	223.72	223.72
92526 00	Medicine	2.54	2.54	172.72	172.72
92531 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92532 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92533 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92534 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92537 00	Medicine	1.19	1.19	80.92	80.92
92537 26	Medicine	0.91	0.91	61.88	61.88
92537 TC	Medicine	0.28	0.28	19.04	19.04
92538 00	Medicine	0.67	0.67	45.56	45.56
92538 26	Medicine	0.47	0.47	31.96	31.96
92538 TC	Medicine	0.20	0.20	13.60	13.60
92540 00	Medicine	3.20	3.20	217.60	217.60
92540 26	Medicine	2.27	2.27	154.36	154.36
92540 TC	Medicine	0.93	0.93	63.24	63.24
92541 00	Medicine	0.75	0.75	51.00	51.00
92541 26	Medicine	0.62	0.62	42.16	42.16
92541 TC	Medicine	0.13	0.13	8.84	8.84
92542 00	Medicine	0.86	0.86	58.48	58.48
92542 26	Medicine	0.73	0.73	49.64	49.64
92542 TC	Medicine	0.13	0.13	8.84	8.84
92544 00	Medicine	0.53	0.53	36.04	36.04
92544 26	Medicine	0.42	0.42	28.56	28.56
92544 TC	Medicine	0.11	0.11	7.48	7.48
92545 00	Medicine	0.50	0.50	34.00	34.00
92545 26	Medicine	0.39	0.39	26.52	26.52

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92545 TC	Medicine	0.11	0.11	7.48	7.48
92546 00	Medicine	3.98	3.98	270.64	270.64
92546 26	Medicine	0.44	0.44	29.92	29.92
92546 TC	Medicine	3.54	3.54	240.72	240.72
92547 00	Medicine	0.32	0.32	21.76	21.76
92548 00	Medicine	1.41	1.41	95.88	95.88
92548 26	Medicine	0.99	0.99	67.32	67.32
92548 TC	Medicine	0.42	0.42	28.56	28.56
92549 00	Medicine	1.93	1.93	131.24	131.24
92549 26	Medicine	1.32	1.32	89.76	89.76
92549 TC	Medicine	0.61	0.61	41.48	41.48
92550 00	Medicine	0.65	0.65	44.20	44.20
92551 00	Medicine	0.38	0.38	25.84	25.84
92552 00	Medicine	1.14	1.14	77.52	77.52
92553 00	Medicine	1.38	1.38	93.84	93.84
92555 00	Medicine	0.87	0.87	59.16	59.16
92556 00	Medicine	1.35	1.35	91.80	91.80
92557 00	Medicine	1.09	0.94	74.12	63.92
92558 00	Medicine	0.28	0.25	19.04	17.00
92562 00	Medicine	1.45	1.45	98.60	98.60
92563 00	Medicine	1.04	1.04	70.72	70.72
92565 00	Medicine	0.63	0.63	42.84	42.84
92567 00	Medicine	0.49	0.32	33.32	21.76
92568 00	Medicine	0.45	0.44	30.60	29.92
92570 00	Medicine	0.96	0.86	65.28	58.48
92571 00	Medicine	0.93	0.93	63.24	63.24
92572 00	Medicine	1.60	1.60	108.80	108.80
92575 00	Medicine	2.22	2.22	150.96	150.96
92576 00	Medicine	1.28	1.28	87.04	87.04
92577 00	Medicine	0.66	0.66	44.88	44.88
92579 00	Medicine	1.32	1.09	89.76	74.12
92582 00	Medicine	2.60	2.60	176.80	176.80
92583 00	Medicine	1.71	1.71	116.28	116.28
92584 00	Medicine	3.32	3.32	225.76	225.76
92587 00	Medicine	0.64	0.64	43.52	43.52
92587 26	Medicine	0.53	0.53	36.04	36.04
92587 TC	Medicine	0.11	0.11	7.48	7.48
92588 00	Medicine	0.99	0.99	67.32	67.32
92588 26	Medicine	0.84	0.84	57.12	57.12
92588 TC	Medicine	0.15	0.15	10.20	10.20
92590 00	Medicine	-	-	100.64	91.80

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92591 00	Medicine	-	-	101.32	92.48
92592 00	Medicine	-	-	40.80	36.72
92593 00	Medicine	-	-	54.40	48.96
92594 00	Medicine	-	-	47.60	42.84
92595 00	Medicine	-	-	80.92	74.12
92596 00	Medicine	2.31	2.31	157.08	157.08
92597 00	Medicine	2.17	2.17	147.56	147.56
92601 00	Medicine	4.74	3.62	322.32	246.16
92602 00	Medicine	2.98	2.04	202.64	138.72
92603 00	Medicine	4.45	3.52	302.60	239.36
92604 00	Medicine	2.68	1.95	182.24	132.60
92605 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92606 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92607 00	Medicine	3.72	3.72	252.96	252.96
92608 00	Medicine	1.46	1.46	99.28	99.28
92609 00	Medicine	3.10	3.10	210.80	210.80
92610 00	Medicine	2.56	2.10	174.08	142.80
92611 00	Medicine	2.76	2.76	187.68	187.68
92612 00	Medicine	5.96	1.97	405.28	133.96
92613 00	Medicine	1.08	1.08	73.44	73.44
92614 00	Medicine	4.48	1.94	304.64	131.92
92615 00	Medicine	0.97	0.97	65.96	65.96
92616 00	Medicine	6.86	2.95	466.48	200.60
92617 00	Medicine	1.21	1.21	82.28	82.28
92618 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92620 00	Medicine	2.64	2.34	179.52	159.12
92621 00	Medicine	0.65	0.55	44.20	37.40
92622 00	Medicine	2.37	1.96	161.16	133.28
92623 00	Medicine	0.61	0.52	41.48	35.36
92625 00	Medicine	2.01	1.80	136.68	122.40
92626 00	Medicine	2.58	2.20	175.44	149.60
92627 00	Medicine	0.61	0.52	41.48	35.36
92630 00	Medicine	-	-	118.32	107.44
92633 00	Medicine	-	-	91.12	82.96
92640 00	Medicine	3.24	2.76	220.32	187.68
92650 00	Medicine	0.81	0.81	55.08	55.08
92651 00	Medicine	2.48	2.48	168.64	168.64
92652 00	Medicine	3.36	3.36	228.48	228.48
92653 00	Medicine	2.49	2.49	169.32	169.32
92700 00	Medicine	0.00	0.00	BR	BR
92920 00	Medicine	15.45	15.45	1050.60	1050.60

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92921 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92924 00	Medicine	18.43	18.43	1253.24	1253.24
92925 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92928 00	Medicine	17.19	17.19	1168.92	1168.92
92929 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92933 00	Medicine	19.28	19.28	1311.04	1311.04
92934 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92937 00	Medicine	17.19	17.19	1168.92	1168.92
92938 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92941 00	Medicine	19.30	19.30	1312.40	1312.40
92943 00	Medicine	19.30	19.30	1312.40	1312.40
92944 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92950 00	Medicine	9.71	5.41	660.28	367.88
92953 00	Medicine	0.03	0.03	2.04	2.04
92960 00	Medicine	4.59	3.18	312.12	216.24
92961 00	Medicine	7.16	7.16	486.88	486.88
92970 00	Medicine	5.51	5.51	374.68	374.68
92971 00	Medicine	2.93	2.93	199.24	199.24
92972 00	Medicine	4.28	4.28	291.04	291.04
92973 00	Medicine	5.15	5.15	350.20	350.20
92974 00	Medicine	4.72	4.72	320.96	320.96
92975 00	Medicine	10.98	10.98	746.64	746.64
92977 00	Medicine	1.66	1.66	112.88	112.88
92978 00	Medicine	-	-	536.52	536.52
92978 26	Medicine	2.76	2.76	187.68	187.68
92978 TC	Medicine	-	-	348.84	348.84
92979 00	Medicine	-	-	323.68	323.68
92979 26	Medicine	2.19	2.19	148.92	148.92
92979 TC	Medicine	-	-	174.76	174.76
92986 00	Medicine	38.98	38.98	2650.64	2650.64
92987 00	Medicine	40.17	40.17	2731.56	2731.56
92990 00	Medicine	32.17	32.17	2187.56	2187.56
92997 00	Medicine	18.53	18.53	1260.04	1260.04
92998 00	Medicine	9.30	9.30	632.40	632.40
93000 00	Medicine	0.43	0.43	29.24	29.24
93005 00	Medicine	0.19	0.19	12.92	12.92
93010 00	Medicine	0.24	0.24	16.32	16.32
93015 00	Medicine	2.16	2.16	146.88	146.88
93016 00	Medicine	0.62	0.62	42.16	42.16
93017 00	Medicine	1.13	1.13	76.84	76.84
93018 00	Medicine	0.41	0.41	27.88	27.88

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93024 00	Medicine	3.35	3.35	227.80	227.80
93024 26	Medicine	1.61	1.61	109.48	109.48
93024 TC	Medicine	1.74	1.74	118.32	118.32
93025 00	Medicine	3.75	3.75	255.00	255.00
93025 26	Medicine	1.09	1.09	74.12	74.12
93025 TC	Medicine	2.66	2.66	180.88	180.88
93040 00	Medicine	0.39	0.39	26.52	26.52
93041 00	Medicine	0.19	0.19	12.92	12.92
93042 00	Medicine	0.20	0.20	13.60	13.60
93050 00	Medicine	0.48	0.48	32.64	32.64
93050 26	Medicine	0.24	0.24	16.32	16.32
93050 TC	Medicine	0.24	0.24	16.32	16.32
93150 00	Medicine	2.99	1.26	203.32	85.68
93151 00	Medicine	2.61	1.19	177.48	80.92
93152 00	Medicine	4.72	2.78	320.96	189.04
93153 00	Medicine	1.55	0.64	105.40	43.52
93224 00	Medicine	2.16	2.16	146.88	146.88
93225 00	Medicine	0.55	0.55	37.40	37.40
93226 00	Medicine	1.07	1.07	72.76	72.76
93227 00	Medicine	0.54	0.54	36.72	36.72
93228 00	Medicine	0.74	0.74	50.32	50.32
93229 00	Medicine	24.42	24.42	1660.56	1660.56
93241 00	Medicine	7.75	7.75	527.00	527.00
93242 00	Medicine	0.36	0.36	24.48	24.48
93243 00	Medicine	6.71	6.71	456.28	456.28
93244 00	Medicine	0.68	0.68	46.24	46.24
93245 00	Medicine	8.15	8.15	554.20	554.20
93246 00	Medicine	0.36	0.36	24.48	24.48
93247 00	Medicine	7.04	7.04	478.72	478.72
93248 00	Medicine	0.75	0.75	51.00	51.00
93260 00	Medicine	2.26	2.26	153.68	153.68
93260 26	Medicine	1.21	1.21	82.28	82.28
93260 TC	Medicine	1.05	1.05	71.40	71.40
93261 00	Medicine	2.08	2.08	141.44	141.44
93261 26	Medicine	1.04	1.04	70.72	70.72
93261 TC	Medicine	1.04	1.04	70.72	70.72
93264 00	Medicine	1.54	1.05	104.72	71.40
93268 00	Medicine	5.25	5.25	357.00	357.00
93270 00	Medicine	0.25	0.25	17.00	17.00
93271 00	Medicine	4.29	4.29	291.72	291.72
93272 00	Medicine	0.71	0.71	48.28	48.28

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93278 00	Medicine	0.95	0.95	64.60	64.60
93278 26	Medicine	0.37	0.37	25.16	25.16
93278 TC	Medicine	0.58	0.58	39.44	39.44
93279 00	Medicine	2.01	2.01	136.68	136.68
93279 26	Medicine	0.91	0.91	61.88	61.88
93279 TC	Medicine	1.10	1.10	74.80	74.80
93280 00	Medicine	2.35	2.35	159.80	159.80
93280 26	Medicine	1.08	1.08	73.44	73.44
93280 TC	Medicine	1.27	1.27	86.36	86.36
93281 00	Medicine	2.50	2.50	170.00	170.00
93281 26	Medicine	1.21	1.21	82.28	82.28
93281 TC	Medicine	1.29	1.29	87.72	87.72
93282 00	Medicine	2.37	2.37	161.16	161.16
93282 26	Medicine	1.20	1.20	81.60	81.60
93282 TC	Medicine	1.17	1.17	79.56	79.56
93283 00	Medicine	2.91	2.91	197.88	197.88
93283 26	Medicine	1.63	1.63	110.84	110.84
93283 TC	Medicine	1.28	1.28	87.04	87.04
93284 00	Medicine	3.14	3.14	213.52	213.52
93284 26	Medicine	1.77	1.77	120.36	120.36
93284 TC	Medicine	1.37	1.37	93.16	93.16
93285 00	Medicine	1.79	1.79	121.72	121.72
93285 26	Medicine	0.74	0.74	50.32	50.32
93285 TC	Medicine	1.05	1.05	71.40	71.40
93286 00	Medicine	1.35	1.35	91.80	91.80
93286 26	Medicine	0.43	0.43	29.24	29.24
93286 TC	Medicine	0.92	0.92	62.56	62.56
93287 00	Medicine	1.56	1.56	106.08	106.08
93287 26	Medicine	0.63	0.63	42.84	42.84
93287 TC	Medicine	0.93	0.93	63.24	63.24
93288 00	Medicine	1.68	1.68	114.24	114.24
93288 26	Medicine	0.60	0.60	40.80	40.80
93288 TC	Medicine	1.08	1.08	73.44	73.44
93289 00	Medicine	2.15	2.15	146.20	146.20
93289 26	Medicine	1.06	1.06	72.08	72.08
93289 TC	Medicine	1.09	1.09	74.12	74.12
93290 00	Medicine	1.59	1.59	108.12	108.12
93290 26	Medicine	0.61	0.61	41.48	41.48
93290 TC	Medicine	0.98	0.98	66.64	66.64
93291 00	Medicine	1.46	1.46	99.28	99.28
93291 26	Medicine	0.52	0.52	35.36	35.36

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93291 TC	Medicine	0.94	0.94	63.92	63.92
93292 00	Medicine	1.53	1.53	104.04	104.04
93292 26	Medicine	0.61	0.61	41.48	41.48
93292 TC	Medicine	0.92	0.92	62.56	62.56
93293 00	Medicine	1.32	1.32	89.76	89.76
93293 26	Medicine	0.42	0.42	28.56	28.56
93293 TC	Medicine	0.90	0.90	61.20	61.20
93294 00	Medicine	0.87	0.87	59.16	59.16
93295 00	Medicine	1.08	1.08	73.44	73.44
93296 00	Medicine	0.64	0.64	43.52	43.52
93297 00	Medicine	1.81	1.81	123.08	123.08
93297 26	Medicine	0.73	0.73	49.64	49.64
93297 TC	Medicine	1.08	1.08	73.44	73.44
93298 00	Medicine	3.05	3.05	207.40	207.40
93298 26	Medicine	0.73	0.73	49.64	49.64
93298 TC	Medicine	2.32	2.32	157.76	157.76
93303 00	Medicine	6.58	6.58	447.44	447.44
93303 26	Medicine	1.80	1.80	122.40	122.40
93303 TC	Medicine	4.78	4.78	325.04	325.04
93304 00	Medicine	4.66	4.66	316.88	316.88
93304 26	Medicine	1.05	1.05	71.40	71.40
93304 TC	Medicine	3.61	3.61	245.48	245.48
93306 00	Medicine	5.89	5.89	400.52	400.52
93306 26	Medicine	2.02	2.02	137.36	137.36
93306 TC	Medicine	3.87	3.87	263.16	263.16
93307 00	Medicine	4.09	4.09	278.12	278.12
93307 26	Medicine	1.27	1.27	86.36	86.36
93307 TC	Medicine	2.82	2.82	191.76	191.76
93308 00	Medicine	2.96	2.96	201.28	201.28
93308 26	Medicine	0.73	0.73	49.64	49.64
93308 TC	Medicine	2.23	2.23	151.64	151.64
93312 00	Medicine	7.06	7.06	480.08	480.08
93312 26	Medicine	3.11	3.11	211.48	211.48
93312 TC	Medicine	3.95	3.95	268.60	268.60
93313 00	Medicine	0.33	0.33	22.44	22.44
93314 00	Medicine	6.77	6.77	460.36	460.36
93314 26	Medicine	2.60	2.60	176.80	176.80
93314 TC	Medicine	4.17	4.17	283.56	283.56
93315 00	Medicine	-	-	557.60	557.60
93315 26	Medicine	3.69	3.69	250.92	250.92
93315 TC	Medicine	-	-	306.68	306.68

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93316 00	Medicine	0.76	0.76	51.68	51.68
93317 00	Medicine	-	-	499.12	499.12
93317 26	Medicine	2.57	2.57	174.76	174.76
93317 TC	Medicine	-	-	324.36	324.36
93318 00	Medicine	-	-	577.32	577.32
93318 26	Medicine	2.97	2.97	201.96	201.96
93318 TC	Medicine	-	-	375.36	375.36
93319 00	Medicine	1.66	0.69	112.88	46.92
93320 00	Medicine	1.52	1.52	103.36	103.36
93320 26	Medicine	0.52	0.52	35.36	35.36
93320 TC	Medicine	1.00	1.00	68.00	68.00
93321 00	Medicine	0.75	0.75	51.00	51.00
93321 26	Medicine	0.21	0.21	14.28	14.28
93321 TC	Medicine	0.54	0.54	36.72	36.72
93325 00	Medicine	0.70	0.70	47.60	47.60
93325 26	Medicine	0.09	0.09	6.12	6.12
93325 TC	Medicine	0.61	0.61	41.48	41.48
93350 00	Medicine	5.56	5.56	378.08	378.08
93350 26	Medicine	2.02	2.02	137.36	137.36
93350 TC	Medicine	3.54	3.54	240.72	240.72
93351 00	Medicine	6.96	6.96	473.28	473.28
93351 26	Medicine	2.42	2.42	164.56	164.56
93351 TC	Medicine	4.54	4.54	308.72	308.72
93352 00	Medicine	1.04	1.04	70.72	70.72
93355 00	Medicine	6.58	6.58	447.44	447.44
93356 00	Medicine	1.11	0.34	75.48	23.12
93451 00	Medicine	25.50	25.50	1734.00	1734.00
93451 26	Medicine	3.81	3.81	259.08	259.08
93451 TC	Medicine	21.69	21.69	1474.92	1474.92
93452 00	Medicine	26.52	26.52	1803.36	1803.36
93452 26	Medicine	6.89	6.89	468.52	468.52
93452 TC	Medicine	19.63	19.63	1334.84	1334.84
93453 00	Medicine	33.84	33.84	2301.12	2301.12
93453 26	Medicine	9.20	9.20	625.60	625.60
93453 TC	Medicine	24.64	24.64	1675.52	1675.52
93454 00	Medicine	26.74	26.74	1818.32	1818.32
93454 26	Medicine	6.96	6.96	473.28	473.28
93454 TC	Medicine	19.78	19.78	1345.04	1345.04
93455 00	Medicine	29.80	29.80	2026.40	2026.40
93455 26	Medicine	8.11	8.11	551.48	551.48
93455 TC	Medicine	21.69	21.69	1474.92	1474.92

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93456 00	Medicine	33.27	33.27	2262.36	2262.36
93456 26	Medicine	9.07	9.07	616.76	616.76
93456 TC	Medicine	24.20	24.20	1645.60	1645.60
93457 00	Medicine	36.26	36.26	2465.68	2465.68
93457 26	Medicine	10.18	10.18	692.24	692.24
93457 TC	Medicine	26.08	26.08	1773.44	1773.44
93458 00	Medicine	30.76	30.76	2091.68	2091.68
93458 26	Medicine	8.59	8.59	584.12	584.12
93458 TC	Medicine	22.17	22.17	1507.56	1507.56
93459 00	Medicine	33.09	33.09	2250.12	2250.12
93459 26	Medicine	9.73	9.73	661.64	661.64
93459 TC	Medicine	23.36	23.36	1588.48	1588.48
93460 00	Medicine	36.71	36.71	2496.28	2496.28
93460 26	Medicine	10.88	10.88	739.84	739.84
93460 TC	Medicine	25.83	25.83	1756.44	1756.44
93461 00	Medicine	40.50	40.50	2754.00	2754.00
93461 26	Medicine	12.03	12.03	818.04	818.04
93461 TC	Medicine	28.47	28.47	1935.96	1935.96
93462 00	Medicine	6.06	6.06	412.08	412.08
93463 00	Medicine	2.86	2.86	194.48	194.48
93464 00	Medicine	6.53	6.53	444.04	444.04
93464 26	Medicine	2.59	2.59	176.12	176.12
93464 TC	Medicine	3.94	3.94	267.92	267.92
93503 00	Medicine	2.57	2.57	174.76	174.76
93505 00	Medicine	19.13	19.13	1300.84	1300.84
93505 26	Medicine	6.63	6.63	450.84	450.84
93505 TC	Medicine	12.50	12.50	850.00	850.00
93563 00	Medicine	1.51	1.51	102.68	102.68
93564 00	Medicine	1.62	1.62	110.16	110.16
93565 00	Medicine	0.79	0.79	53.72	53.72
93566 00	Medicine	0.76	0.76	51.68	51.68
93567 00	Medicine	1.10	1.10	74.80	74.80
93568 00	Medicine	1.36	1.36	92.48	92.48
93569 00	Medicine	1.11	1.11	75.48	75.48
93571 00	Medicine	-	-	408.00	408.00
93571 26	Medicine	2.10	2.10	142.80	142.80
93571 TC	Medicine	-	-	265.20	265.20
93572 00	Medicine	-	-	221.68	221.68
93572 26	Medicine	1.53	1.53	104.04	104.04
93572 TC	Medicine	-	-	117.64	117.64
93573 00	Medicine	1.84	1.84	125.12	125.12

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93574 00	Medicine	2.05	2.05	139.40	139.40
93575 00	Medicine	2.72	2.72	184.96	184.96
93580 00	Medicine	28.52	28.52	1939.36	1939.36
93581 00	Medicine	38.70	38.70	2631.60	2631.60
93582 00	Medicine	19.32	19.32	1313.76	1313.76
93583 00	Medicine	21.68	21.68	1474.24	1474.24
93584 00	Medicine	1.73	1.73	117.64	117.64
93585 00	Medicine	1.63	1.63	110.84	110.84
93586 00	Medicine	2.06	2.06	140.08	140.08
93587 00	Medicine	3.04	3.04	206.72	206.72
93588 00	Medicine	3.07	3.07	208.76	208.76
93590 00	Medicine	31.26	31.26	2125.68	2125.68
93591 00	Medicine	25.70	25.70	1747.60	1747.60
93592 00	Medicine	11.26	11.26	765.68	765.68
93593 00	Medicine	0.00	0.00	BR	BR
93593 26	Medicine	5.51	5.51	374.68	374.68
93593 TC	Medicine	0.00	0.00	BR	BR
93594 00	Medicine	-	-	943.16	924.12
93594 26	Medicine	8.37	8.37	569.16	569.16
93594 TC	Medicine	-	-	374.00	354.96
93595 00	Medicine	0.00	0.00	BR	BR
93595 26	Medicine	7.59	7.59	516.12	516.12
93595 TC	Medicine	0.00	0.00	BR	BR
93596 00	Medicine	-	-	1029.52	1009.12
93596 26	Medicine	9.44	9.44	641.92	641.92
93596 TC	Medicine	-	-	387.60	367.20
93597 00	Medicine	-	-	1372.92	1345.72
93597 26	Medicine	12.33	12.33	838.44	838.44
93597 TC	Medicine	-	-	534.48	507.28
93598 00	Medicine	0.00	0.00	BR	BR
93598 26	Medicine	1.95	1.95	132.60	132.60
93598 TC	Medicine	0.00	0.00	BR	BR
93600 00	Medicine	-	-	382.84	382.84
93600 26	Medicine	3.38	3.38	229.84	229.84
93600 TC	Medicine	-	-	153.00	153.00
93602 00	Medicine	-	-	313.48	313.48
93602 26	Medicine	3.32	3.32	225.76	225.76
93602 TC	Medicine	-	-	87.72	87.72
93603 00	Medicine	-	-	358.36	358.36
93603 26	Medicine	3.32	3.32	225.76	225.76
93603 TC	Medicine	-	-	132.60	132.60

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93609 00	Medicine	-	-	748.68	748.68
93609 26	Medicine	7.93	7.93	539.24	539.24
93609 TC	Medicine	-	-	209.44	209.44
93610 00	Medicine	-	-	425.00	425.00
93610 26	Medicine	4.69	4.69	318.92	318.92
93610 TC	Medicine	-	-	106.08	106.08
93612 00	Medicine	-	-	436.56	436.56
93612 26	Medicine	4.62	4.62	314.16	314.16
93612 TC	Medicine	-	-	122.40	122.40
93613 00	Medicine	8.52	8.52	579.36	579.36
93615 00	Medicine	-	-	96.56	96.56
93615 26	Medicine	1.05	1.05	71.40	71.40
93615 TC	Medicine	-	-	25.16	25.16
93616 00	Medicine	-	-	195.84	195.84
93616 26	Medicine	1.70	1.70	115.60	115.60
93616 TC	Medicine	-	-	80.24	80.24
93618 00	Medicine	-	-	710.60	710.60
93618 26	Medicine	6.27	6.27	426.36	426.36
93618 TC	Medicine	-	-	284.24	284.24
93619 00	Medicine	-	-	1336.20	1336.20
93619 26	Medicine	11.20	11.20	761.60	761.60
93619 TC	Medicine	-	-	574.60	574.60
93620 00	Medicine	-	-	1939.36	1939.36
93620 26	Medicine	17.97	17.97	1221.96	1221.96
93620 TC	Medicine	-	-	717.40	717.40
93621 00	Medicine	-	-	706.52	706.52
93621 26	Medicine	2.39	2.39	162.52	162.52
93621 TC	Medicine	-	-	544.00	544.00
93622 00	Medicine	-	-	1396.72	1396.72
93622 26	Medicine	4.93	4.93	335.24	335.24
93622 TC	Medicine	-	-	1061.48	1061.48
93623 00	Medicine	-	-	384.88	384.88
93623 26	Medicine	1.98	1.98	134.64	134.64
93623 TC	Medicine	-	-	250.24	250.24
93624 00	Medicine	-	-	607.92	607.92
93624 26	Medicine	6.97	6.97	473.96	473.96
93624 TC	Medicine	-	-	138.72	138.72
93631 00	Medicine	-	-	1662.60	1662.60
93631 26	Medicine	11.49	11.49	781.32	781.32
93631 TC	Medicine	-	-	881.28	881.28
93640 00	Medicine	-	-	872.44	872.44

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93640 26	Medicine	5.13	5.13	348.84	348.84
93640 TC	Medicine	-	-	523.60	523.60
93641 00	Medicine	-	-	1150.56	1150.56
93641 26	Medicine	8.97	8.97	609.96	609.96
93641 TC	Medicine	-	-	540.60	540.60
93642 00	Medicine	9.77	9.77	664.36	664.36
93642 26	Medicine	7.32	7.32	497.76	497.76
93642 TC	Medicine	2.45	2.45	166.60	166.60
93644 00	Medicine	5.69	5.69	386.92	386.92
93644 26	Medicine	4.17	4.17	283.56	283.56
93644 TC	Medicine	1.52	1.52	103.36	103.36
93650 00	Medicine	17.00	17.00	1156.00	1156.00
93653 00	Medicine	24.42	24.42	1660.56	1660.56
93654 00	Medicine	29.42	29.42	2000.56	2000.56
93655 00	Medicine	8.95	8.95	608.60	608.60
93656 00	Medicine	27.69	27.69	1882.92	1882.92
93657 00	Medicine	8.96	8.96	609.28	609.28
93660 00	Medicine	4.86	4.86	330.48	330.48
93660 26	Medicine	2.67	2.67	181.56	181.56
93660 TC	Medicine	2.19	2.19	148.92	148.92
93662 00	Medicine	-	-	324.36	324.36
93662 26	Medicine	2.05	2.05	139.40	139.40
93662 TC	Medicine	-	-	184.96	184.96
93668 00	Medicine	0.44	0.44	29.92	29.92
93701 00	Medicine	0.81	0.81	55.08	55.08
93702 00	Medicine	3.67	3.67	249.56	249.56
93724 00	Medicine	8.28	8.28	563.04	563.04
93724 26	Medicine	6.89	6.89	468.52	468.52
93724 TC	Medicine	1.39	1.39	94.52	94.52
93740 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93745 00	Medicine	0.00	0.00	BR	BR
93745 26	Medicine	0.00	0.00	BR	BR
93745 TC	Medicine	0.00	0.00	BR	BR
93750 00	Medicine	1.52	1.18	103.36	80.24
93770 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93784 00	Medicine	1.38	1.38	93.84	93.84
93786 00	Medicine	0.68	0.68	46.24	46.24
93788 00	Medicine	0.17	0.17	11.56	11.56
93790 00	Medicine	0.53	0.53	36.04	36.04
93792 00	Medicine	2.11	2.11	143.48	143.48
93793 00	Medicine	0.34	0.34	23.12	23.12

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93797 00	Medicine	0.51	0.26	34.68	17.68
93798 00	Medicine	0.77	0.40	52.36	27.20
93799 00	Medicine	0.00	0.00	BR	BR
93799 26	Medicine	0.00	0.00	BR	BR
93799 TC	Medicine	0.00	0.00	BR	BR
93880 00	Medicine	5.70	5.70	387.60	387.60
93880 26	Medicine	1.12	1.12	76.16	76.16
93880 TC	Medicine	4.58	4.58	311.44	311.44
93882 00	Medicine	3.74	3.74	254.32	254.32
93882 26	Medicine	0.70	0.70	47.60	47.60
93882 TC	Medicine	3.04	3.04	206.72	206.72
93886 00	Medicine	8.23	8.23	559.64	559.64
93886 26	Medicine	1.36	1.36	92.48	92.48
93886 TC	Medicine	6.87	6.87	467.16	467.16
93888 00	Medicine	4.79	4.79	325.72	325.72
93888 26	Medicine	0.73	0.73	49.64	49.64
93888 TC	Medicine	4.06	4.06	276.08	276.08
93890 00	Medicine	8.52	8.52	579.36	579.36
93890 26	Medicine	1.50	1.50	102.00	102.00
93890 TC	Medicine	7.02	7.02	477.36	477.36
93892 00	Medicine	9.82	9.82	667.76	667.76
93892 26	Medicine	1.74	1.74	118.32	118.32
93892 TC	Medicine	8.08	8.08	549.44	549.44
93893 00	Medicine	12.09	12.09	822.12	822.12
93893 26	Medicine	1.76	1.76	119.68	119.68
93893 TC	Medicine	10.33	10.33	702.44	702.44
93895 00	Medicine	-	-	287.64	287.64
93895 26	Medicine	0.00	0.00	BR	BR
93895 TC	Medicine	-	-	287.64	287.64
93922 00	Medicine	2.47	2.47	167.96	167.96
93922 26	Medicine	0.35	0.35	23.80	23.80
93922 TC	Medicine	2.12	2.12	144.16	144.16
93923 00	Medicine	3.91	3.91	265.88	265.88
93923 26	Medicine	0.64	0.64	43.52	43.52
93923 TC	Medicine	3.27	3.27	222.36	222.36
93924 00	Medicine	4.80	4.80	326.40	326.40
93924 26	Medicine	0.70	0.70	47.60	47.60
93924 TC	Medicine	4.10	4.10	278.80	278.80
93925 00	Medicine	7.21	7.21	490.28	490.28
93925 26	Medicine	1.11	1.11	75.48	75.48
93925 TC	Medicine	6.10	6.10	414.80	414.80

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93926 00	Medicine	4.32	4.32	293.76	293.76
93926 26	Medicine	0.68	0.68	46.24	46.24
93926 TC	Medicine	3.64	3.64	247.52	247.52
93930 00	Medicine	5.94	5.94	403.92	403.92
93930 26	Medicine	1.12	1.12	76.16	76.16
93930 TC	Medicine	4.82	4.82	327.76	327.76
93931 00	Medicine	3.71	3.71	252.28	252.28
93931 26	Medicine	0.69	0.69	46.92	46.92
93931 TC	Medicine	3.02	3.02	205.36	205.36
93970 00	Medicine	5.61	5.61	381.48	381.48
93970 26	Medicine	0.97	0.97	65.96	65.96
93970 TC	Medicine	4.64	4.64	315.52	315.52
93971 00	Medicine	3.57	3.57	242.76	242.76
93971 26	Medicine	0.62	0.62	42.16	42.16
93971 TC	Medicine	2.95	2.95	200.60	200.60
93975 00	Medicine	7.93	7.93	539.24	539.24
93975 26	Medicine	1.62	1.62	110.16	110.16
93975 TC	Medicine	6.31	6.31	429.08	429.08
93976 00	Medicine	4.76	4.76	323.68	323.68
93976 26	Medicine	1.12	1.12	76.16	76.16
93976 TC	Medicine	3.64	3.64	247.52	247.52
93978 00	Medicine	5.41	5.41	367.88	367.88
93978 26	Medicine	1.12	1.12	76.16	76.16
93978 TC	Medicine	4.29	4.29	291.72	291.72
93979 00	Medicine	3.54	3.54	240.72	240.72
93979 26	Medicine	0.70	0.70	47.60	47.60
93979 TC	Medicine	2.84	2.84	193.12	193.12
93980 00	Medicine	3.51	3.51	238.68	238.68
93980 26	Medicine	1.76	1.76	119.68	119.68
93980 TC	Medicine	1.75	1.75	119.00	119.00
93981 00	Medicine	2.12	2.12	144.16	144.16
93981 26	Medicine	0.62	0.62	42.16	42.16
93981 TC	Medicine	1.50	1.50	102.00	102.00
93985 00	Medicine	7.43	7.43	505.24	505.24
93985 26	Medicine	1.11	1.11	75.48	75.48
93985 TC	Medicine	6.32	6.32	429.76	429.76
93986 00	Medicine	4.37	4.37	297.16	297.16
93986 26	Medicine	0.69	0.69	46.92	46.92
93986 TC	Medicine	3.68	3.68	250.24	250.24
93990 00	Medicine	4.41	4.41	299.88	299.88
93990 26	Medicine	0.69	0.69	46.92	46.92

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93990 TC	Medicine	3.72	3.72	252.96	252.96
93998 00	Medicine	0.00	0.00	BR	BR
94002 00	Medicine	2.70	2.70	183.60	183.60
94003 00	Medicine	1.90	1.90	129.20	129.20
94004 00	Medicine	1.41	1.41	95.88	95.88
94005 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94010 00	Medicine	0.82	0.82	55.76	55.76
94010 26	Medicine	0.24	0.24	16.32	16.32
94010 TC	Medicine	0.58	0.58	39.44	39.44
94011 00	Medicine	2.51	2.51	170.68	170.68
94012 00	Medicine	4.10	4.10	278.80	278.80
94013 00	Medicine	0.55	0.55	37.40	37.40
94014 00	Medicine	1.68	1.68	114.24	114.24
94015 00	Medicine	0.96	0.96	65.28	65.28
94016 00	Medicine	0.72	0.72	48.96	48.96
94060 00	Medicine	1.17	1.17	79.56	79.56
94060 26	Medicine	0.30	0.30	20.40	20.40
94060 TC	Medicine	0.87	0.87	59.16	59.16
94070 00	Medicine	1.89	1.89	128.52	128.52
94070 26	Medicine	0.81	0.81	55.08	55.08
94070 TC	Medicine	1.08	1.08	73.44	73.44
94150 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 26	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 TC	Medicine	0.00	0.00	Bundled Code	Bundled Code
94200 00	Medicine	0.45	0.45	30.60	30.60
94200 26	Medicine	0.08	0.08	5.44	5.44
94200 TC	Medicine	0.37	0.37	25.16	25.16
94375 00	Medicine	1.17	1.17	79.56	79.56
94375 26	Medicine	0.42	0.42	28.56	28.56
94375 TC	Medicine	0.75	0.75	51.00	51.00
94450 00	Medicine	2.39	2.39	162.52	162.52
94450 26	Medicine	0.57	0.57	38.76	38.76
94450 TC	Medicine	1.82	1.82	123.76	123.76
94452 00	Medicine	1.51	1.51	102.68	102.68
94452 26	Medicine	0.41	0.41	27.88	27.88
94452 TC	Medicine	1.10	1.10	74.80	74.80
94453 00	Medicine	2.01	2.01	136.68	136.68
94453 26	Medicine	0.54	0.54	36.72	36.72
94453 TC	Medicine	1.47	1.47	99.96	99.96
94610 00	Medicine	1.67	1.67	113.56	113.56
94617 00	Medicine	2.67	2.67	181.56	181.56

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94617 26	Medicine	0.93	0.93	63.24	63.24
94617 TC	Medicine	1.74	1.74	118.32	118.32
94618 00	Medicine	1.02	1.02	69.36	69.36
94618 26	Medicine	0.65	0.65	44.20	44.20
94618 TC	Medicine	0.37	0.37	25.16	25.16
94619 00	Medicine	1.95	1.95	132.60	132.60
94619 26	Medicine	0.63	0.63	42.84	42.84
94619 TC	Medicine	1.32	1.32	89.76	89.76
94621 00	Medicine	4.64	4.64	315.52	315.52
94621 26	Medicine	1.99	1.99	135.32	135.32
94621 TC	Medicine	2.65	2.65	180.20	180.20
94625 00	Medicine	2.22	0.55	150.96	37.40
94626 00	Medicine	2.41	0.81	163.88	55.08
94640 00	Medicine	0.24	0.24	16.32	16.32
94642 00	Medicine	-	-	78.20	76.16
94644 00	Medicine	1.79	1.79	121.72	121.72
94645 00	Medicine	0.49	0.49	33.32	33.32
94660 00	Medicine	1.94	1.10	131.92	74.80
94662 00	Medicine	1.03	1.03	70.04	70.04
94664 00	Medicine	0.54	0.54	36.72	36.72
94667 00	Medicine	0.75	0.75	51.00	51.00
94668 00	Medicine	1.18	1.18	80.24	80.24
94669 00	Medicine	0.62	0.62	42.16	42.16
94680 00	Medicine	1.62	1.62	110.16	110.16
94680 26	Medicine	0.37	0.37	25.16	25.16
94680 TC	Medicine	1.25	1.25	85.00	85.00
94681 00	Medicine	1.44	1.44	97.92	97.92
94681 26	Medicine	0.28	0.28	19.04	19.04
94681 TC	Medicine	1.16	1.16	78.88	78.88
94690 00	Medicine	1.46	1.46	99.28	99.28
94690 26	Medicine	0.11	0.11	7.48	7.48
94690 TC	Medicine	1.35	1.35	91.80	91.80
94726 00	Medicine	1.68	1.68	114.24	114.24
94726 26	Medicine	0.35	0.35	23.80	23.80
94726 TC	Medicine	1.33	1.33	90.44	90.44
94727 00	Medicine	1.34	1.34	91.12	91.12
94727 26	Medicine	0.35	0.35	23.80	23.80
94727 TC	Medicine	0.99	0.99	67.32	67.32
94728 00	Medicine	1.33	1.33	90.44	90.44
94728 26	Medicine	0.36	0.36	24.48	24.48
94728 TC	Medicine	0.97	0.97	65.96	65.96

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94729 00	Medicine	1.70	1.70	115.60	115.60
94729 26	Medicine	0.26	0.26	17.68	17.68
94729 TC	Medicine	1.44	1.44	97.92	97.92
94760 00	Medicine	0.08	0.08	5.44	5.44
94761 00	Medicine	0.12	0.12	8.16	8.16
94762 00	Medicine	0.76	0.76	51.68	51.68
94772 00	Medicine	-	-	422.28	410.04
94772 26	Medicine	-	-	169.32	163.88
94772 TC	Medicine	-	-	252.96	246.16
94774 00	Medicine	0.00	0.00	BR	BR
94775 00	Medicine	0.00	0.00	BR	BR
94776 00	Medicine	0.00	0.00	BR	BR
94777 00	Medicine	-	-	125.80	122.40
94780 00	Medicine	1.60	0.69	108.80	46.92
94781 00	Medicine	0.64	0.24	43.52	16.32
94799 00	Medicine	0.00	0.00	BR	BR
94799 26	Medicine	0.00	0.00	BR	BR
94799 TC	Medicine	0.00	0.00	BR	BR
95004 00	Medicine	0.11	0.11	7.48	7.48
95012 00	Medicine	0.57	0.57	38.76	38.76
95017 00	Medicine	0.26	0.11	17.68	7.48
95018 00	Medicine	0.60	0.21	40.80	14.28
95024 00	Medicine	0.24	0.03	16.32	2.04
95027 00	Medicine	0.15	0.15	10.20	10.20
95028 00	Medicine	0.38	0.38	25.84	25.84
95044 00	Medicine	0.15	0.15	10.20	10.20
95052 00	Medicine	0.19	0.19	12.92	12.92
95056 00	Medicine	1.57	1.57	106.76	106.76
95060 00	Medicine	1.18	1.18	80.24	80.24
95065 00	Medicine	0.87	0.87	59.16	59.16
95070 00	Medicine	1.05	1.05	71.40	71.40
95076 00	Medicine	3.70	2.18	251.60	148.24
95079 00	Medicine	2.56	2.01	174.08	136.68
95115 00	Medicine	0.31	0.31	21.08	21.08
95117 00	Medicine	0.37	0.37	25.16	25.16
95120 00	Medicine	-	-	37.40	22.44
95125 00	Medicine	-	-	40.80	24.48
95130 00	Medicine	-	-	34.68	21.08
95131 00	Medicine	-	-	54.40	33.32
95132 00	Medicine	-	-	70.72	43.52
95133 00	Medicine	-	-	116.28	70.72

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95134 00	Medicine	-	-	148.24	90.44
95144 00	Medicine	0.50	0.10	34.00	6.80
95145 00	Medicine	1.09	0.09	74.12	6.12
95146 00	Medicine	2.03	0.09	138.04	6.12
95147 00	Medicine	1.95	0.09	132.60	6.12
95148 00	Medicine	2.90	0.09	197.20	6.12
95149 00	Medicine	3.86	0.09	262.48	6.12
95165 00	Medicine	0.44	0.10	29.92	6.80
95170 00	Medicine	0.33	0.09	22.44	6.12
95180 00	Medicine	4.15	3.03	282.20	206.04
95199 00	Medicine	0.00	0.00	BR	BR
95249 00	Medicine	1.96	1.96	133.28	133.28
95250 00	Medicine	4.43	4.43	301.24	301.24
95251 00	Medicine	1.03	1.03	70.04	70.04
95700 00	Medicine	-	-	538.56	528.36
95705 00	Medicine	-	-	799.00	783.36
95706 00	Medicine	-	-	337.96	331.16
95707 00	Medicine	-	-	2186.88	2142.68
95708 00	Medicine	-	-	675.92	662.32
95709 00	Medicine	-	-	1622.48	1590.52
95710 00	Medicine	-	-	743.92	728.96
95711 00	Medicine	-	-	675.92	662.32
95712 00	Medicine	-	-	1217.20	1192.72
95713 00	Medicine	-	-	1014.56	994.16
95714 00	Medicine	-	-	678.64	665.04
95715 00	Medicine	-	-	2028.44	1987.64
95716 00	Medicine	-	-	3981.40	3901.84
95717 00	Medicine	3.18	3.13	216.24	212.84
95718 00	Medicine	4.04	3.97	274.72	269.96
95719 00	Medicine	4.82	4.74	327.76	322.32
95720 00	Medicine	6.22	6.11	422.96	415.48
95721 00	Medicine	6.22	6.10	422.96	414.80
95722 00	Medicine	7.54	7.40	512.72	503.20
95723 00	Medicine	7.54	7.40	512.72	503.20
95724 00	Medicine	9.48	9.31	644.64	633.08
95725 00	Medicine	8.75	8.54	595.00	580.72
95726 00	Medicine	12.17	11.93	827.56	811.24
95782 00	Medicine	29.38	29.38	1997.84	1997.84
95782 26	Medicine	3.63	3.63	246.84	246.84
95782 TC	Medicine	25.75	25.75	1751.00	1751.00
95783 00	Medicine	31.15	31.15	2118.20	2118.20

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95783 26	Medicine	3.96	3.96	269.28	269.28
95783 TC	Medicine	27.19	27.19	1848.92	1848.92
95800 00	Medicine	4.08	4.08	277.44	277.44
95800 26	Medicine	1.16	1.16	78.88	78.88
95800 TC	Medicine	2.92	2.92	198.56	198.56
95801 00	Medicine	2.92	2.92	198.56	198.56
95801 26	Medicine	1.20	1.20	81.60	81.60
95801 TC	Medicine	1.72	1.72	116.96	116.96
95803 00	Medicine	4.06	4.06	276.08	276.08
95803 26	Medicine	1.23	1.23	83.64	83.64
95803 TC	Medicine	2.83	2.83	192.44	192.44
95805 00	Medicine	12.96	12.96	881.28	881.28
95805 26	Medicine	1.68	1.68	114.24	114.24
95805 TC	Medicine	11.28	11.28	767.04	767.04
95806 00	Medicine	2.83	2.83	192.44	192.44
95806 26	Medicine	1.29	1.29	87.72	87.72
95806 TC	Medicine	1.54	1.54	104.72	104.72
95807 00	Medicine	12.30	12.30	836.40	836.40
95807 26	Medicine	1.74	1.74	118.32	118.32
95807 TC	Medicine	10.56	10.56	718.08	718.08
95808 00	Medicine	15.37	15.37	1045.16	1045.16
95808 26	Medicine	2.44	2.44	165.92	165.92
95808 TC	Medicine	12.93	12.93	879.24	879.24
95810 00	Medicine	18.72	18.72	1272.96	1272.96
95810 26	Medicine	3.47	3.47	235.96	235.96
95810 TC	Medicine	15.25	15.25	1037.00	1037.00
95811 00	Medicine	19.57	19.57	1330.76	1330.76
95811 26	Medicine	3.61	3.61	245.48	245.48
95811 TC	Medicine	15.96	15.96	1085.28	1085.28
95812 00	Medicine	10.52	10.52	715.36	715.36
95812 26	Medicine	1.67	1.67	113.56	113.56
95812 TC	Medicine	8.85	8.85	601.80	601.80
95813 00	Medicine	13.30	13.30	904.40	904.40
95813 26	Medicine	2.52	2.52	171.36	171.36
95813 TC	Medicine	10.78	10.78	733.04	733.04
95816 00	Medicine	11.85	11.85	805.80	805.80
95816 26	Medicine	1.67	1.67	113.56	113.56
95816 TC	Medicine	10.18	10.18	692.24	692.24
95819 00	Medicine	13.65	13.65	928.20	928.20
95819 26	Medicine	1.67	1.67	113.56	113.56
95819 TC	Medicine	11.98	11.98	814.64	814.64

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95822 00	Medicine	12.40	12.40	843.20	843.20
95822 26	Medicine	1.67	1.67	113.56	113.56
95822 TC	Medicine	10.73	10.73	729.64	729.64
95824 00	Medicine	-	-	198.56	198.56
95824 26	Medicine	1.14	1.14	77.52	77.52
95824 TC	Medicine	-	-	121.04	121.04
95829 00	Medicine	53.09	53.09	3610.12	3610.12
95829 26	Medicine	9.67	9.67	657.56	657.56
95829 TC	Medicine	43.42	43.42	2952.56	2952.56
95830 00	Medicine	20.62	2.71	1402.16	184.28
95836 00	Medicine	3.13	3.13	212.84	212.84
95851 00	Medicine	0.65	0.23	44.20	15.64
95852 00	Medicine	0.54	0.16	36.72	10.88
95857 00	Medicine	1.91	0.84	129.88	57.12
95860 00	Medicine	3.37	3.37	229.16	229.16
95860 26	Medicine	1.49	1.49	101.32	101.32
95860 TC	Medicine	1.88	1.88	127.84	127.84
95861 00	Medicine	4.78	4.78	325.04	325.04
95861 26	Medicine	2.38	2.38	161.84	161.84
95861 TC	Medicine	2.40	2.40	163.20	163.20
95863 00	Medicine	6.21	6.21	422.28	422.28
95863 26	Medicine	2.90	2.90	197.20	197.20
95863 TC	Medicine	3.31	3.31	225.08	225.08
95864 00	Medicine	6.94	6.94	471.92	471.92
95864 26	Medicine	3.09	3.09	210.12	210.12
95864 TC	Medicine	3.85	3.85	261.80	261.80
95865 00	Medicine	4.46	4.46	303.28	303.28
95865 26	Medicine	2.42	2.42	164.56	164.56
95865 TC	Medicine	2.04	2.04	138.72	138.72
95866 00	Medicine	3.67	3.67	249.56	249.56
95866 26	Medicine	1.86	1.86	126.48	126.48
95866 TC	Medicine	1.81	1.81	123.08	123.08
95867 00	Medicine	3.19	3.19	216.92	216.92
95867 26	Medicine	1.22	1.22	82.96	82.96
95867 TC	Medicine	1.97	1.97	133.96	133.96
95868 00	Medicine	4.15	4.15	282.20	282.20
95868 26	Medicine	1.83	1.83	124.44	124.44
95868 TC	Medicine	2.32	2.32	157.76	157.76
95869 00	Medicine	2.85	2.85	193.80	193.80
95869 26	Medicine	0.58	0.58	39.44	39.44
95869 TC	Medicine	2.27	2.27	154.36	154.36

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95870 00	Medicine	2.49	2.49	169.32	169.32
95870 26	Medicine	0.58	0.58	39.44	39.44
95870 TC	Medicine	1.91	1.91	129.88	129.88
95872 00	Medicine	5.63	5.63	382.84	382.84
95872 26	Medicine	4.36	4.36	296.48	296.48
95872 TC	Medicine	1.27	1.27	86.36	86.36
95873 00	Medicine	2.11	2.11	143.48	143.48
95873 26	Medicine	0.57	0.57	38.76	38.76
95873 TC	Medicine	1.54	1.54	104.72	104.72
95874 00	Medicine	2.28	2.28	155.04	155.04
95874 26	Medicine	0.57	0.57	38.76	38.76
95874 TC	Medicine	1.71	1.71	116.28	116.28
95875 00	Medicine	3.66	3.66	248.88	248.88
95875 26	Medicine	1.72	1.72	116.96	116.96
95875 TC	Medicine	1.94	1.94	131.92	131.92
95885 00	Medicine	1.85	1.85	125.80	125.80
95885 26	Medicine	0.54	0.54	36.72	36.72
95885 TC	Medicine	1.31	1.31	89.08	89.08
95886 00	Medicine	2.88	2.88	195.84	195.84
95886 26	Medicine	1.32	1.32	89.76	89.76
95886 TC	Medicine	1.56	1.56	106.08	106.08
95887 00	Medicine	2.48	2.48	168.64	168.64
95887 26	Medicine	1.08	1.08	73.44	73.44
95887 TC	Medicine	1.40	1.40	95.20	95.20
95905 00	Medicine	1.01	1.01	68.68	68.68
95905 26	Medicine	0.08	0.08	5.44	5.44
95905 TC	Medicine	0.93	0.93	63.24	63.24
95907 00	Medicine	2.70	2.70	183.60	183.60
95907 26	Medicine	1.55	1.55	105.40	105.40
95907 TC	Medicine	1.15	1.15	78.20	78.20
95908 00	Medicine	3.35	3.35	227.80	227.80
95908 26	Medicine	1.94	1.94	131.92	131.92
95908 TC	Medicine	1.41	1.41	95.88	95.88
95909 00	Medicine	4.02	4.02	273.36	273.36
95909 26	Medicine	2.32	2.32	157.76	157.76
95909 TC	Medicine	1.70	1.70	115.60	115.60
95910 00	Medicine	5.25	5.25	357.00	357.00
95910 26	Medicine	3.09	3.09	210.12	210.12
95910 TC	Medicine	2.16	2.16	146.88	146.88
95911 00	Medicine	6.33	6.33	430.44	430.44
95911 26	Medicine	3.86	3.86	262.48	262.48

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95911 TC	Medicine	2.47	2.47	167.96	167.96
95912 00	Medicine	7.40	7.40	503.20	503.20
95912 26	Medicine	4.61	4.61	313.48	313.48
95912 TC	Medicine	2.79	2.79	189.72	189.72
95913 00	Medicine	8.54	8.54	580.72	580.72
95913 26	Medicine	5.45	5.45	370.60	370.60
95913 TC	Medicine	3.09	3.09	210.12	210.12
95919 00	Medicine	0.47	0.47	31.96	31.96
95919 26	Medicine	0.29	0.29	19.72	19.72
95919 TC	Medicine	0.18	0.18	12.24	12.24
95921 00	Medicine	2.63	2.63	178.84	178.84
95921 26	Medicine	1.30	1.30	88.40	88.40
95921 TC	Medicine	1.33	1.33	90.44	90.44
95922 00	Medicine	2.84	2.84	193.12	193.12
95922 26	Medicine	1.35	1.35	91.80	91.80
95922 TC	Medicine	1.49	1.49	101.32	101.32
95923 00	Medicine	3.66	3.66	248.88	248.88
95923 26	Medicine	1.31	1.31	89.08	89.08
95923 TC	Medicine	2.35	2.35	159.80	159.80
95924 00	Medicine	4.53	4.53	308.04	308.04
95924 26	Medicine	2.55	2.55	173.40	173.40
95924 TC	Medicine	1.98	1.98	134.64	134.64
95925 00	Medicine	5.28	5.28	359.04	359.04
95925 26	Medicine	0.82	0.82	55.76	55.76
95925 TC	Medicine	4.46	4.46	303.28	303.28
95926 00	Medicine	4.73	4.73	321.64	321.64
95926 26	Medicine	0.80	0.80	54.40	54.40
95926 TC	Medicine	3.93	3.93	267.24	267.24
95927 00	Medicine	5.47	5.47	371.96	371.96
95927 26	Medicine	0.80	0.80	54.40	54.40
95927 TC	Medicine	4.67	4.67	317.56	317.56
95928 00	Medicine	7.22	7.22	490.96	490.96
95928 26	Medicine	2.32	2.32	157.76	157.76
95928 TC	Medicine	4.90	4.90	333.20	333.20
95929 00	Medicine	7.30	7.30	496.40	496.40
95929 26	Medicine	2.31	2.31	157.08	157.08
95929 TC	Medicine	4.99	4.99	339.32	339.32
95930 00	Medicine	2.02	2.02	137.36	137.36
95930 26	Medicine	0.54	0.54	36.72	36.72
95930 TC	Medicine	1.48	1.48	100.64	100.64
95933 00	Medicine	2.47	2.47	167.96	167.96

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
95933 26	Medicine	0.92	0.92	62.56	62.56
95933 TC	Medicine	1.55	1.55	105.40	105.40
95937 00	Medicine	3.12	3.12	212.16	212.16
95937 26	Medicine	1.01	1.01	68.68	68.68
95937 TC	Medicine	2.11	2.11	143.48	143.48
95938 00	Medicine	11.25	11.25	765.00	765.00
95938 26	Medicine	1.33	1.33	90.44	90.44
95938 TC	Medicine	9.92	9.92	674.56	674.56
95939 00	Medicine	16.74	16.74	1138.32	1138.32
95939 26	Medicine	3.47	3.47	235.96	235.96
95939 TC	Medicine	13.27	13.27	902.36	902.36
95940 00	Medicine	0.95	0.95	64.60	64.60
95941 00	Medicine	-	-	1828.52	1791.80
95954 00	Medicine	11.81	11.81	803.08	803.08
95954 26	Medicine	3.30	3.30	224.40	224.40
95954 TC	Medicine	8.51	8.51	578.68	578.68
95955 00	Medicine	5.71	5.71	388.28	388.28
95955 26	Medicine	1.56	1.56	106.08	106.08
95955 TC	Medicine	4.15	4.15	282.20	282.20
95957 00	Medicine	8.80	8.80	598.40	598.40
95957 26	Medicine	2.99	2.99	203.32	203.32
95957 TC	Medicine	5.81	5.81	395.08	395.08
95958 00	Medicine	21.01	21.01	1428.68	1428.68
95958 26	Medicine	6.58	6.58	447.44	447.44
95958 TC	Medicine	14.43	14.43	981.24	981.24
95961 00	Medicine	9.85	9.85	669.80	669.80
95961 26	Medicine	4.76	4.76	323.68	323.68
95961 TC	Medicine	5.09	5.09	346.12	346.12
95962 00	Medicine	8.35	8.35	567.80	567.80
95962 26	Medicine	5.07	5.07	344.76	344.76
95962 TC	Medicine	3.28	3.28	223.04	223.04
95965 00	Medicine	-	-	3283.04	3283.04
95965 26	Medicine	12.07	12.07	820.76	820.76
95965 TC	Medicine	-	-	2462.28	2462.28
95966 00	Medicine	-	-	1978.80	1978.80
95966 26	Medicine	5.82	5.82	395.76	395.76
95966 TC	Medicine	-	-	1583.04	1583.04
95967 00	Medicine	-	-	1183.88	1183.88
95967 26	Medicine	5.05	5.05	343.40	343.40
95967 TC	Medicine	-	-	840.48	840.48
95970 00	Medicine	0.56	0.54	38.08	36.72

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95971 00	Medicine	1.44	1.15	97.92	78.20
95972 00	Medicine	1.70	1.19	115.60	80.92
95976 00	Medicine	1.17	1.15	79.56	78.20
95977 00	Medicine	1.56	1.53	106.08	104.04
95980 00	Medicine	1.34	1.34	91.12	91.12
95981 00	Medicine	1.17	0.53	79.56	36.04
95982 00	Medicine	1.78	1.08	121.04	73.44
95983 00	Medicine	1.49	1.46	101.32	99.28
95984 00	Medicine	1.30	1.28	88.40	87.04
95990 00	Medicine	2.71	2.71	184.28	184.28
95991 00	Medicine	3.32	1.18	225.76	80.24
95992 00	Medicine	1.27	1.06	86.36	72.08
95999 00	Medicine	0.00	0.00	BR	BR
96000 00	Medicine	2.46	2.46	167.28	167.28
96001 00	Medicine	3.26	3.26	221.68	221.68
96002 00	Medicine	0.63	0.63	42.84	42.84
96003 00	Medicine	0.49	0.49	33.32	33.32
96004 00	Medicine	3.19	3.19	216.92	216.92
96020 00	Medicine	-	-	314.16	314.16
96020 26	Medicine	4.62	4.62	314.16	314.16
96020 TC	Medicine	0.00	0.00	BR	BR
96040 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96105 00	Medicine	2.88	2.88	195.84	195.84
96110 00	Medicine	0.35	0.35	23.80	23.80
96112 00	Medicine	3.72	3.69	252.96	250.92
96113 00	Medicine	1.80	1.69	122.40	114.92
96116 00	Medicine	2.76	2.37	187.68	161.16
96121 00	Medicine	2.25	1.97	153.00	133.96
96125 00	Medicine	3.07	3.07	208.76	208.76
96127 00	Medicine	0.14	0.14	9.52	9.52
96130 00	Medicine	3.60	3.25	244.80	221.00
96131 00	Medicine	2.57	2.25	174.76	153.00
96132 00	Medicine	3.85	3.14	261.80	213.52
96133 00	Medicine	2.92	2.26	198.56	153.68
96136 00	Medicine	1.25	0.69	85.00	46.92
96137 00	Medicine	1.13	0.53	76.84	36.04
96138 00	Medicine	1.03	1.03	70.04	70.04
96139 00	Medicine	1.06	1.06	72.08	72.08
96146 00	Medicine	0.07	0.07	4.76	4.76
96156 00	Medicine	2.97	2.63	201.96	178.84
96158 00	Medicine	2.01	1.76	136.68	119.68

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96159 00	Medicine	0.68	0.59	46.24	40.12
96160 00	Medicine	0.09	0.09	6.12	6.12
96161 00	Medicine	0.09	0.09	6.12	6.12
96164 00	Medicine	0.31	0.28	21.08	19.04
96165 00	Medicine	0.14	0.12	9.52	8.16
96167 00	Medicine	2.12	1.86	144.16	126.48
96168 00	Medicine	0.76	0.66	51.68	44.88
96170 00	Medicine	2.32	2.17	157.76	147.56
96171 00	Medicine	0.83	0.78	56.44	53.04
96202 00	Medicine	0.71	0.63	48.28	42.84
96203 00	Medicine	0.17	0.17	11.56	11.56
96360 00	Medicine	0.97	0.97	65.96	65.96
96361 00	Medicine	0.37	0.37	25.16	25.16
96365 00	Medicine	1.88	1.88	127.84	127.84
96366 00	Medicine	0.61	0.61	41.48	41.48
96367 00	Medicine	0.85	0.85	57.80	57.80
96368 00	Medicine	0.59	0.59	40.12	40.12
96369 00	Medicine	4.24	4.24	288.32	288.32
96370 00	Medicine	0.48	0.48	32.64	32.64
96371 00	Medicine	1.81	1.81	123.08	123.08
96372 00	Medicine	0.43	0.43	29.24	29.24
96373 00	Medicine	0.56	0.56	38.08	38.08
96374 00	Medicine	1.10	1.10	74.80	74.80
96375 00	Medicine	0.46	0.46	31.28	31.28
96376 00	Medicine	-	-	68.00	59.84
96377 00	Medicine	0.55	0.55	37.40	37.40
96379 00	Medicine	0.00	0.00	BR	BR
96380 00	Medicine	0.68	0.68	46.24	46.24
96381 00	Medicine	0.59	0.59	40.12	40.12
96401 00	Medicine	2.15	2.15	146.20	146.20
96402 00	Medicine	1.06	1.06	72.08	72.08
96405 00	Medicine	2.49	0.85	169.32	57.80
96406 00	Medicine	3.89	1.32	264.52	89.76
96409 00	Medicine	3.00	3.00	204.00	204.00
96411 00	Medicine	1.63	1.63	110.84	110.84
96413 00	Medicine	3.88	3.88	263.84	263.84
96415 00	Medicine	0.83	0.83	56.44	56.44
96416 00	Medicine	3.82	3.82	259.76	259.76
96417 00	Medicine	1.91	1.91	129.88	129.88
96420 00	Medicine	3.06	3.06	208.08	208.08
96422 00	Medicine	4.68	4.68	318.24	318.24

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96423 00	Medicine	2.18	2.18	148.24	148.24
96425 00	Medicine	5.05	5.05	343.40	343.40
96440 00	Medicine	22.38	4.01	1521.84	272.68
96446 00	Medicine	4.79	0.61	325.72	41.48
96450 00	Medicine	4.85	2.26	329.80	153.68
96521 00	Medicine	3.72	3.72	252.96	252.96
96522 00	Medicine	3.53	3.53	240.04	240.04
96523 00	Medicine	0.75	0.75	51.00	51.00
96542 00	Medicine	3.92	1.25	266.56	85.00
96547 00	Medicine	0.00	0.00	BR	BR
96548 00	Medicine	0.00	0.00	BR	BR
96549 00	Medicine	0.00	0.00	BR	BR
96567 00	Medicine	4.11	4.11	279.48	279.48
96570 00	Medicine	1.49	1.49	101.32	101.32
96571 00	Medicine	0.74	0.74	50.32	50.32
96573 00	Medicine	6.80	6.80	462.40	462.40
96574 00	Medicine	8.33	8.33	566.44	566.44
96900 00	Medicine	0.75	0.75	51.00	51.00
96902 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96904 00	Medicine	2.06	2.06	140.08	140.08
96910 00	Medicine	3.56	3.56	242.08	242.08
96912 00	Medicine	3.03	3.03	206.04	206.04
96913 00	Medicine	4.59	4.59	312.12	312.12
96920 00	Medicine	4.67	1.88	317.56	127.84
96921 00	Medicine	5.12	2.13	348.16	144.84
96922 00	Medicine	6.97	3.43	473.96	233.24
96931 00	Medicine	5.09	5.09	346.12	346.12
96932 00	Medicine	3.81	3.81	259.08	259.08
96933 00	Medicine	1.28	1.28	87.04	87.04
96934 00	Medicine	3.53	3.53	240.04	240.04
96935 00	Medicine	2.32	2.32	157.76	157.76
96936 00	Medicine	1.21	1.21	82.28	82.28
96999 00	Medicine	0.00	0.00	BR	BR
99000 00	Medicine	-	-	13.60	13.60
99001 00	Medicine	-	-	22.44	22.44
99002 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99024 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99026 00	Medicine	-	-	80.92	80.92
99027 00	Medicine	0.00	0.00	BR	BR
99050 00	Medicine	-	-	34.00	34.00
99051 00	Medicine	0.00	0.00	Bundled Code	Bundled Code

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99053 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99056 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99058 00	Medicine	-	-	42.84	42.84
99060 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99070 00	Medicine	0.00	0.00	BR	BR
99071 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99072 00	Medicine	0.00	0.00	BR	BR
99075 00	Medicine	0.00	0.00	BR	BR
99078 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99080 00	Medicine	0.00	0.00	BR	BR
99082 00	Medicine	0.00	0.00	BR	BR
99091 00	Medicine	1.61	1.61	109.48	109.48
99151 00	Medicine	1.82	0.71	123.76	48.28
99152 00	Medicine	1.51	0.36	102.68	24.48
99153 00	Medicine	0.35	0.35	23.80	23.80
99155 00	Medicine	2.45	2.45	166.60	166.60
99156 00	Medicine	2.22	2.22	150.96	150.96
99157 00	Medicine	1.76	1.76	119.68	119.68
99170 00	Medicine	4.95	2.51	336.60	170.68
99172 00	Medicine	-	-	34.00	31.28
99173 00	Medicine	0.10	0.10	6.80	6.80
99174 00	Medicine	0.19	0.19	12.92	12.92
99175 00	Medicine	0.90	0.90	61.20	61.20
99177 00	Medicine	0.15	0.15	10.20	10.20
99183 00	Medicine	3.14	3.14	213.52	213.52
99184 00	Medicine	6.34	6.34	431.12	431.12
99188 00	Medicine	0.35	0.29	23.80	19.72
99190 00	Medicine	-	-	567.80	528.36
99191 00	Medicine	-	-	439.28	408.68
99192 00	Medicine	-	-	291.04	270.64
99195 00	Medicine	2.87	2.87	195.16	195.16
99199 00	Medicine	0.00	0.00	BR	BR
99500 00	Medicine	-	-	BR	BR
99501 00	Medicine	-	-	BR	BR
99502 00	Medicine	-	-	BR	BR
99503 00	Medicine	-	-	BR	BR
99504 00	Medicine	-	-	BR	BR
99505 00	Medicine	-	-	BR	BR
99506 00	Medicine	-	-	BR	BR
99507 00	Medicine	-	-	BR	BR
99509 00	Medicine	-	-	BR	BR

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99510 00	Medicine	-	-	BR	BR
99511 00	Medicine	-	-	BR	BR
99512 00	Medicine	-	-	BR	BR
99600 00	Medicine	0.00	0.00	BR	BR
99601 00	Medicine	-	-	BR	BR
99602 00	Medicine	-	-	BR	BR
99605 00	Medicine	-	-	40.80	40.80
99606 00	Medicine	-	-	38.08	38.08
99607 00	Medicine	-	-	38.08	38.08

Historical Note

New Appendix A, Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Codes 2019-2020 repealed; new Appendix A, Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Codes 2020-2021 repealed; new Appendix A, Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Medicine Codes 2021-2022 repealed; new Appendix A, Medicine Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Medicine Codes 2022-2023 repealed; new Appendix A, Medicine Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Medicine Codes 2023-2024 repealed; new Appendix A, Medicine Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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PHYSICAL MEDICINE AND REHABILITATION GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to physical medicine and rehabilitation services. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

General requirements on reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded medical procedures, several other requirements unique to this Section (Physical Medicine and Rehabilitation) are defined or identified as follows:

- A. Physical therapy (PT) evaluation codes (97161-97163) and occupational therapy (OT) evaluation codes (97165-97167) are billed at the initial visit and a re-evaluation code (97164 for PT, 97168 for OT) may be billed once every two calendar weeks following an initial evaluation. Additional billing for PT and OT evaluation services may be allowed when specific additional services are warranted. Approval of the payer must be obtained prior to performing additional services. Criteria to select the appropriate evaluation and re-evaluation codes are outlined in the current CPT® publication.

Note: These limitations do **not** apply to referring healthcare providers or to providers who treat patients once per month.

- B. When multiple modalities (untimed 97012-97028 and/or time-based 97032-97036) are performed, the first modality (or the first unit of a time-based modality) is reported as listed. The second modality (or the second unit of a time-based modality) is identified by adding modifier -51 to the code number. The second and each subsequent modality (or unit(s) of a time-based modality) should be valued at 50% of its listed value.

First modality reported or first unit of a time-based modality	-100%
Second, third, and additional approved modality or unit(s)	- 50%

Any more than three modalities or more than three units of a time-based modality or any combination of time-based and untimed modalities equaling three billed units per body part being treated must have prior approval from the payer. The time a healthcare provider bills for a time-based modality (97032-97036) does not count towards the total timed therapeutic procedure maximum of four units or 67 minutes. However, the time spent performing time-based modalities counts towards the total treatment time and should be used to determine the number of units a provider bills (*see* Section E and Example 5). **The amount of time spent performing each specific procedure or modality provided to the patient is not required to be documented in the treatment notes** (*see* Section G).

Note: 97010 is a bundled service and not separately reportable.

Example:

During a visit, a patient receives the following services:

45 minutes therapeutic exercise 97110

15 minutes mechanical traction 97012

15 minutes unattended electrical stimulation 97014

10 minutes ultrasound 97035

15 minutes moist heat 97010 while receiving the electric stimulation

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Under the multiple modality rule, the healthcare provider would bill:

97110	3 units at 100% of value (therapeutic procedure, timed code)
97012	1 unit at 100% of value (modality, untimed code)
97014	1 unit at 50% of value (modality, untimed code)
97035	1 unit at 50% of value (modality, timed code)

97010 is bundled into the above services and not paid as a separate service. The total time spent performing time-based codes (97110 and 97035) is 55 minutes and justifies billing four units of time-based services (*see* Section E).

- C. CPT® codes describing therapeutic procedures (97110-97150 and 97530-97546) are not subject to the multiple modality rule and shall be paid at 100% of their listed value. When performing therapeutic procedure(s), (excluding work hardening/conditioning, 97545-97546, and physical test or measures for functional capacity evaluation, 97750), a maximum of four units or 67 minutes is allowed each day. Approval must be obtained from the payer prior to performing therapeutic procedures in excess of this maximum (*e.g.* when multiple body parts are treated in a single visit).
- D. The values for the codes in this section include the time and work of the provider, the equipment required to provide the service, and the cost of the healthcare provider's liability insurance. Medications and disposable electrodes used in these procedures should be considered supplies and managed in accordance with the HCPCS Section of this Fee Schedule.
- E. Time-Based Physical Medicine and Rehabilitation CPT® codes are billed according to guidance from the Centers for Medicare and Medicaid Services (CMS), as published in the Medicare Claims Processing Manual, Chapter 5, Section 20.2, C. Counting Minutes for Timed Codes in 15 Minute Units.

When only one service is provided in a day, healthcare providers should not bill for services provided for less than 8 minutes. For any single 15-minute timed CPT® code in the same day, healthcare providers bill a single 15-minute unit for treatment of greater than or equal to 8 minutes through and including 22 minutes. If the duration of a single procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, two units should be billed. Please refer to the table below, which outlines how to bill for up to four units or 67 minutes, without payer approval.

Units	Number of Minutes
0	< 8 minutes
1	≥ 8 minutes and ≤ 22 minutes
2	≥ 23 minutes and ≤ 37 minutes
3	≥ 38 minutes and ≤ 52 minutes
4	≥ 53 minutes and ≤ 67 minutes

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If additional therapeutic procedures and/or time-based modalities are approved by the payer, the pattern for determining time/units is continued.

When more than one service represented by 15-minute timed codes is performed in a single day, the total number of minutes of service determines the number of timed units billed (as noted in the chart above). For any service represented by a 15-minute timed code that is performed for 7 minutes or less on the same day as another service also represented by a 15-minute timed code performed for 7 minutes or less, and the total time of these two services is 8 minutes or greater, the provider may bill one unit of service that was performed for the most minutes. The same logic is applied if three or more different services are performed on the same day for 7 minutes or less.

The expectation, based on the work values assigned to these codes, is that a provider's direct patient contact time for each unit will average 15 minutes in length. If more than one 15-minute timed CPT® code is billed during a single calendar day, the total number of units billed is constrained by the total treatment time for that day.

When documenting to support the billing of timed CPT® codes, the provider should **document the total number of timed minutes and the total time of the treatment provided that day**. Total treatment time includes the minutes for timed code treatment and untimed code treatment. Total treatment time does not include time for services that are not billable (*e.g.*, rest periods). **The amount of time for each specific intervention/modality provided to the patient is not required to be documented in the treatment note.**

It is important that the total number of timed treatment minutes support the billing of units on the invoice and that the total treatment time also reflects the services billed as untimed codes. The billing and the total timed code treatment minutes documented must be consistent. Additional guidance for documentation of timed codes is found in the CMS Benefit Policy Manual, Chapter 15, 220.3, E. Treatment Note

Examples of how to count the appropriate number of minutes for the total therapy minutes provided:

Example 1

During a visit, the patient receives the following services:

45 minutes therapeutic exercise 97110

5 minutes manual therapy 97140

7 minutes therapeutic activities 97530

Total Timed Codes: 57 minutes

The healthcare provider would bill: 4 units

97110 3 units

97530 1 unit

Since the total time spent providing manual therapy and therapeutic exercises is greater than 8 minutes, one unit is billed for the service which was performed for more time.

Example 2

During a visit, the patient receives the following services:

24 minutes neuromuscular reeducation 97112

23 minutes therapeutic exercise 97110

Total Timed Codes: 47 minutes

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The healthcare provider would bill: 3 units

97112 2 units

97110 1 unit

Each service is provided for more than 15 minutes, so at least one unit is appropriate for each. Two units are billed for Neuromuscular reeducation since that service was performed for more time.

Example 3

During a visit, the patient receives the following services:

20 minutes therapeutic activities 97530

20 minutes therapeutic exercise 97110

Total Timed Codes: 40 minutes

The healthcare provider would bill: 3 units

97530 2 units

97110 1 unit

OR

97110 2 units

97530 1 unit

Each service was provided for 20 minutes, which would allow for one unit for each service. However, the total time of 40 minutes allows for three units to be billed. Since the time for each service is the same, the provider can choose which code to bill for two units and which code to bill for one unit.

Example 4

During a visit, the patient receives the following services:

33 minutes therapeutic exercise 97110

7 minutes manual therapy 97140

Total Timed Codes: 40 minutes

The healthcare provider would bill: 3 units

97110 2 units

97140 1 unit

The first 30 minutes of therapeutic exercise is 2 units. The remaining 3 minutes is added to the 7 minutes of manual therapy and then is billed for one unit of manual therapy. The time for manual therapy is greater than the remaining time from the therapeutic exercise.

Example 5

During a visit, the patient receives the following services:

18 minutes therapeutic exercise 97110

13 minutes manual therapy 97140

10 minutes gait training 97116

8 minutes ultrasound 97035

Total Timed Codes: 49 minutes

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The healthcare provider would bill: 3 units

97110	1 unit
97140	1 unit
97116	1 unit

Bill the procedures that the most time was spent performing. One unit each of 97110, 97140, and 97116. Although the ultrasound should be documented, it cannot be billed, as the healthcare provider is constrained by the total timed codes minutes. Since the total for the timed codes is 49 minutes, only three units would be billed.

- F. A work hardening program is limited to 6 1/2 hours per day, not to exceed a 6 week period of time.
- G. The payer has the right to require documentation to establish that a modality or therapeutic procedure was performed. Inasmuch as these Guidelines allow for re-evaluations to be performed every two weeks, it is at that time the healthcare provider should address and document the status of the treatment protocol.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessarily detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill. For example, the purpose of modalities like hot and cold packs, paraffin baths, and whirlpools is straightforward. Modalities are utilized as a sub-element of the overall treatment protocol to prepare the injured worker for therapy or to minimize the impact of the therapy on the injured worker. Other than a statement that certain modalities were performed, any additional documentation such as the purpose of the application of modalities, resulting flexibility or comfort is unnecessary. Additionally, listing the amount of weight an individual is lifting, repetitions, and sets is, again, unnecessary. During a re-evaluation visit, the healthcare provider should provide documentation regarding changes in strength, stamina, and flexibility.

Documentation of each treatment shall include the following elements:

- Date of treatment.
- Identification of each specific intervention/modality provided and billed, both timed and untimed services in a manner that it can be compared with the billing record to verify correct coding.
- Total timed code treatment minutes and total treatment time in minutes (the amount of time for each specific intervention/modality provided is not required).
- Signatures (written or electronic) and professional designation of the qualified healthcare provider who furnished or supervised the services provided.

Historical Note

New Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE Physical Medicine Codes 2024 Physical Medicine Conversion Factor \$68.00					
Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
97010 00	Physical Medicine	0.19	0.19	12.92	12.92
97012 00	Physical Medicine	0.42	0.42	28.56	28.56
97014 00	Physical Medicine	0.37	0.37	25.16	25.16
97016 00	Physical Medicine	0.35	0.35	23.80	23.80
97018 00	Physical Medicine	0.17	0.17	11.56	11.56
97022 00	Physical Medicine	0.51	0.51	34.68	34.68
97024 00	Physical Medicine	0.22	0.22	14.96	14.96
97026 00	Physical Medicine	0.20	0.20	13.60	13.60
97028 00	Physical Medicine	0.25	0.25	17.00	17.00
97032 00	Physical Medicine	0.43	0.43	29.24	29.24
97033 00	Physical Medicine	0.58	0.58	39.44	39.44
97034 00	Physical Medicine	0.42	0.42	28.56	28.56
97035 00	Physical Medicine	0.42	0.42	28.56	28.56
97036 00	Physical Medicine	1.05	1.05	71.40	71.40
97037 00	Physical Medicine	0.00	0.00	BR	BR
97039 00	Physical Medicine	0.00	0.00	BR	BR
97110 00	Physical Medicine	0.88	0.88	59.84	59.84
97112 00	Physical Medicine	1.01	1.01	68.68	68.68
97113 00	Physical Medicine	1.10	1.10	74.80	74.80
97116 00	Physical Medicine	0.88	0.88	59.84	59.84
97124 00	Physical Medicine	0.91	0.91	61.88	61.88
97129 00	Physical Medicine	0.67	0.66	45.56	44.88
97130 00	Physical Medicine	0.64	0.63	43.52	42.84
97139 00	Physical Medicine	0.00	0.00	BR	BR
97140 00	Physical Medicine	0.81	0.81	55.08	55.08
97150 00	Physical Medicine	0.54	0.54	36.72	36.72
97151 00	Physical Medicine	-	-	30.60	30.60
97152 00	Physical Medicine	-	-	22.44	22.44
97153 00	Physical Medicine	-	-	20.40	20.40

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
97154 00	Physical Medicine			17.00	17.00
97155 00	Physical Medicine			27.20	27.20
97156 00	Physical Medicine			23.80	23.80
97157 00	Physical Medicine			21.76	21.76
97158 00	Physical Medicine			16.32	16.32
97161 00	Physical Medicine	3.01	3.01	204.68	204.68
97162 00	Physical Medicine	3.01	3.01	204.68	204.68
97163 00	Physical Medicine	3.01	3.01	204.68	204.68
97164 00	Physical Medicine	2.09	2.09	142.12	142.12
97165 00	Physical Medicine	3.04	3.04	206.72	206.72
97166 00	Physical Medicine	3.04	3.04	206.72	206.72
97167 00	Physical Medicine	3.04	3.04	206.72	206.72
97168 00	Physical Medicine	2.10	2.10	142.80	142.80
97169 00	Physical Medicine			67.32	60.52
97170 00	Physical Medicine			118.32	106.76
97171 00	Physical Medicine			236.64	212.84
97172 00	Physical Medicine			84.32	76.16
97530 00	Physical Medicine	1.10	1.10	74.80	74.80
97533 00	Physical Medicine	1.87	1.87	127.16	127.16
97535 00	Physical Medicine	0.98	0.98	66.64	66.64
97537 00	Physical Medicine	0.95	0.95	64.60	64.60
97542 00	Physical Medicine	0.95	0.95	64.60	64.60
97545 00	Physical Medicine			169.32	152.32
97546 00	Physical Medicine			84.32	75.48
97550 00	Physical Medicine	1.59	1.59	108.12	108.12
97551 00	Physical Medicine	0.79	0.73	53.72	49.64
97552 00	Physical Medicine	0.67	0.67	45.56	45.56
97597 00	Physical Medicine	3.03	1.05	206.04	71.40
97598 00	Physical Medicine	1.35	0.73	91.80	49.64
97602 00	Physical Medicine			68.68	61.88
97605 00	Physical Medicine	1.29	0.72	87.72	48.96
97606 00	Physical Medicine	1.53	0.79	104.04	53.72
97607 00	Physical Medicine	10.45	0.63	710.60	42.84

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
97608 00	Physical Medicine	10.81	0.74	735.08	50.32
97610 00	Physical Medicine	12.83	0.53	872.44	36.04
97750 00	Physical Medicine	1.02	1.02	69.36	69.36
97755 00	Physical Medicine	1.15	1.15	78.20	78.20
97760 00	Physical Medicine	1.43	1.43	97.24	97.24
97761 00	Physical Medicine	1.25	1.25	85.00	85.00
97763 00	Physical Medicine	1.57	1.57	106.76	106.76
97799 00	Physical Medicine	0.00	0.00	BR	BR
97802 00	Physical Medicine	1.09	0.95	74.12	64.60
97803 00	Physical Medicine	0.95	0.81	64.60	55.08
97804 00	Physical Medicine	0.50	0.46	34.00	31.28
97810 00	Physical Medicine	1.15	0.91	78.20	61.88
97811 00	Physical Medicine	0.85	0.76	57.80	51.68
97813 00	Physical Medicine	1.36	0.99	92.48	67.32
97814 00	Physical Medicine	1.10	0.84	74.80	57.12
98925 00	Physical Medicine	0.94	0.68	63.92	46.24
98926 00	Physical Medicine	1.35	1.03	91.80	70.04
98927 00	Physical Medicine	1.76	1.37	119.68	93.16
98928 00	Physical Medicine	2.15	1.73	146.20	117.64
98929 00	Physical Medicine	2.53	2.07	172.04	140.76
98940 00	Physical Medicine	0.82	0.65	55.76	44.20
98941 00	Physical Medicine	1.18	1.00	80.24	68.00
98942 00	Physical Medicine	1.52	1.34	103.36	91.12
98943 00	Physical Medicine	0.77	0.67	52.36	45.56
98960 00	Physical Medicine	0.92	0.92	62.56	62.56
98961 00	Physical Medicine	0.44	0.44	29.92	29.92
98962 00	Physical Medicine	0.33	0.33	22.44	22.44
98966 00	Physical Medicine	0.39	0.34	26.52	23.12
98967 00	Physical Medicine	0.72	0.66	48.96	44.88
98968 00	Physical Medicine	0.99	0.92	67.32	62.56
98970 00	Physical Medicine	0.35	0.35	23.80	23.80
98971 00	Physical Medicine	0.62	0.62	42.16	42.16
98972 00	Physical Medicine	0.92	0.91	62.56	61.88

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
98975 00	Physical Medicine	0.60	0.60	40.80	40.80
98976 00	Physical Medicine	1.42	1.42	96.56	96.56
98977 00	Physical Medicine	1.42	1.42	96.56	96.56
98978 00	Physical Medicine	0.00	0.00	BR	BR
98980 00	Physical Medicine	1.52	0.91	103.36	61.88
98981 00	Physical Medicine	1.20	0.90	81.60	61.20

Historical Note

New Appendix A, Physical Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Codes 2019-2020 repealed; new Appendix A, Physical Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Physical Medicine Codes 2020-2021 repealed; new Appendix A, Physical Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Physical Medicine Codes 2021-2022 repealed; new Appendix A, Physical Medicine Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Physical Medicine Codes 2022-2023 repealed; new Appendix A, Physical Medicine Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Physical Medicine Codes 2023-2024 repealed; new Appendix A, 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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EVALUATION AND MANAGEMENT GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The evaluation and management guidelines incorporated by reference may be found in the CPT[®] published by the AMA and is reprinted, in part, below with permission. To the extent that a conflict may exist between an incorporated portion of the CPT[®] publication or HCPCS code and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

Documentation and review of records, when required, is inclusive to the performance of the appropriate E/M service. A health care provider shall only be reimbursed for time that is not accounted for in the E/M service code by billing prolonged services codes 99415, 99416, 99417, or 99418. Proper documentation must justify the use of these codes and accompany the invoice.

Impairment Examinations

Impairment examinations shall be billed using CPT[®] 99455, work related or medical disability examination by the treating physician, or CPT[®] 99456, work related or medical disability examination by other than the treating physician. Physicians may bill one unit of these codes for the initial hour and an additional unit for each 30-minute increment after the initial hour. Each 30 minute increment commences the minute following the end of the previous time interval. The physician shall include documentation that demonstrates the complexity of the case and the time spent on the service to justify billing each additional unit. Reimbursement for CPT[®] codes 99455 and 99456 shall be made at 100% of the listed reimbursement value for the initial unit and then 50% of the listed reimbursement value for each additional unit.

Example:

A physician spends 72 minutes performing a work related disability examination on a patient they previously treated.

The physician would bill two units of 99455 and be reimbursed at 1.5 times the listed reimbursement value for CPT[®] 99455.

Remote Monitoring

Two HCPCS codes are included in this section of the 2024/2025 Fee Schedule for remote monitoring:

G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (*e.g.*, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

G2012 – Brief communication technology-based service, *e.g.*, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not

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originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of medical discussion.

A. CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES.

The E/M section is divided into broad categories such as office visits, hospital inpatient or observation care visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital inpatient and observation care visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes.

The basic format of the levels of E/M services based on medical decision making (MDM) or time is the same. First, a unique code number is listed. Second, the place and/or type of service is specified, (*e.g.*, office or other outpatient visit). Third, the content of the service is defined. Fourth, time is specified. (A detailed discussion of time is provided in the Guidelines for Selecting Level of Service Based on Time.)

The place of service and service type are defined by the location where the face-to-face encounter with the patient and/or family/caregiver occurs. For example, service provided to a nursing facility resident brought to the office is reported with an office or other outpatient code.

New and Established Patients

Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services. A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. In the instance where a physician or other qualified health care professional is on call for or covering for another physician or other qualified health care professional, the patient's encounter will be classified as it would have been by the physician or other qualified health care professional who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

Initial and Subsequent Services

Some categories apply to both new and established patients (e.g., hospital inpatient or observation care). These categories differentiate services by whether the service is the initial service or a subsequent service. For the purpose of distinguishing between initial or subsequent visits, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services. An initial service is when the patient has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the inpatient, observation, or nursing facility admission and stay.

A subsequent service is when the patient has received professional service(s) from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the admission and stay.

In the instance when a physician or other qualified health care professional is on call for or covering for another physician or other qualified health care professional, the patient's encounter will be classified as it would have been by the physician or other qualified health care professional who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

For reporting hospital inpatient or observation care services, a stay that includes a transition from observation to inpatient is a single stay. For reporting nursing facility services, a stay that includes transition(s) between skilled nursing facility and nursing facility level of care is the same stay.

Split or Shared Visits

Physician(s) and other qualified health care professionals(s) (QHP[s]) may act as a team in providing care for the patient, working together during a single E/M service. The split or shared visits guidelines are applied to determine which professional may report the service. If the physician or other QHP performs a substantive portion of the encounter, the physician or other QHP may report the service. If code selection is based on total time on the date of the encounter, the service is reported by the professional who spent the majority of the face-to-face or non-face-to-face time performing the service. For the purpose of reporting E/M services within the context of team-based care, performance of a substantive part of the MDM requires that the physician(s) or other QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. If the amount and/or complexity of data to be reviewed and analyzed is used by the physician or other QHP to determine the reported code level, assessing an independent historian's narrative and the ordering or review of tests or documents do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan. Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP.

Multiple Evaluation and Management Services on the Same Date

The following guidelines apply to services that a patient may receive for hospital inpatient care, observation care, or nursing facility care. For instructions regarding transitions to these settings from the office or outpatient, home or residence, or emergency department setting, see guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services.

A patient may receive E/M services in more than one setting on a calendar date. A patient may also have more than one visit in the same setting on a calendar date. The guidelines for multiple E/M services on the same date address circumstances in which the patient has received multiple visits or services from the same physician or other QHP or another physician or QHP of the exact same specialty and subspecialty who belongs to the same group practice.

Per day: The hospital inpatient and observation care services and the nursing facility services are “per day” services. When multiple visits occur over the course of a single calendar date in the same setting, a single service is reported. When using MDM for code level selection, use the aggregated MDM over the course of the calendar date. When using time for code level selection, sum the time over the course of the day using the guidelines for reporting time.

Multiple encounters in different settings or facilities: A patient may be seen and treated in different facilities (e.g., a hospital-to-hospital transfer). When more than one primary E/M service is reported and time is used to select the code level for either service, only the time spent providing that individual service may be allocated to the code level selected for reporting that service. No time may be counted twice when reporting more than one E/M service. Prolonged services are also based on the same allocation and their relationship to the primary service. The designation of the facility may be defined by licensure or regulation. Transfer from a hospital bed to a nursing facility bed in a hospital with nursing facility beds is considered as two services in two facilities because there is a discharge from one type of designation to another. An intra-facility transfer for a different level of care (e.g., from a routine unit to a critical care unit) does not constitute a new stay, nor does it constitute a transfer to a different facility.

Emergency department (ED) and services in other settings (same or different facilities): Time spent in an ED by a physician or other QHP who provides subsequent E/M services may be included in calculating total time on the date of the encounter when ED services are not reported and another E/M service is reported (e.g., hospital inpatient and observation care services).

Discharge services and services in other facilities: Each service may be reported separately as long as any time spent on the discharge service is not counted towards the total time of a subsequent service in which code level selection for the subsequent service is based on time. This includes any hospital inpatient or observation care services (including admission and discharge services) time (99234, 99235, 99236) because these services may be selected based on MDM or time. When these services are reported with another E/M service on the same calendar date, time related to the hospital inpatient or observation care service (including admission and discharge services) may not be used for code selection of the subsequent service.

Discharge Services and services in the same facility: If the patient is discharged and readmitted to the same facility on the same calendar date, report a subsequent care service instead of a discharge or initial service. For the purpose of E/M reporting, this is a single stay.

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Discharge services and services in a different facility: If the patient is admitted to another facility, for the purpose of E/M reporting, this is considered a different stay. Discharge and initial services may be reported as long as time spent on the discharge service is not counted towards the total time of the subsequent service reported when code level selection is based on time.

Critical care services (including neonatal intensive care services and pediatric and neonatal critical care): Reporting guidelines for intensive and critical care services that are performed on the same calendar date as another E/M service are described in the service specific section guidelines.

Transitions between office or other outpatient, home or residence, or emergency department and hospital inpatient or observation or nursing facility: See the guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services. If the patient is seen in two settings and only one service is reported, the total time on the date of the encounter of the aggregated MDM is used for determining the level of the single reported service. If prolonged services are reported, use the prolonged services code that is appropriate for the primary service reported, regardless of where the patient was located when the prolonged services time threshold was met. The choice of the primary service is at the discretion of the reporting physician or other QHP.

Services Reported Separately

Any specifically identifiable procedure or service (i.e., identified with a specific CPT code) performed on the date of E/M services may be reported separately.

The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified health care professional reporting the E/M service. Tests that do not require separate interpretation (e.g., tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level. The performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The interpretation of the results of diagnostic tests/studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended. The physician or other qualified health care professional may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant separately identifiable E/M service. The E/M service may be caused or prompted by the symptoms or condition for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same date.

History and/or Examination

E/M codes that have levels of services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination are determined by the treating physician or other qualified health care professional reporting the service. The care team may collect information, and the patient or caregiver may supply information directly (e.g., by electronic health record [EHR] portal or questionnaire) that is reviewed by the reporting physician or other qualified health care professional. The extent of history and physical examination is not an element in the selection of the level of these E/M service codes.

B. LEVELS OF E/M SERVICES.

Select the appropriate level of E/M services based on the following:

1. The level of the MDM as defined for each service, **or**
2. The total time for E/M services performed on the date of the encounter.

Within each category or subcategory of E/M service based on MDM or time, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are NOT interchangeable among the different categories or subcategories of service. For example, the first level of E/M services in the subcategory of office visit, new patient, does not have the same definition as the first level of E/M services in the subcategory of office visit, established patient. Each level of E/M services may be used by all physicians or other qualified health care professionals.

Guidelines for Selecting Level of Service Based on Medical Decision Making

Four types of MDM are recognized: straightforward, low, moderate, and high. The concept of the level of MDM does not apply to CPT codes 99211 and 99281.

MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. MDM is defined by three elements. The elements are:

The number and complexity of problem(s) that are addressed during the encounter.

The amount and/or complexity of data to be reviewed and analyzed. These data include medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not reported separately and interpretation of tests that are not reported separately. Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter. Ordering a test may include those considered but not selected after shared decision making. For example, a patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required. Alternatively, a test may normally be performed, but due to the risk for a specific patient it is not ordered. These considerations must be documented. Data are divided into three categories:

1. Tests, documents, orders, or independent historian(s). (Each unique test, order, or document is counted to meet a threshold number.)
2. Independent interpretation of tests (not separately reported).
3. Discussion of management or test interpretation with an external physician or other qualified health care professional or appropriate source (not separately reported).

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- The risk of complications and/or morbidity or mortality of patient management. This includes decisions made at the encounter, associated with diagnostic procedure(s), and treatment(s). This includes the possible management options selected and those considered but not selected after shared decision making with the patient and/or family. For example, a decision about hospitalization includes considerations of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

Shared decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

MDM may be impacted by role and management responsibility.

When the physician or other qualified health care professional is reporting a separate CPT® code that includes interpretation and/or report, the interpretation and/or report is not counted toward the MDM when selecting a level of E/M services. When the physician or other qualified health care professional is reporting a separate service for discussion of management with a physician or another qualified health care professional, the discussion is not counted toward the MDM when selecting a level of outpatient E/M services.

The Levels of Medical Decision Making (MDM) table (Table 1) is a guide to assist in selecting the level of MDM for reporting an E/M services code. The table includes the four levels of MDM (*i.e.*, straightforward, low, moderate, high) and the three elements of MDM (*i.e.*, number and complexity of problems addressed at the encounter, amount and/or complexity of data reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management). To qualify for a particular level of MDM, two of the three elements for that level of MDM must be met or exceeded.

Examples in the table may be more or less applicable to specific settings of care. For example, the decision to hospitalize applies to the outpatient or nursing facility encounters, whereas the decision to escalate hospital level of care (e.g., transfer to ICU) applies to the hospitalized or observation care patient. See also the introductory guidelines of each code family section.

The elements listed in Table 1, Levels of Medical Decision Making, are defined in the guidelines for number and complexity of problems addressed at the encounter, amount and/or complexity of data to be reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management.

Table 1: Levels of Medical Decision Making (MDM)

Elements of Medical Decision Making			
Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to Be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
Straightforward	Minimal 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
Low	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or <ul style="list-style-type: none"> • 1 stable, chronic illness; or <ul style="list-style-type: none"> • 1 acute, uncomplicated illness or injury; or <ul style="list-style-type: none"> • 1 stable, acute illness; or <ul style="list-style-type: none"> • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care 	Limited (Must meet the requirements of at least 1 out of 2 categories) Category 1: Tests and documents <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*;\ • Ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk or morbidity from additional diagnostic testing or treatment

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Moderate	<p>Moderate</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> 2 or more stable, chronic illnesses; <p>or</p> <ul style="list-style-type: none"> 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> 1 acute, complicated injury 	<p>Moderate</p> <p><i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each unique source*; Review of the result(s) of each unique test*; Ordering of each unique test*; Assessment requiring an independent historian(s) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician /other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> Prescription drug management Decision regarding minor surgery with identified patient or procedure risk factors Decision regarding elective major surgery without identified patient or procedure risk factors Diagnosis or treatment significantly limited by social determinants of health.
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High	High	Extensive	High risk of morbidity from
	<ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p><i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents or independent historian(s)</p> <p>Any combination of 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding parenteral controlled substances

Number and Complexity of Problems Addressed at the Encounter

One element used in selecting the level of office or other outpatient services is the number and complexity of the problems that are addressed at an encounter. Multiple new or established conditions may be addressed at the same time and may affect MDM. Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services **unless** they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Therefore, presenting symptoms that are unlikely to represent a highly morbid condition may “drive” MDM even when the ultimate diagnosis is not highly morbid. The evaluation and/or treatment should be consistent with the likely nature of the condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction.

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The term “risk” as used in these definitions relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of management.

Definitions for the elements of MDM (see Table 1, Levels of Medical Decision Making) are:

Problem: A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified healthcare provider reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient’s medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being addressed or managed by the physician or other qualified healthcare professional reporting the service. Referral without evaluation (by history, examination, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service. For hospital inpatient and observation care services the problem addressed is the problem status on the date of the encounter, which may be significantly different than on admission. It is the problem being managed or co-managed by the reporting physician or other qualified health care professional and may not be the cause of admission or continued stay.

Minimal problem: A problem that may not require the presence of the physician or other qualified healthcare professional, but the service is provided under the physician’s or other qualified health care professional’s supervision (see CPT codes 99211, 99281).

Self-limiting or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

Stable, chronic illness: A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (*e.g.*, uncontrolled diabetes and controlled diabetes are a single chronic condition). “Stable” for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, in a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic, the risk of morbidity **without** treatment is significant.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness.

Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care: A recent or new short-term problem with low risk of morbidity for which treatment is required. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. The treatment required is delivered in a hospital inpatient or observation I level setting.

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Stable, acute illness: A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled, or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for *self-limited or minor problem* or *acute, uncomplicated illness or injury*. Systemic symptoms may not be general but may be a single system.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with a risk of morbidity.

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require escalation in level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, and acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.

Amount and/or Complexity of Data to Be Reviewed and Analyzed

One element used in selecting the level of services is the amount and/or complexity of data to be reviewed or analyzed at an encounter.

Analyzed: the process of using the data as part of the MDM. The data element itself may not be subject to analysis (e.g., glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified health care professional reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

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Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (*e.g.*, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple tests is defined in accordance with the CPT® code set. For the purposes of data reviewed and analyzed, pulse oximetry is not a test.

Unique: A unique test is defined by the CPT® code set. When multiple results of the same unique test (*e.g.*, serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT® codes. For example, a CBC with differential would incorporate the set of hemoglobin, CBC, without differential, and platelet count. A unique source is defined as a physician or other qualified healthcare professional in a distinct group or different specialty or subspecialty, or a unique entity. Review of all the materials from any unique source counts as one element toward MDM.

Combination of Data Elements: A combination of different data elements, for example, a combination of notes reviewed, tests ordered, tests reviewed, or independent historian, allows these elements to be summed. It does not require each item type or category to be represented. A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements.

External: External records, communications, and/or test results are from an external physician, other qualified health care professional, facility, or health care organization.

External physician or other qualified health care professional: An external physician or other qualified health care professional who is not in the same group practice or is of a different specialty or subspecialty. This includes licensed professionals who are practicing independently. The individual may also be a facility or organizational provider such as from a hospital, nursing facility, or home health care agency.

Discussion: Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (*e.g.*, clinical staff or trainees). Sending chart notes or written exchanges that are within progress notes does not qualify as an interactive exchange. The discussion does not need to be on the date of the encounter, but it is counted only once and only when it is used in the decision making of the encounter. It may be synchronous (*i.e.*, does not need to be in person), but it must be initiated and completed within a short time period (*e.g.*, within a day or two).

Independent historian(s): An individual (*e.g.*, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (*e.g.*, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met. It does not include translation services. The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.

Independent interpretations: The interpretation of a test for which there is a CPT® code and an interpretation or report is customary. This does not apply when the physician or other healthcare professional who reports the E/M service is reporting or has previously reported the test. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test. A test that is ordered and independently interpreted may count both as a test ordered and interpreted.

Appropriate source: For the purpose of the discussion of management data element (see Table 1, levels of Medical Decision Making), an appropriate source includes professionals who are not health care professionals but may be

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involved in the management of the patient (*e.g.*, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers. For the purpose of documents reviewed, documents from an appropriate source may be counted.

Risk of Complications and/or Morbidity or Mortality of Patient Management

One element used in selecting the level of service is the risk of complications and/or morbidity or mortality of patient management at an encounter. This is distinct from the risk of the condition itself.

Risk: The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified healthcare professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as *high*, *medium*, *low*, or *minimal* risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment and/or hospitalization. The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other health care professional as part of the reported encounter.

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

Surgery (minor or major, elective, emergency, procedure or patient risk):

Surgery - Minor or Major: The classification of surgery into minor or major is based on the common meaning of such terms when used by trained clinicians, similar to the use of the term “risk.” These terms are not defined by a surgical package classification.

Surgery – Elective or Emergency: Elective procedures and emergent or urgent procedures describe the timing of the procedure when the timing is related to the patient’s condition. An elective procedure is typically planned in advance (*e.g.*, scheduled for weeks later), while an emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization. Both elective and emergent procedures may be minor or major procedures.

Surgery – Risk Factors, Patient or Procedure: Risk factors are those that are relevant to the patient and procedure. Evidence-based risk calculators may be used, but are not required, in assessing patient and procedure risk.

Drug therapy requiring intensive monitoring for toxicity: A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent but may be patient-specific in some cases. Intensive monitoring may be

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long-term or short-term. Long-term intensive monitoring is not performed less than quarterly. The monitoring may be performed with a laboratory test, a physiologic test, or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient. An example may be monitoring for cytopenia with the use of an antineoplastic agent between dose cycles. Examples of monitoring that do not qualify include monitoring glucose levels during insulin therapy, as the primary reason is the therapeutic effect (unless severe hypoglycemia is a current, significant concern); or annual electrolytes and renal function for a patient on a diuretic, as the frequency does not meet the threshold.

Parenteral controlled substances: The level of risk is based on the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty and subspecialty and not simply based on the presence of an order for parenteral controlled substances.

Guidelines for Selecting Level of Service Based on Time

Certain categories of time-based E/M codes that do not have levels of services based on MDM (e.g., Critical Care Services) in the E/M section use time differently. It is important to review the instructions for each category.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time.

When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services. The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified health care professional and the patient and/or family/caregiver. For office or other outpatient services, if the physician's or other qualified health care professional's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.

For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face time with the patient and/or family/caregiver and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff). It includes time regardless of the location of the physician or other qualified health care professional (e.g., whether on or off the inpatient unit or in or out of the outpatient office). It does not include any time spent in the performance of other separately reported service(s).

Each service that may be reported using time for code level selection has a required time threshold. The concept of attaining a mid-point between levels does not apply. A full 15 minutes is required to report any unit of prolonged service codes 99417, and 99418.

Physician(s) and other qualified health care professional(s) may each provide a portion of the face-to-face and non-face-to-face work related to the service. When time is being used to select the appropriate level of services for which time-based reporting is allowed, the time personally spent by the physician(s) and other qualified health care professional(s) assessing and managing the patient and/or counseling, educating, communicating results to the patient/family/caregiver on the date of the encounter is summed to define total time. Only distinct time should be summed (i.e., when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).

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When prolonged time occurs, the appropriate prolonged services code may be reported. The total time on the date of the encounter spent caring for the patient should be documented in the medical record when it is used as the basis for code selection.

Physician or other qualified health care professional time includes the following activities, when performed:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported) Do not count time spent on the following:
- The performance of other services that are reported separately
- Travel

Teaching that is general and not limited to discussion that is required for the management of a specific patient For split or shared visits, see the split or shared visits guidelines.

C. UNLISTED SERVICE

An E/M service may be provided that is not listed in this section of CPT® codebook. When reporting such a service, the appropriate unlisted code may be used to indicate the service, identifying it by “Special Report,” as discussed in item E. The “Unlisted Services” and accompanying codes for the E/M section are as follows:

99429 Unlisted preventive medicine service

99499 Unlisted evaluation and management service

D. SPECIAL REPORT.

An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service. Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

Historical Note

New Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019;

Appendix A, Evaluation and Management Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Evaluation and Management Codes 2024
E&M Conversion Factor \$68.00

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
99202 00	E&M	2.17	1.41	147.56	95.88
99203 00	E&M	3.35	2.44	227.80	165.92
99204 00	E&M	5.02	3.97	341.36	269.96
99205 00	E&M	6.62	5.40	450.16	367.20
99211 00	E&M	0.70	0.26	47.60	17.68
99212 00	E&M	1.70	1.05	115.60	71.40
99213 00	E&M	2.73	1.96	185.64	133.28
99214 00	E&M	3.85	2.89	261.80	196.52
99215 00	E&M	5.42	4.29	368.56	291.72
99221 00	E&M	2.46	2.46	167.28	167.28
99222 00	E&M	3.88	3.88	263.84	263.84
99223 00	E&M	5.14	5.14	349.52	349.52
99231 00	E&M	1.47	1.47	99.96	99.96
99232 00	E&M	2.34	2.34	159.12	159.12
99233 00	E&M	3.52	3.52	239.36	239.36
99234 00	E&M	2.90	2.90	197.20	197.20
99235 00	E&M	4.73	4.73	321.64	321.64
99236 00	E&M	6.18	6.18	420.24	420.24
99238 00	E&M	2.41	2.41	163.88	163.88
99239 00	E&M	3.40	3.40	231.20	231.20
99242 00	E&M	2.25	1.66	153.00	112.88
99243 00	E&M	3.37	2.62	229.16	178.16
99244 00	E&M	4.81	3.99	327.08	271.32
99245 00	E&M	6.28	5.36	427.04	364.48
99252 00	E&M	2.11	2.11	143.48	143.48
99253 00	E&M	2.96	2.96	201.28	201.28
99254 00	E&M	4.11	4.11	279.48	279.48
99255 00	E&M	5.53	5.53	376.04	376.04
99281 00	E&M	0.34	0.34	23.12	23.12
99282 00	E&M	1.24	1.24	84.32	84.32
99283 00	E&M	2.11	2.11	143.48	143.48
99284 00	E&M	3.59	3.59	244.12	244.12
99285 00	E&M	5.20	5.20	353.60	353.60
99288 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99291 00	E&M	8.18	6.31	556.24	429.08
99292 00	E&M	3.58	3.18	243.44	216.24
99304 00	E&M	2.39	2.39	162.52	162.52

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
99305 00	E&M	3.97	3.97	269.96	269.96
99306 00	E&M	5.42	5.42	368.56	368.56
99307 00	E&M	1.20	1.20	81.60	81.60
99308 00	E&M	2.22	2.22	150.96	150.96
99309 00	E&M	3.21	3.21	218.28	218.28
99310 00	E&M	4.58	4.58	311.44	311.44
99315 00	E&M	2.43	2.43	165.24	165.24
99316 00	E&M	3.90	3.90	265.20	265.20
99341 00	E&M	1.47	1.47	99.96	99.96
99342 00	E&M	2.33	2.33	158.44	158.44
99344 00	E&M	4.23	4.23	287.64	287.64
99345 00	E&M	6.01	6.01	408.68	408.68
99347 00	E&M	1.35	1.35	91.80	91.80
99348 00	E&M	2.28	2.28	155.04	155.04
99349 00	E&M	3.79	3.79	257.72	257.72
99350 00	E&M	5.52	5.52	375.36	375.36
99358 00	E&M	2.65	2.61	180.20	177.48
99359 00	E&M	1.13	1.09	76.84	74.12
99360 00	E&M	1.74	1.74	118.32	118.32
99366 00	E&M	1.22	1.19	82.96	80.92
99367 00	E&M	1.60	1.60	108.80	108.80
99368 00	E&M	1.04	1.04	70.72	70.72
99374 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99375 00	E&M	3.03	2.50	206.04	170.00
99377 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99378 00	E&M	3.03	2.50	206.04	170.00
99379 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99380 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99381 00	E&M	0.00	0.00	BR	BR
99382 00	E&M	0.00	0.00	BR	BR
99383 00	E&M	0.00	0.00	BR	BR
99384 00	E&M	0.00	0.00	BR	BR
99385 00	E&M	0.00	0.00	BR	BR
99386 00	E&M	0.00	0.00	BR	BR
99387 00	E&M	0.00	0.00	BR	BR
99391 00	E&M	0.00	0.00	BR	BR
99392 00	E&M	0.00	0.00	BR	BR
99393 00	E&M	0.00	0.00	BR	BR
99394 00	E&M	0.00	0.00	BR	BR
99395 00	E&M	0.00	0.00	BR	BR
99396 00	E&M	0.00	0.00	BR	BR
99397 00	E&M	0.00	0.00	BR	BR

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
99401 00	E&M	0.00	0.00	BR	BR
99402 00	E&M	0.00	0.00	BR	BR
99403 00	E&M	0.00	0.00	BR	BR
99404 00	E&M	0.00	0.00	BR	BR
99406 00	E&M	0.00	0.00	BR	BR
99407 00	E&M	0.00	0.00	BR	BR
99408 00	E&M	0.00	0.00	BR	BR
99409 00	E&M	0.00	0.00	BR	BR
99411 00	E&M	0.00	0.00	BR	BR
99412 00	E&M	0.00	0.00	BR	BR
99415 00	E&M	0.62	0.62	42.16	42.16
99416 00	E&M	0.29	0.29	19.72	19.72
99417 00	E&M	0.92	0.89	62.56	60.52
99418 00	E&M	1.17	1.17	79.56	79.56
99421 00	E&M	0.45	0.38	30.60	25.84
99422 00	E&M	0.88	0.75	59.84	51.00
99423 00	E&M	1.40	1.20	95.20	81.60
99424 00	E&M	2.48	2.21	168.64	150.28
99425 00	E&M	1.80	1.52	122.40	103.36
99426 00	E&M	1.86	1.47	126.48	99.96
99427 00	E&M	1.42	1.03	96.56	70.04
99429 00	E&M	0.00	0.00	BR	BR
99437 00	E&M	1.79	1.50	121.72	102.00
99439 00	E&M	1.44	1.04	97.92	70.72
99441 00	E&M	1.69	1.04	114.92	70.72
99442 00	E&M	2.72	1.95	184.96	132.60
99443 00	E&M	3.85	2.89	261.80	196.52
99446 00	E&M	0.53	0.53	36.04	36.04
99447 00	E&M	1.08	1.08	73.44	73.44
99448 00	E&M	1.60	1.60	108.80	108.80
99449 00	E&M	2.13	2.13	144.84	144.84
99450 00	E&M	0.00	0.00	BR	BR
99451 00	E&M	1.04	1.04	70.72	70.72
99452 00	E&M	1.01	1.01	68.68	68.68
99453 00	E&M	0.60	0.60	40.80	40.80
99454 00	E&M	1.42	1.42	96.56	96.56
99455 00	E&M	5.23	5.23	355.64	355.64
99456 00	E&M	6.87	6.87	467.16	467.16
99457 00	E&M	1.47	0.89	99.96	60.52
99458 00	E&M	1.18	0.89	80.24	60.52
99459 00	E&M	0.68	0.68	46.24	46.24
99460 00	E&M	2.75	2.75	187.00	187.00

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
99461 00	E&M	2.75	1.81	187.00	123.08
99462 00	E&M	1.21	1.21	82.28	82.28
99463 00	E&M	3.21	3.21	218.28	218.28
99464 00	E&M	2.15	2.15	146.20	146.20
99465 00	E&M	4.21	4.21	286.28	286.28
99466 00	E&M	6.87	6.87	467.16	467.16
99467 00	E&M	3.45	3.45	234.60	234.60
99468 00	E&M	26.48	26.48	1800.64	1800.64
99469 00	E&M	11.45	11.45	778.60	778.60
99471 00	E&M	22.94	22.94	1559.92	1559.92
99472 00	E&M	11.75	11.75	799.00	799.00
99473 00	E&M	0.43	0.43	29.24	29.24
99474 00	E&M	0.50	0.26	34.00	17.68
99475 00	E&M	16.53	16.53	1124.04	1124.04
99476 00	E&M	9.95	9.95	676.60	676.60
99477 00	E&M	10.03	10.03	682.04	682.04
99478 00	E&M	3.95	3.95	268.60	268.60
99479 00	E&M	3.59	3.59	244.12	244.12
99480 00	E&M	3.45	3.45	234.60	234.60
99483 00	E&M	8.19	5.74	556.92	390.32
99484 00	E&M	1.65	1.31	112.20	89.08
99485 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99486 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99487 00	E&M	4.03	2.68	274.04	182.24
99489 00	E&M	2.17	1.49	147.56	101.32
99490 00	E&M	1.88	1.49	127.84	101.32
99491 00	E&M	2.54	2.24	172.72	152.32
99492 00	E&M	4.60	2.79	312.80	189.72
99493 00	E&M	4.20	3.05	285.60	207.40
99494 00	E&M	1.78	1.22	121.04	82.96
99495 00	E&M	6.21	4.16	422.28	282.88
99496 00	E&M	8.40	5.65	571.20	384.20
99497 00	E&M	2.46	2.24	167.28	152.32
99498 00	E&M	2.13	2.11	144.84	143.48
99499 00	E&M	0.00	0.00	BR	BR
G2010 00	E&M	0.37	0.27	25.16	18.36
G2012 00	E&M	0.42	0.38	28.56	25.84

Historical Note

New Appendix A, Evaluation and Management Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Codes 2019-2020 repealed; new Appendix A, Evaluation and Management Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Codes

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2020-2021 repealed; new Appendix A, Evaluation and Management Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Evaluation and Management Codes 2021-2022 repealed; new Appendix A, Evaluation and Management Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Evaluation and Management Codes 2022-2023 repealed; new Appendix A, Evaluation and Management Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Evaluation and Management Codes 2023-2024 repealed; new Appendix A, Evaluation and Management Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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CATEGORY III CODES GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT[®] guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT[®] publication or HCPCS code and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

Category III Codes are temporary codes developed to allow collection of data for emerging technology, services, and procedures. The five character alphanumeric codes contain four numbers with one alpha character in the fifth place. If a Category III Code is available, this code must be reported instead of a Category I unlisted code.

Historical Note

New Appendix A, Category III Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Guidelines; new Appendix A, Category III Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Category III Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Category III Code Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Category III Code Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Category III Codes Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE**Category III Codes 2024**

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0042T 00	Category III	0.00	0.00	RNE	RNE
0054T 00	Category III	0.00	0.00	RNE	RNE
0055T 00	Category III	0.00	0.00	RNE	RNE
0071T 00	Category III	0.00	0.00	RNE	RNE
0072T 00	Category III	0.00	0.00	RNE	RNE
0075T 00	Category III	0.00	0.00	RNE	RNE
0075T 26	Category III	0.00	0.00	RNE	RNE
0075T TC	Category III	0.00	0.00	RNE	RNE
0076T 00	Category III	0.00	0.00	RNE	RNE
0076T 26	Category III	0.00	0.00	RNE	RNE
0076T TC	Category III	0.00	0.00	RNE	RNE
0095T 00	Category III	0.00	0.00	RNE	RNE
0098T 00	Category III	0.00	0.00	RNE	RNE
0100T 00	Category III	0.00	0.00	RNE	RNE
0101T 00	Category III	0.00	0.00	RNE	RNE
0102T 00	Category III	0.00	0.00	RNE	RNE
0106T 00	Category III	0.00	0.00	RNE	RNE
0107T 00	Category III	0.00	0.00	RNE	RNE
0108T 00	Category III	0.00	0.00	RNE	RNE
0109T 00	Category III	0.00	0.00	RNE	RNE
0110T 00	Category III	0.00	0.00	RNE	RNE
0164T 00	Category III	0.00	0.00	RNE	RNE
0165T 00	Category III	0.00	0.00	RNE	RNE
0174T 00	Category III	0.00	0.00	RNE	RNE
0175T 00	Category III	0.00	0.00	RNE	RNE
0184T 00	Category III	0.00	0.00	RNE	RNE
0198T 00	Category III	0.00	0.00	RNE	RNE
0200T 00	Category III	0.00	0.00	RNE	RNE
0201T 00	Category III	0.00	0.00	RNE	RNE
0202T 00	Category III	0.00	0.00	RNE	RNE
0207T 00	Category III	0.00	0.00	RNE	RNE
0208T 00	Category III	0.00	0.00	RNE	RNE
0209T 00	Category III	0.00	0.00	RNE	RNE
0210T 00	Category III	0.00	0.00	RNE	RNE
0211T 00	Category III	0.00	0.00	RNE	RNE
0212T 00	Category III	0.00	0.00	RNE	RNE
0213T 00	Category III	0.00	0.00	RNE	RNE
0214T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0215T 00	Category III	0.00	0.00	RNE	RNE
0216T 00	Category III	0.00	0.00	RNE	RNE
0217T 00	Category III	0.00	0.00	RNE	RNE
0218T 00	Category III	0.00	0.00	RNE	RNE
0219T 00	Category III	0.00	0.00	RNE	RNE
0220T 00	Category III	0.00	0.00	RNE	RNE
0221T 00	Category III	0.00	0.00	RNE	RNE
0222T 00	Category III	0.00	0.00	RNE	RNE
0232T 00	Category III	0.00	0.00	RNE	RNE
0234T 00	Category III	0.00	0.00	RNE	RNE
0235T 00	Category III	0.00	0.00	RNE	RNE
0236T 00	Category III	0.00	0.00	RNE	RNE
0237T 00	Category III	0.00	0.00	RNE	RNE
0238T 00	Category III	0.00	0.00	RNE	RNE
0253T 00	Category III	0.00	0.00	RNE	RNE
0263T 00	Category III	0.00	0.00	RNE	RNE
0264T 00	Category III	0.00	0.00	RNE	RNE
0265T 00	Category III	0.00	0.00	RNE	RNE
0266T 00	Category III	0.00	0.00	RNE	RNE
0267T 00	Category III	0.00	0.00	RNE	RNE
0268T 00	Category III	0.00	0.00	RNE	RNE
0269T 00	Category III	0.00	0.00	RNE	RNE
0270T 00	Category III	0.00	0.00	RNE	RNE
0271T 00	Category III	0.00	0.00	RNE	RNE
0272T 00	Category III	0.00	0.00	RNE	RNE
0273T 00	Category III	0.00	0.00	RNE	RNE
0274T 00	Category III	0.00	0.00	RNE	RNE
0275T 00	Category III	0.00	0.00	RNE	RNE
0278T 00	Category III	0.00	0.00	RNE	RNE
0308T 00	Category III	0.00	0.00	RNE	RNE
0329T 00	Category III	0.00	0.00	RNE	RNE
0330T 00	Category III	0.00	0.00	RNE	RNE
0331T 00	Category III	0.00	0.00	RNE	RNE
0332T 00	Category III	0.00	0.00	RNE	RNE
0333T 00	Category III	0.00	0.00	RNE	RNE
0335T 00	Category III	0.00	0.00	RNE	RNE
0338T 00	Category III	0.00	0.00	RNE	RNE
0339T 00	Category III	0.00	0.00	RNE	RNE
0342T 00	Category III	0.00	0.00	RNE	RNE
0345T 00	Category III	0.00	0.00	RNE	RNE
0347T 00	Category III	0.00	0.00	RNE	RNE
0348T 00	Category III	0.00	0.00	RNE	RNE
0349T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0350T 00	Category III	0.00	0.00	RNE	RNE
0351T 00	Category III	0.00	0.00	RNE	RNE
0352T 00	Category III	0.00	0.00	RNE	RNE
0353T 00	Category III	0.00	0.00	RNE	RNE
0354T 00	Category III	0.00	0.00	RNE	RNE
0358T 00	Category III	0.00	0.00	RNE	RNE
0362T 00	Category III	0.00	0.00	RNE	RNE
0373T 00	Category III	0.00	0.00	RNE	RNE
0378T 00	Category III	0.00	0.00	RNE	RNE
0379T 00	Category III	0.00	0.00	RNE	RNE
0394T 00	Category III	0.00	0.00	RNE	RNE
0395T 00	Category III	0.00	0.00	RNE	RNE
0397T 00	Category III	0.00	0.00	RNE	RNE
0398T 00	Category III	0.00	0.00	RNE	RNE
0398T 26	Category III	0.00	0.00	RNE	RNE
0398T TC	Category III	0.00	0.00	RNE	RNE
0402T 00	Category III	0.00	0.00	RNE	RNE
0403T 00	Category III	0.00	0.00	RNE	RNE
0408T 00	Category III	0.00	0.00	RNE	RNE
0409T 00	Category III	0.00	0.00	RNE	RNE
0410T 00	Category III	0.00	0.00	RNE	RNE
0411T 00	Category III	0.00	0.00	RNE	RNE
0412T 00	Category III	0.00	0.00	RNE	RNE
0413T 00	Category III	0.00	0.00	RNE	RNE
0414T 00	Category III	0.00	0.00	RNE	RNE
0415T 00	Category III	0.00	0.00	RNE	RNE
0416T 00	Category III	0.00	0.00	RNE	RNE
0417T 00	Category III	0.00	0.00	RNE	RNE
0418T 00	Category III	0.00	0.00	RNE	RNE
0419T 00	Category III	0.00	0.00	RNE	RNE
0420T 00	Category III	0.00	0.00	RNE	RNE
0421T 00	Category III	0.00	0.00	RNE	RNE
0422T 00	Category III	0.00	0.00	RNE	RNE
0437T 00	Category III	0.00	0.00	RNE	RNE
0439T 00	Category III	0.00	0.00	RNE	RNE
0440T 00	Category III	0.00	0.00	RNE	RNE
0441T 00	Category III	0.00	0.00	RNE	RNE
0442T 00	Category III	0.00	0.00	RNE	RNE
0443T 00	Category III	0.00	0.00	RNE	RNE
0444T 00	Category III	0.00	0.00	RNE	RNE
0445T 00	Category III	0.00	0.00	RNE	RNE
0449T 00	Category III	0.00	0.00	RNE	RNE
0450T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0464T 00	Category III	0.00	0.00	RNE	RNE
0469T 00	Category III	0.00	0.00	RNE	RNE
0472T 00	Category III	0.00	0.00	RNE	RNE
0473T 00	Category III	0.00	0.00	RNE	RNE
0474T 00	Category III	0.00	0.00	RNE	RNE
0479T 00	Category III	0.00	0.00	RNE	RNE
0480T 00	Category III	0.00	0.00	RNE	RNE
0481T 00	Category III	0.00	0.00	RNE	RNE
0483T 00	Category III	0.00	0.00	RNE	RNE
0484T 00	Category III	0.00	0.00	RNE	RNE
0485T 00	Category III	0.00	0.00	RNE	RNE
0485T 26	Category III	0.00	0.00	RNE	RNE
0485T TC	Category III	0.00	0.00	RNE	RNE
0486T 00	Category III	0.00	0.00	RNE	RNE
0486T 26	Category III	0.00	0.00	RNE	RNE
0486T TC	Category III	0.00	0.00	RNE	RNE
0488T 00	Category III	0.00	0.00	RNE	RNE
0489T 00	Category III	0.00	0.00	RNE	RNE
0490T 00	Category III	0.00	0.00	RNE	RNE
0494T 00	Category III	0.00	0.00	RNE	RNE
0495T 00	Category III	0.00	0.00	RNE	RNE
0496T 00	Category III	0.00	0.00	RNE	RNE
0500T 00	Category III	0.00	0.00	RNE	RNE
0505T 00	Category III	0.00	0.00	RNE	RNE
0506T 00	Category III	0.00	0.00	RNE	RNE
0506T 26	Category III	0.00	0.00	RNE	RNE
0506T TC	Category III	0.00	0.00	RNE	RNE
0507T 00	Category III	0.00	0.00	RNE	RNE
0507T 26	Category III	0.00	0.00	RNE	RNE
0507T TC	Category III	0.00	0.00	RNE	RNE
0510T 00	Category III	0.00	0.00	RNE	RNE
0511T 00	Category III	0.00	0.00	RNE	RNE
0512T 00	Category III	0.00	0.00	RNE	RNE
0513T 00	Category III	0.00	0.00	RNE	RNE
0515T 00	Category III	0.00	0.00	RNE	RNE
0516T 00	Category III	0.00	0.00	RNE	RNE
0517T 00	Category III	0.00	0.00	RNE	RNE
0518T 00	Category III	0.00	0.00	RNE	RNE
0519T 00	Category III	0.00	0.00	RNE	RNE
0520T 00	Category III	0.00	0.00	RNE	RNE
0521T 00	Category III	0.00	0.00	RNE	RNE
0521T 26	Category III	0.00	0.00	RNE	RNE
0521T TC	Category III	0.00	0.00	RNE	RNE

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0522T 00	Category III	0.00	0.00	RNE	RNE
0522T 26	Category III	0.00	0.00	RNE	RNE
0522T TC	Category III	0.00	0.00	RNE	RNE
0523T 00	Category III	0.00	0.00	RNE	RNE
0524T 00	Category III	0.00	0.00	RNE	RNE
0525T 00	Category III	0.00	0.00	RNE	RNE
0526T 00	Category III	0.00	0.00	RNE	RNE
0527T 00	Category III	0.00	0.00	RNE	RNE
0528T 00	Category III	0.00	0.00	RNE	RNE
0528T 26	Category III	0.00	0.00	RNE	RNE
0528T TC	Category III	0.00	0.00	RNE	RNE
0529T 00	Category III	0.00	0.00	RNE	RNE
0529T 26	Category III	0.00	0.00	RNE	RNE
0529T TC	Category III	0.00	0.00	RNE	RNE
0530T 00	Category III	0.00	0.00	RNE	RNE
0531T 00	Category III	0.00	0.00	RNE	RNE
0532T 00	Category III	0.00	0.00	RNE	RNE
0537T 00	Category III	0.00	0.00	Bundled Code	Bundled Code
0538T 00	Category III	0.00	0.00	Bundled Code	Bundled Code
0539T 00	Category III	0.00	0.00	Bundled Code	Bundled Code
0540T 00	Category III	0.00	0.00	RNE	RNE
0541T 00	Category III	0.00	0.00	RNE	RNE
0542T 00	Category III	0.00	0.00	RNE	RNE
0543T 00	Category III	0.00	0.00	RNE	RNE
0544T 00	Category III	0.00	0.00	RNE	RNE
0545T 00	Category III	0.00	0.00	RNE	RNE
0546T 00	Category III	0.00	0.00	RNE	RNE
0547T 00	Category III	0.00	0.00	RNE	RNE
0552T 00	Category III	0.00	0.00	RNE	RNE
0553T 00	Category III	0.00	0.00	RNE	RNE
0554T 00	Category III	0.00	0.00	RNE	RNE
0555T 00	Category III	0.00	0.00	RNE	RNE
0556T 00	Category III	0.00	0.00	RNE	RNE
0557T 00	Category III	0.00	0.00	RNE	RNE
0558T 00	Category III	0.00	0.00	RNE	RNE
0559T 00	Category III	0.00	0.00	RNE	RNE
0560T 00	Category III	0.00	0.00	RNE	RNE
0561T 00	Category III	0.00	0.00	RNE	RNE
0562T 00	Category III	0.00	0.00	RNE	RNE
0563T 00	Category III	0.00	0.00	RNE	RNE
0564T 00	Category III	0.00	0.00	RNE	RNE
0565T 00	Category III	0.00	0.00	RNE	RNE
0566T 00	Category III	0.00	0.00	RNE	RNE

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0567T 00	Category III	0.00	0.00	RNE	RNE
0568T 00	Category III	0.00	0.00	RNE	RNE
0569T 00	Category III	0.00	0.00	RNE	RNE
0570T 00	Category III	0.00	0.00	RNE	RNE
0571T 00	Category III	0.00	0.00	RNE	RNE
0572T 00	Category III	0.00	0.00	RNE	RNE
0573T 00	Category III	0.00	0.00	RNE	RNE
0574T 00	Category III	0.00	0.00	RNE	RNE
0575T 00	Category III	0.00	0.00	RNE	RNE
0576T 00	Category III	0.00	0.00	RNE	RNE
0577T 00	Category III	0.00	0.00	RNE	RNE
0578T 00	Category III	0.00	0.00	RNE	RNE
0579T 00	Category III	0.00	0.00	RNE	RNE
0580T 00	Category III	0.00	0.00	RNE	RNE
0581T 00	Category III	0.00	0.00	RNE	RNE
0582T 00	Category III	0.00	0.00	RNE	RNE
0583T 00	Category III	0.00	0.00	RNE	RNE
0584T 00	Category III	0.00	0.00	RNE	RNE
0585T 00	Category III	0.00	0.00	RNE	RNE
0586T 00	Category III	0.00	0.00	RNE	RNE
0587T 00	Category III	0.00	0.00	RNE	RNE
0588T 00	Category III	0.00	0.00	RNE	RNE
0589T 00	Category III	0.00	0.00	RNE	RNE
0590T 00	Category III	0.00	0.00	RNE	RNE
0591T 00	Category III	0.00	0.00	RNE	RNE
0592T 00	Category III	0.00	0.00	RNE	RNE
0593T 00	Category III	0.00	0.00	RNE	RNE
0594T 00	Category III	0.00	0.00	RNE	RNE
0596T 00	Category III	0.00	0.00	RNE	RNE
0597T 00	Category III	0.00	0.00	RNE	RNE
0598T 00	Category III	0.00	0.00	RNE	RNE
0599T 00	Category III	0.00	0.00	RNE	RNE
0600T 00	Category III	0.00	0.00	RNE	RNE
0601T 00	Category III	0.00	0.00	RNE	RNE
0602T 00	Category III	0.00	0.00	RNE	RNE
0603T 00	Category III	0.00	0.00	RNE	RNE
0604T 00	Category III	0.00	0.00	RNE	RNE
0605T 00	Category III	0.00	0.00	RNE	RNE
0606T 00	Category III	0.00	0.00	RNE	RNE
0607T 00	Category III	0.00	0.00	RNE	RNE
0608T 00	Category III	0.00	0.00	RNE	RNE
0609T 00	Category III	0.00	0.00	RNE	RNE
0610T 00	Category III	0.00	0.00	RNE	RNE

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0611T 00	Category III	0.00	0.00	RNE	RNE
0612T 00	Category III	0.00	0.00	RNE	RNE
0613T 00	Category III	0.00	0.00	RNE	RNE
0614T 00	Category III	0.00	0.00	RNE	RNE
0615T 00	Category III	0.00	0.00	RNE	RNE
0616T 00	Category III	0.00	0.00	RNE	RNE
0617T 00	Category III	0.00	0.00	RNE	RNE
0618T 00	Category III	0.00	0.00	RNE	RNE
0619T 00	Category III	0.00	0.00	RNE	RNE
0620T 00	Category III	0.00	0.00	RNE	RNE
0621T 00	Category III	0.00	0.00	RNE	RNE
0622T 00	Category III	0.00	0.00	RNE	RNE
0623T 00	Category III	0.00	0.00	RNE	RNE
0624T 00	Category III	0.00	0.00	RNE	RNE
0625T 00	Category III	0.00	0.00	RNE	RNE
0626T 00	Category III	0.00	0.00	RNE	RNE
0627T 00	Category III	0.00	0.00	RNE	RNE
0628T 00	Category III	0.00	0.00	RNE	RNE
0629T 00	Category III	0.00	0.00	RNE	RNE
0630T 00	Category III	0.00	0.00	RNE	RNE
0631T 00	Category III	0.00	0.00	RNE	RNE
0632T 00	Category III	0.00	0.00	RNE	RNE
0633T 00	Category III	0.00	0.00	RNE	RNE
0633T 26	Category III	0.00	0.00	RNE	RNE
0633T TC	Category III	0.00	0.00	RNE	RNE
0634T 00	Category III	0.00	0.00	RNE	RNE
0634T 26	Category III	0.00	0.00	RNE	RNE
0634T TC	Category III	0.00	0.00	RNE	RNE
0635T 00	Category III	0.00	0.00	RNE	RNE
0635T 26	Category III	0.00	0.00	RNE	RNE
0635T TC	Category III	0.00	0.00	RNE	RNE
0636T 00	Category III	0.00	0.00	RNE	RNE
0636T 26	Category III	0.00	0.00	RNE	RNE
0636T TC	Category III	0.00	0.00	RNE	RNE
0637T 00	Category III	0.00	0.00	RNE	RNE
0637T 26	Category III	0.00	0.00	RNE	RNE
0637T TC	Category III	0.00	0.00	RNE	RNE
0638T 00	Category III	0.00	0.00	RNE	RNE
0638T 26	Category III	0.00	0.00	RNE	RNE
0638T TC	Category III	0.00	0.00	RNE	RNE
0639T 00	Category III	0.00	0.00	RNE	RNE
0640T 00	Category III	0.00	0.00	RNE	RNE
0643T 00	Category III	0.00	0.00	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0644T 00	Category III	0.00	0.00	RNE	RNE
0645T 00	Category III	0.00	0.00	RNE	RNE
0646T 00	Category III	0.00	0.00	RNE	RNE
0647T 00	Category III	0.00	0.00	RNE	RNE
0648T 00	Category III	0.00	0.00	RNE	RNE
0648T 26	Category III	0.00	0.00	RNE	RNE
0648T TC	Category III	0.00	0.00	RNE	RNE
0649T 00	Category III	0.00	0.00	RNE	RNE
0649T 26	Category III	0.00	0.00	RNE	RNE
0649T TC	Category III	0.00	0.00	RNE	RNE
0650T 00	Category III	0.00	0.00	RNE	RNE
0650T 26	Category III	0.00	0.00	RNE	RNE
0650T TC	Category III	0.00	0.00	RNE	RNE
0651T 00	Category III	0.00	0.00	RNE	RNE
0652T 00	Category III	0.00	0.00	RNE	RNE
0653T 00	Category III	0.00	0.00	RNE	RNE
0654T 00	Category III	0.00	0.00	RNE	RNE
0655T 00	Category III	0.00	0.00	RNE	RNE
0656T 00	Category III	0.00	0.00	RNE	RNE
0657T 00	Category III	0.00	0.00	RNE	RNE
0658T 00	Category III	0.00	0.00	RNE	RNE
0659T 00	Category III	0.00	0.00	RNE	RNE
0660T 00	Category III	0.00	0.00	RNE	RNE
0661T 00	Category III	0.00	0.00	RNE	RNE
0662T 00	Category III	0.00	0.00	RNE	RNE
0663T 00	Category III	0.00	0.00	RNE	RNE
0664T 00	Category III	0.00	0.00	RNE	RNE
0665T 00	Category III	0.00	0.00	RNE	RNE
0666T 00	Category III	0.00	0.00	RNE	RNE
0667T 00	Category III	0.00	0.00	RNE	RNE
0668T 00	Category III	0.00	0.00	RNE	RNE
0669T 00	Category III	0.00	0.00	RNE	RNE
0670T 00	Category III	0.00	0.00	RNE	RNE
0671T 00	Category III	0.00	0.00	RNE	RNE
0672T 00	Category III	0.00	0.00	RNE	RNE
0673T 00	Category III	0.00	0.00	RNE	RNE
0674T 00	Category III	0.00	0.00	RNE	RNE
0675T 00	Category III	0.00	0.00	RNE	RNE
0676T 00	Category III	0.00	0.00	RNE	RNE
0677T 00	Category III	0.00	0.00	RNE	RNE
0678T 00	Category III	0.00	0.00	RNE	RNE
0679T 00	Category III	0.00	0.00	RNE	RNE
0680T 00	Category III	0.00	0.00	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0681T 00	Category III	0.00	0.00	RNE	RNE
0682T 00	Category III	0.00	0.00	RNE	RNE
0683T 00	Category III	0.00	0.00	RNE	RNE
0683T 26	Category III	0.00	0.00	RNE	RNE
0683T TC	Category III	0.00	0.00	RNE	RNE
0684T 00	Category III	0.00	0.00	RNE	RNE
0684T 26	Category III	0.00	0.00	RNE	RNE
0684T TC	Category III	0.00	0.00	RNE	RNE
0685T 00	Category III	0.00	0.00	RNE	RNE
0685T 26	Category III	0.00	0.00	RNE	RNE
0685T TC	Category III	0.00	0.00	RNE	RNE
0686T 00	Category III	0.00	0.00	RNE	RNE
0687T 00	Category III	0.00	0.00	RNE	RNE
0688T 00	Category III	0.00	0.00	RNE	RNE
0689T 00	Category III	0.00	0.00	RNE	RNE
0689T 26	Category III	0.00	0.00	RNE	RNE
0689T TC	Category III	0.00	0.00	RNE	RNE
0690T 00	Category III	0.00	0.00	RNE	RNE
0690T 26	Category III	0.00	0.00	RNE	RNE
0690T TC	Category III	0.00	0.00	RNE	RNE
0691T 00	Category III	0.00	0.00	RNE	RNE
0691T 26	Category III	0.00	0.00	RNE	RNE
0691T TC	Category III	0.00	0.00	RNE	RNE
0692T 00	Category III	0.00	0.00	RNE	RNE
0693T 00	Category III	0.00	0.00	RNE	RNE
0694T 00	Category III	0.00	0.00	RNE	RNE
0694T 26	Category III	0.00	0.00	RNE	RNE
0694T TC	Category III	0.00	0.00	RNE	RNE
0695T 00	Category III	0.00	0.00	RNE	RNE
0696T 00	Category III	0.00	0.00	RNE	RNE
0697T 00	Category III	0.00	0.00	RNE	RNE
0697T 26	Category III	0.00	0.00	RNE	RNE
0697T TC	Category III	0.00	0.00	RNE	RNE
0698T 00	Category III	0.00	0.00	RNE	RNE
0698T 26	Category III	0.00	0.00	RNE	RNE
0698T TC	Category III	0.00	0.00	RNE	RNE
0699T 00	Category III	0.00	0.00	RNE	RNE
0700T 00	Category III	0.00	0.00	RNE	RNE
0700T 26	Category III	0.00	0.00	RNE	RNE
0700T TC	Category III	0.00	0.00	RNE	RNE
0701T 00	Category III	0.00	0.00	RNE	RNE
0701T 26	Category III	0.00	0.00	RNE	RNE
0701T TC	Category III	0.00	0.00	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0704T 00	Category III	0.00	0.00	RNE	RNE
0705T 00	Category III	0.00	0.00	RNE	RNE
0706T 00	Category III	0.00	0.00	RNE	RNE
0707T 00	Category III	0.00	0.00	RNE	RNE
0708T 00	Category III	0.00	0.00	RNE	RNE
0709T 00	Category III	0.00	0.00	RNE	RNE
0710T 00	Category III	0.00	0.00	RNE	RNE
0711T 00	Category III	0.00	0.00	RNE	RNE
0712T 00	Category III	0.00	0.00	RNE	RNE
0713T 00	Category III	0.00	0.00	RNE	RNE
0714T 00	Category III	0.00	0.00	RNE	RNE
0716T 00	Category III	0.00	0.00	RNE	RNE
0717T 00	Category III	0.00	0.00	RNE	RNE
0718T 00	Category III	0.00	0.00	RNE	RNE
0719T 00	Category III	0.00	0.00	RNE	RNE
0720T 00	Category III	0.00	0.00	RNE	RNE
0721T 00	Category III	0.00	0.00	RNE	RNE
0721T 26	Category III	0.00	0.00	RNE	RNE
0721T TC	Category III	0.00	0.00	RNE	RNE
0722T 00	Category III	0.00	0.00	RNE	RNE
0722T 26	Category III	0.00	0.00	RNE	RNE
0722T TC	Category III	0.00	0.00	RNE	RNE
0723T 00	Category III	0.00	0.00	RNE	RNE
0723T 26	Category III	0.00	0.00	RNE	RNE
0723T TC	Category III	0.00	0.00	RNE	RNE
0724T 00	Category III	0.00	0.00	RNE	RNE
0724T 26	Category III	0.00	0.00	RNE	RNE
0724T TC	Category III	0.00	0.00	RNE	RNE
0725T 00	Category III	0.00	0.00	RNE	RNE
0726T 00	Category III	0.00	0.00	RNE	RNE
0727T 00	Category III	0.00	0.00	RNE	RNE
0728T 00	Category III	0.00	0.00	RNE	RNE
0729T 00	Category III	0.00	0.00	RNE	RNE
0730T 00	Category III	0.00	0.00	RNE	RNE
0731T 00	Category III	0.00	0.00	RNE	RNE
0732T 00	Category III	0.00	0.00	RNE	RNE
0733T 00	Category III	0.00	0.00	RNE	RNE
0734T 00	Category III	0.00	0.00	RNE	RNE
0735T 00	Category III	0.00	0.00	RNE	RNE
0736T 00	Category III	0.00	0.00	RNE	RNE
0737T 00	Category III	0.00	0.00	RNE	RNE
0738T 00	Category III	0.00	0.00	RNE	RNE
0739T 00	Category III	0.00	0.00	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0740T 00	Category III	0.00	0.00	RNE	RNE
0741T 00	Category III	0.00	0.00	RNE	RNE
0742T 00	Category III	0.00	0.00	RNE	RNE
0742T 26	Category III	0.00	0.00	RNE	RNE
0742T TC	Category III	0.00	0.00	RNE	RNE
0743T 00	Category III	0.00	0.00	RNE	RNE
0743T 26	Category III	0.00	0.00	RNE	RNE
0743T TC	Category III	0.00	0.00	RNE	RNE
0744T 00	Category III	0.00	0.00	RNE	RNE
0745T 00	Category III	0.00	0.00	RNE	RNE
0746T 00	Category III	0.00	0.00	RNE	RNE
0747T 00	Category III	0.00	0.00	RNE	RNE
0748T 00	Category III	0.00	0.00	RNE	RNE
0749T 00	Category III	0.00	0.00	RNE	RNE
0750T 00	Category III	0.00	0.00	RNE	RNE
0751T 00	Category III	0.00	0.00	RNE	RNE
0752T 00	Category III	0.00	0.00	RNE	RNE
0753T 00	Category III	0.00	0.00	RNE	RNE
0754T 00	Category III	0.00	0.00	RNE	RNE
0755T 00	Category III	0.00	0.00	RNE	RNE
0756T 00	Category III	0.00	0.00	RNE	RNE
0757T 00	Category III	0.00	0.00	RNE	RNE
0758T 00	Category III	0.00	0.00	RNE	RNE
0759T 00	Category III	0.00	0.00	RNE	RNE
0760T 00	Category III	0.00	0.00	RNE	RNE
0761T 00	Category III	0.00	0.00	RNE	RNE
0762T 00	Category III	0.00	0.00	RNE	RNE
0763T 00	Category III	0.00	0.00	RNE	RNE
0764T 00	Category III	0.00	0.00	RNE	RNE
0765T 00	Category III	0.00	0.00	RNE	RNE
0766T 00	Category III	0.00	0.00	RNE	RNE
0767T 00	Category III	0.00	0.00	RNE	RNE
0770T 00	Category III	0.00	0.00	RNE	RNE
0771T 00	Category III	0.00	0.00	RNE	RNE
0772T 00	Category III	0.00	0.00	RNE	RNE
0773T 00	Category III	0.00	0.00	RNE	RNE
0774T 00	Category III	0.00	0.00	RNE	RNE
0776T 00	Category III	0.00	0.00	RNE	RNE
0777T 00	Category III	0.00	0.00	RNE	RNE
0777T 26	Category III	0.00	0.00	RNE	RNE
0777T TC	Category III	0.00	0.00	RNE	RNE
0778T 00	Category III	0.00	0.00	RNE	RNE
0779T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0779T 26	Category III	0.00	0.00	RNE	RNE
0779T TC	Category III	0.00	0.00	RNE	RNE
0780T 00	Category III	0.00	0.00	RNE	RNE
0781T 00	Category III	0.00	0.00	RNE	RNE
0782T 00	Category III	0.00	0.00	RNE	RNE
0783T 00	Category III	0.00	0.00	RNE	RNE
0784T 00	Category III	0.00	0.00	RNE	RNE
0785T 00	Category III	0.00	0.00	RNE	RNE
0786T 00	Category III	0.00	0.00	RNE	RNE
0787T 00	Category III	0.00	0.00	RNE	RNE
0788T 00	Category III	0.00	0.00	RNE	RNE
0789T 00	Category III	0.00	0.00	RNE	RNE
0790T 00	Category III	0.00	0.00	RNE	RNE
0791T 00	Category III	0.00	0.00	RNE	RNE
0792T 00	Category III	0.00	0.00	RNE	RNE
0793T 00	Category III	0.00	0.00	RNE	RNE
0794T 00	Category III	0.00	0.00	RNE	RNE
0795T 00	Category III	0.00	0.00	RNE	RNE
0796T 00	Category III	0.00	0.00	RNE	RNE
0797T 00	Category III	0.00	0.00	RNE	RNE
0798T 00	Category III	0.00	0.00	RNE	RNE
0799T 00	Category III	0.00	0.00	RNE	RNE
0800T 00	Category III	0.00	0.00	RNE	RNE
0801T 00	Category III	0.00	0.00	RNE	RNE
0802T 00	Category III	0.00	0.00	RNE	RNE
0803T 00	Category III	0.00	0.00	RNE	RNE
0804T 00	Category III	0.00	0.00	RNE	RNE
0804T 26	Category III	0.00	0.00	RNE	RNE
0804T TC	Category III	0.00	0.00	RNE	RNE
0805T 00	Category III	0.00	0.00	RNE	RNE
0806T 00	Category III	0.00	0.00	RNE	RNE
0807T 00	Category III	0.00	0.00	RNE	RNE
0807T 26	Category III	0.00	0.00	RNE	RNE
0807T TC	Category III	0.00	0.00	RNE	RNE
0808T 00	Category III	0.00	0.00	RNE	RNE
0808T 26	Category III	0.00	0.00	RNE	RNE
0808T TC	Category III	0.00	0.00	RNE	RNE
0810T 00	Category III	0.00	0.00	RNE	RNE
0811T 00	Category III	0.00	0.00	RNE	RNE
0812T 00	Category III	0.00	0.00	RNE	RNE
0813T 00	Category III	0.00	0.00	RNE	RNE
0814T 00	Category III	0.00	0.00	RNE	RNE
0815T 00	Category III	0.00	0.00	RNE	RNE

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0815T 26	Category III	0.00	0.00	RNE	RNE
0815T TC	Category III	0.00	0.00	RNE	RNE
0816T 00	Category III	0.00	0.00	RNE	RNE
0817T 00	Category III	0.00	0.00	RNE	RNE
0818T 00	Category III	0.00	0.00	RNE	RNE
0819T 00	Category III	0.00	0.00	RNE	RNE
0820T 00	Category III	0.00	0.00	RNE	RNE
0821T 00	Category III	0.00	0.00	RNE	RNE
0822T 00	Category III	0.00	0.00	RNE	RNE
0823T 00	Category III	0.00	0.00	RNE	RNE
0824T 00	Category III	0.00	0.00	RNE	RNE
0825T 00	Category III	0.00	0.00	RNE	RNE
0826T 00	Category III	0.00	0.00	RNE	RNE
0826T 26	Category III	0.00	0.00	RNE	RNE
0826T TC	Category III	0.00	0.00	RNE	RNE
0827T 00	Category III	0.00	0.00	RNE	RNE
0828T 00	Category III	0.00	0.00	RNE	RNE
0829T 00	Category III	0.00	0.00	RNE	RNE
0830T 00	Category III	0.00	0.00	RNE	RNE
0831T 00	Category III	0.00	0.00	RNE	RNE
0832T 00	Category III	0.00	0.00	RNE	RNE
0833T 00	Category III	0.00	0.00	RNE	RNE
0834T 00	Category III	0.00	0.00	RNE	RNE
0835T 00	Category III	0.00	0.00	RNE	RNE
0836T 00	Category III	0.00	0.00	RNE	RNE
0837T 00	Category III	0.00	0.00	RNE	RNE
0838T 00	Category III	0.00	0.00	RNE	RNE
0839T 00	Category III	0.00	0.00	RNE	RNE
0840T 00	Category III	0.00	0.00	RNE	RNE
0841T 00	Category III	0.00	0.00	RNE	RNE
0842T 00	Category III	0.00	0.00	RNE	RNE
0843T 00	Category III	0.00	0.00	RNE	RNE
0844T 00	Category III	0.00	0.00	RNE	RNE
0845T 00	Category III	0.00	0.00	RNE	RNE
0846T 00	Category III	0.00	0.00	RNE	RNE
0847T 00	Category III	0.00	0.00	RNE	RNE
0848T 00	Category III	0.00	0.00	RNE	RNE
0849T 00	Category III	0.00	0.00	RNE	RNE
0850T 00	Category III	0.00	0.00	RNE	RNE
0851T 00	Category III	0.00	0.00	RNE	RNE
0852T 00	Category III	0.00	0.00	RNE	RNE
0853T 00	Category III	0.00	0.00	RNE	RNE
0854T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY24 NF RVU	FY24 FAC RVU	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
0855T 00	Category III	0.00	0.00	RNE	RNE
0856T 00	Category III	0.00	0.00	RNE	RNE
0857T 00	Category III	0.00	0.00	RNE	RNE
0857T 26	Category III	0.00	0.00	RNE	RNE
0857T TC	Category III	0.00	0.00	RNE	RNE
0858T 00	Category III	0.00	0.00	RNE	RNE
0858T 26	Category III	0.00	0.00	RNE	RNE
0858T TC	Category III	0.00	0.00	RNE	RNE
0859T 00	Category III	0.00	0.00	RNE	RNE
0860T 00	Category III	0.00	0.00	RNE	RNE
0861T 00	Category III	0.00	0.00	RNE	RNE
0862T 00	Category III	0.00	0.00	RNE	RNE
0863T 00	Category III	0.00	0.00	RNE	RNE
0864T 00	Category III	0.00	0.00	RNE	RNE
0865T 00	Category III	0.00	0.00	RNE	RNE
0865T 26	Category III	0.00	0.00	RNE	RNE
0865T TC	Category III	0.00	0.00	RNE	RNE
0866T 00	Category III	0.00	0.00	RNE	RNE
0866T 26	Category III	0.00	0.00	RNE	RNE
0866T TC	Category III	0.00	0.00	RNE	RNE

Historical Note

New Appendix A, Category III Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Codes 2019- 2020 repealed; new Appendix A, Category III Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20- 3). Appendix A, Category III Codes 2020-2021 repealed; new Appendix A, Category III Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Category III Codes 2021-2022 repealed; new Appendix A, Category III Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Category III Codes 2022-2023 repealed; new Appendix A, Category III Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Category III Codes 2023-2024 repealed; new Appendix A, Category III Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

HCPCS GUIDELINES

Information regarding the incorporation of HCPCS codes is found in the Introduction to the Fee Schedule.

HCPCS codes are five-character codes with a leading alpha-character followed by four numeric digits.

The following Commission guidelines are provided in addition to the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that contain explanatory language specific to Arizona are preceded by Δ in this Fee Schedule. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

HCPCS codes in this section are used to bill for services, equipment, and supplies including:

- Medical and surgical supplies
- Durable medical equipment
- Physician-administered drugs
- Prosthetics and orthotics
- Vision and hearing supplies

In this section, any reference to Durable Medical Equipment (DME) includes reimbursable supplies, prosthetics, and orthotics

A. REIMBURSEMENT

1. Materials and supplies normally necessary to perform a service, such as needles and syringes, ultrasound pads and gel, band-aids, and dressings are considered part of a healthcare provider's overhead and are not separately reimbursable. Please see Section J of the Introduction Guidelines to the Fee Schedule for more examples of non-reimbursable supplies and materials.
2. This section of the fee schedule includes maximum reimbursement amounts for DME, services, and procedures billed with HCPCS codes.
3. ME dispensed by a healthcare provider to the patient ancillary to an office visit shall be reimbursed at the lesser of the provider's billed charge or the value listed in the fee schedule.
4. DME may be reimbursed differently based on whether the zip code where the materials are provided are classified by CMS as rural or nonrural. The fee schedule includes different rates for rural and nonrural zip codes where applicable. The zip codes included on the list below shall be reimbursed based on the fees in the "Rural" column in the fee schedule. All other zip codes shall be reimbursed based on the "Nonrural" fee.

Rural Zip Codes

85135	85371	85542	85621	85920	85936	86034	86511
85192	85390	85543	85623	85922	85937	86039	86512
85320	85501	85544	85624	85923	85938	86042	86514
85321	85502	85545	85628	85924	85939	86043	86515
85325	85530	85546	85631	85925	85940	86047	86520
85328	85531	85547	85634	85926	85941	86054	86535
85334	85532	85548	85637	85927	85942	86502	86538
85341	85533	85550	85640	85928	86025	86503	86540
85344	85534	85551	85646	85929	86028	86504	86544
85346	85535	85552	85648	85930	86029	86505	86545
85348	85536	85553	85901	85932	86030	86506	86547
85357	85539	85554	85902	85933	86031	86507	86556
85358	85540	85611	85911	85934	86032	86508	
85359	85541	85618	85912	85935	86033	86510	

1. DME shipped to the patient shall be reimbursed based on the location of the patient when determining if the fees for rural or nonrural zip codes apply.
2. HCPCS codes describing physician-administered drugs and biologicals including, chemotherapy and immunosuppressive drugs, inhalation solutions and other miscellaneous drugs and solutions shall be used when billing for these products. Please refer to the Pharmaceutical Fee Schedule for billing and reimbursement information for prescription and over-the-counter drugs, including those that are described by HCPCS codes.
3. Services and materials that are listed as By Report or have no listed value in the fee schedule, shall be reimbursed based on a predetermined agreement between the provider and the payer. HCPCS codes representing professional services that are not listed in the fee schedule may be reimbursed based on a predetermined agreement between the provider and the payer.
4. Reimbursement for DME shall not be less than the actual cost of an item. Specialized (*e.g.*, bariatric) equipment may have an actual cost that is greater than the reimbursement value listed in the Fee Schedule. The DME provider must demonstrate the actual cost of the DME is greater than the listed reimbursement value by presenting a copy of the original invoice for that item. The reimbursement value for the item shall be based on a predetermined agreement between the DME provider and the payer. When the DME was procured from an intermediary entity (*e.g.*, wholesaler) and not the original manufacturer, the provider must disclose any rebates, reductions, discounts, or relationship with that intermediary entity and the impact on the original manufacturer's cost of that item.
5. Home Health Care – please see the Home Health Care Fee Schedule Guidelines.

B. MODIFIERS

1. As appropriate, durable medical equipment, should be billed with the following modifiers:
 - a. NU – indicates the purchase of new equipment.
 - b. UE – indicates the purchase of used equipment.
 - c. RR – indicates that the equipment is being rented. Rental periods shall be considered monthly unless defined differently in the code description.
 - i. The maximum rental period is 13 months. After 13 months, the equipment shall be considered purchased.

Note: Not all durable medical equipment will have modifiers. For example, certain supplies are low cost and therefore will not have used or rental options; other codes may have “rental” or “used” included in the code description.

C. BILLING

1. Providers of orthotics and prostheses may bill for fitting, training, and management using CPT[®] codes 97760-97763.
2. DME and Implantable devices shall be billed separately from facility and professional service fees only if they are not considered bundled with the primary service code.
3. Certain DME may be rented. Determination to purchase or rent DME shall be based on CMS Medicare guidelines in effect on the date the patient takes possession of the DME.
4. Materials, supplies, and equipment billed with a miscellaneous code (e.g., E1399 – durable medical equipment, miscellaneous) shall include the brand name and model number of the DME being supplied when available.
5. Actual shipping or delivery costs necessary to transit DME to the injured worker may be billed. Documentation demonstrating the cost of shipping shall be included with the invoice.

Historical Note

New Appendix A, HCPCS Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, HCPCS Guidelines repealed; new Appendix A, HCPCS Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE HCPCS Codes 2024			
Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A2001		\$ 737.28	\$ 737.28
A2002		\$ 99.12	\$ 99.12
A2005		\$ 234.63	\$ 234.63
A2006		BR	BR
A2007		\$ 314.38	\$ 314.38
A2008		BR	BR
A2009		\$ 67.13	\$ 67.13
A2010		BR	BR
A2011		BR	BR
A2012		BR	BR
A2013		\$ 1,005.31	\$ 1,005.31
A2014		\$ 43.64	\$ 43.64
A4100		BR	BR
A4206		\$ 0.77	\$ 0.77
A4207		\$ 1.36	\$ 1.36
A4208		\$ 6.79	\$ 6.79
A4209		\$ 1.36	\$ 1.36
A4210		\$ 1.36	\$ 1.36
A4211		\$ 23.88	\$ 23.88
A4212		\$ 9.90	\$ 9.90
A4213		\$ 4.07	\$ 4.07
A4215		\$ 0.84	\$ 0.84
A4216		\$ 0.84	\$ 0.84
A4217		\$ 5.99	\$ 5.99
A4218		\$ 1.30	\$ 1.30
A4220		\$ 50.44	\$ 50.44
A4221		\$ 34.24	\$ 38.39
A4222		\$ 64.95	\$ 74.65
A4223		\$ 80.60	\$ 80.60
A4224		\$ 34.24	\$ 38.39
A4225		\$ 4.59	\$ 4.79
A4230		\$ 9.90	\$ 9.90
A4231		\$ 6.79	\$ 6.79
A4232		\$ 3.18	\$ 3.18
A4233	NU	\$ 0.71	\$ 0.71
A4234	NU	\$ 3.30	\$ 3.30
A4235	NU	\$ 1.40	\$ 1.40
A4236	NU	\$ 1.62	\$ 1.62

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A4238		\$ 407.62	\$ 407.62
A4239		\$ 366.30	\$ 366.30
A4244		\$ 1.81	\$ 1.81
A4245		\$ 4.98	\$ 4.98
A4246		\$ 6.79	\$ 6.79
A4247		\$ 9.90	\$ 9.90
A4248		\$ 0.10	\$ 0.10
A4250		\$ 16.70	\$ 16.70
A4252		\$ 13.08	\$ 13.08
A4253	NU	\$ 11.65	\$ 11.65
A4255		\$ 7.85	\$ 7.85
A4256		\$ 4.73	\$ 4.73
A4257		\$ 24.37	\$ 24.37
A4258		\$ 2.97	\$ 2.97
A4259		\$ 1.99	\$ 1.99
A4262		\$ 20.27	\$ 20.27
A4263		\$ 45.05	\$ 45.05
A4264		\$ 67.52	\$ 67.52
A4265		\$ 6.51	\$ 6.51
A4266		\$ 61.70	\$ 61.70
A4267		\$ 0.67	\$ 0.67
A4268		\$ 0.84	\$ 0.84
A4269		\$ 15.79	\$ 15.79
A4270		\$ 11.72	\$ 11.72
A4280		\$ 9.90	\$ 9.90
A4281		\$ 13.47	\$ 13.47
A4282		\$ 14.88	\$ 14.88
A4283		\$ 2.66	\$ 2.66
A4284		\$ 7.18	\$ 7.18
A4285		\$ 4.98	\$ 4.98
A4286		\$ 5.89	\$ 5.89
A4290		\$ 234.63	\$ 234.63
A4300		\$ 16.70	\$ 16.70
A4301		\$ 166.19	\$ 166.19
A4305		\$ 53.61	\$ 53.61
A4306		\$ 26.60	\$ 26.60
A4310		\$ 14.73	\$ 14.73
A4311		\$ 28.01	\$ 28.01
A4312		\$ 34.45	\$ 34.45
A4313		\$ 35.38	\$ 35.38
A4314		\$ 41.05	\$ 41.05
A4315		\$ 50.39	\$ 50.39
A4316		\$ 54.25	\$ 54.25

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A4320		\$ 10.04	\$ 10.04
A4321		\$ 22.08	\$ 22.08
A4322		\$ 5.82	\$ 5.82
A4326		\$ 20.61	\$ 20.61
A4327		\$ 80.74	\$ 80.74
A4328		\$ 19.94	\$ 19.94
A4330		\$ 13.69	\$ 13.69
A4331		\$ 6.08	\$ 6.08
A4332		\$ 0.21	\$ 0.21
A4333		\$ 4.24	\$ 4.24
A4334		\$ 9.39	\$ 9.39
A4335		BR	BR
A4336		\$ 2.74	\$ 2.74
A4338		\$ 23.44	\$ 23.44
A4340		\$ 60.65	\$ 60.65
A4341		\$ 466.12	\$ 466.12
A4342		\$ 1,176.92	\$ 1,176.92
A4344		\$ 30.58	\$ 30.58
A4346		\$ 36.78	\$ 36.78
A4349		\$ 3.84	\$ 3.84
A4351		\$ 3.46	\$ 3.46
A4352		\$ 12.26	\$ 12.26
A4353		\$ 13.38	\$ 13.38
A4354		\$ 22.55	\$ 22.55
A4355		\$ 15.04	\$ 15.04
A4356		\$ 81.76	\$ 81.76
A4357		\$ 18.45	\$ 18.45
A4358		\$ 11.26	\$ 11.26
A4360		\$ 0.90	\$ 0.90
A4361		\$ 35.07	\$ 35.07
A4362		\$ 6.64	\$ 6.64
A4363		\$ 4.24	\$ 4.24
A4364		\$ 5.61	\$ 5.61
A4366		\$ 2.46	\$ 2.46
A4367		\$ 14.06	\$ 14.06
A4368		\$ 0.48	\$ 0.48
A4369		\$ 3.93	\$ 3.93
A4371		\$ 6.86	\$ 6.86
A4372		\$ 8.02	\$ 8.02
A4373		\$ 11.97	\$ 11.97
A4375		\$ 32.80	\$ 32.80
A4376		\$ 90.89	\$ 90.89
A4377		\$ 8.19	\$ 8.19

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A4378		\$ 58.73	\$ 58.73
A4379		\$ 28.69	\$ 28.69
A4380		\$ 71.32	\$ 71.32
A4381		\$ 8.83	\$ 8.83
A4382		\$ 47.03	\$ 47.03
A4383		\$ 53.84	\$ 53.84
A4384		\$ 18.35	\$ 18.35
A4385		\$ 9.73	\$ 9.73
A4387		\$ 4.30	\$ 4.30
A4388		\$ 8.33	\$ 8.33
A4389		\$ 11.86	\$ 11.86
A4390		\$ 18.34	\$ 18.34
A4391		\$ 13.50	\$ 13.50
A4392		\$ 15.61	\$ 15.61
A4393		\$ 17.26	\$ 17.26
A4394		\$ 4.96	\$ 4.96
A4395		\$ 0.07	\$ 0.07
A4396		\$ 77.32	\$ 77.32
A4398		\$ 26.40	\$ 26.40
A4399		\$ 23.44	\$ 23.44
A4400		\$ 93.35	\$ 93.35
A4402		\$ 3.05	\$ 3.05
A4404		\$ 2.93	\$ 2.93
A4405		\$ 6.52	\$ 6.52
A4406		\$ 10.93	\$ 10.93
A4407		\$ 16.73	\$ 16.73
A4408		\$ 18.86	\$ 18.86
A4409		\$ 11.86	\$ 11.86
A4410		\$ 17.26	\$ 17.26
A4411		\$ 9.73	\$ 9.73
A4412		\$ 5.17	\$ 5.17
A4413		\$ 10.53	\$ 10.53
A4414		\$ 9.39	\$ 9.39
A4415		\$ 11.45	\$ 11.45
A4416		\$ 5.26	\$ 5.26
A4417		\$ 7.13	\$ 7.13
A4418		\$ 3.46	\$ 3.46
A4419		\$ 3.29	\$ 3.29
A4420		\$ 1.81	\$ 1.81
A4421		BR	BR
A4422		\$ 0.21	\$ 0.21
A4423		\$ 3.54	\$ 3.54
A4424		\$ 9.09	\$ 9.09

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A4425		\$ 6.83	\$ 6.83
A4426		\$ 5.21	\$ 5.21
A4427		\$ 5.33	\$ 5.33
A4428		\$ 12.46	\$ 12.46
A4429		\$ 15.76	\$ 15.76
A4430		\$ 16.27	\$ 16.27
A4431		\$ 11.86	\$ 11.86
A4432		\$ 6.85	\$ 6.85
A4433		\$ 6.41	\$ 6.41
A4434		\$ 7.18	\$ 7.18
A4435		\$ 11.00	\$ 11.00
A4436		\$ 31.14	\$ 31.14
A4437		\$ 31.14	\$ 31.14
A4450		\$ 0.11	\$ 0.11
A4452		\$ 0.42	\$ 0.42
A4453		\$ 42.34	\$ 42.34
A4455		\$ 2.31	\$ 2.31
A4456		\$ 0.46	\$ 0.46
A4458		\$ 7.18	\$ 7.18
A4459		\$ 4,101.89	\$ 4,101.89
A4461		\$ 6.30	\$ 6.30
A4463		\$ 25.42	\$ 25.42
A4465		\$ 28.87	\$ 28.87
A4467		\$ 23.44	\$ 23.44
A4480		\$ 20.27	\$ 20.27
A4481		\$ 0.70	\$ 0.70
A4483		\$ 4.52	\$ 4.52
A4495		\$ 26.15	\$ 26.15
A4500		\$ 26.15	\$ 26.15
A4510		\$ 83.78	\$ 83.78
A4520		\$ 0.77	\$ 0.77
A4541		\$ 54.15	\$ 54.15
A4542		\$ 706.17	\$ 706.17
A4550		\$ 36.06	\$ 36.06
A4553		\$ 10.81	\$ 10.81
A4554		\$ 0.46	\$ 0.46
A4555		\$ 13.47	\$ 13.47
A4556		\$ 23.20	\$ 23.20
A4557		\$ 15.93	\$ 26.43
A4558		\$ 10.42	\$ 10.42
A4559		\$ 0.18	\$ 0.18
A4561		\$ 38.11	\$ 38.11
A4562		\$ 94.91	\$ 94.91

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A4563		\$ 2,198.63	\$ 2,198.63
A4565		\$ 14.71	\$ 14.71
A4566		\$ 29.65	\$ 29.65
A4570		\$ 23.44	\$ 23.44
A4575		\$ 485.56	\$ 485.56
A4580		\$ 67.13	\$ 67.13
A4590		\$ 53.61	\$ 53.61
A4595		\$ 17.00	\$ 36.36
A4596		\$ 54.15	\$ 54.15
A4600		\$ 27.97	\$ 27.97
A4601		\$ 103.12	\$ 103.12
A4602	NU	\$ 7.13	\$ 7.13
A4604	NU	\$ 65.55	\$ 91.69
A4605	NU	\$ 31.33	\$ 31.33
A4606		\$ 63.06	\$ 63.06
A4608		\$ 95.76	\$ 95.76
A4613	NU	\$ 480.05	\$ 480.05
A4613	RR	\$ 48.30	\$ 48.30
A4613	UE	\$ 359.80	\$ 359.80
A4614		\$ 45.43	\$ 45.43
A4615		\$ 1.40	\$ 1.40
A4616		\$ 0.11	\$ 0.11
A4617		\$ 5.92	\$ 5.92
A4618	NU	\$ 14.45	\$ 14.45
A4618	RR	\$ 1.97	\$ 1.97
A4618	UE	\$ 10.84	\$ 10.84
A4619	NU	\$ 3.40	\$ 3.47
A4620		\$ 1.15	\$ 1.15
A4623		\$ 10.65	\$ 10.65
A4624	NU	\$ 5.04	\$ 5.04
A4625		\$ 12.59	\$ 12.59
A4626		\$ 5.18	\$ 5.18
A4627		\$ 26.99	\$ 26.99
A4628	NU	\$ 6.97	\$ 6.97
A4629		\$ 8.83	\$ 8.83
A4630	NU	\$ 11.82	\$ 11.82
A4633	NU	\$ 78.40	\$ 78.40
A4635	NU	\$ 8.29	\$ 8.29
A4635	RR	\$ 1.33	\$ 1.33
A4635	UE	\$ 5.53	\$ 5.53
A4636	NU	\$ 5.25	\$ 5.57
A4636	RR	\$ 0.53	\$ 0.62
A4636	UE	\$ 3.93	\$ 4.12

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A4637	NU	\$ 2.91	\$ 2.95
A4637	RR	\$ 0.29	\$ 0.39
A4637	UE	\$ 2.18	\$ 2.23
A4639	RR	\$ 54.88	\$ 54.88
A4640	NU	\$ 82.33	\$ 99.36
A4640	RR	\$ 8.23	\$ 10.96
A4640	UE	\$ 61.75	\$ 72.39
A4648		\$ 214.35	\$ 214.35
A4649		BR	BR
A4651		\$ 9.90	\$ 9.90
A4657		\$ 0.91	\$ 0.91
A4660		\$ 41.44	\$ 41.44
A4663		\$ 33.35	\$ 33.35
A4670		\$ 112.59	\$ 112.59
A4671		\$ 90.51	\$ 90.51
A4674		\$ 81.12	\$ 81.12
A4680		\$ 95.89	\$ 95.89
A4690		\$ 138.74	\$ 138.74
A4706		\$ 41.44	\$ 41.44
A4709		\$ 40.53	\$ 40.53
A4714		\$ 25.26	\$ 25.26
A4723		\$ 13.08	\$ 13.08
A4725		\$ 8.09	\$ 8.09
A4726		\$ 37.35	\$ 37.35
A4736		\$ 31.53	\$ 31.53
A4750		\$ 11.27	\$ 11.27
A4755		\$ 92.32	\$ 92.32
A4770		\$ 6.79	\$ 6.79
A4772		\$ 1.30	\$ 1.30
A4860		\$ 5.89	\$ 5.89
A4890		\$ 442.32	\$ 442.32
A4911		\$ 10.81	\$ 10.81
A4913		BR	BR
A4927		\$ 10.81	\$ 10.81
A4928		\$ 4.91	\$ 4.91
A4930		\$ 0.78	\$ 0.78
A4931		\$ 11.72	\$ 11.72
A5051		\$ 3.93	\$ 3.93
A5052		\$ 2.84	\$ 2.84
A5053		\$ 2.80	\$ 2.80
A5054		\$ 3.43	\$ 3.43
A5055		\$ 2.66	\$ 2.66
A5056		\$ 8.93	\$ 8.93

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A5057		\$ 18.34	\$ 18.34
A5061		\$ 6.75	\$ 6.75
A5062		\$ 3.96	\$ 3.96
A5063		\$ 5.17	\$ 5.17
A5071		\$ 11.48	\$ 11.48
A5072		\$ 6.58	\$ 6.58
A5073		\$ 5.81	\$ 5.81
A5081		\$ 5.38	\$ 5.38
A5082		\$ 19.32	\$ 19.32
A5083		\$ 1.23	\$ 1.23
A5093		\$ 3.74	\$ 3.74
A5102		\$ 37.32	\$ 37.32
A5105		\$ 77.88	\$ 77.88
A5112		\$ 66.15	\$ 66.15
A5113		\$ 9.00	\$ 9.00
A5114		\$ 17.09	\$ 17.09
A5120		\$ 0.42	\$ 0.42
A5121		\$ 12.10	\$ 12.10
A5122		\$ 24.53	\$ 24.53
A5126		\$ 2.51	\$ 2.51
A5131		\$ 25.75	\$ 25.75
A5200		\$ 21.57	\$ 21.57
A5500		\$ 121.48	\$ 121.48
A5501		\$ 364.31	\$ 364.31
A5503		\$ 61.95	\$ 61.95
A5504		\$ 61.95	\$ 61.95
A5505		\$ 61.95	\$ 61.95
A5506		\$ 61.95	\$ 61.95
A5507		\$ 61.95	\$ 61.95
A5508		\$ 73.81	\$ 73.81
A5510		\$ 108.05	\$ 108.05
A5512		\$ 49.55	\$ 49.55
A5513		\$ 73.93	\$ 73.93
A5514		\$ 73.93	\$ 73.93
A6010		\$ 59.16	\$ 59.16
A6011		\$ 4.37	\$ 4.37
A6021		\$ 40.17	\$ 40.17
A6022		\$ 40.17	\$ 40.17
A6023		\$ 363.54	\$ 363.54
A6024		\$ 11.82	\$ 11.82
A6025		\$ 22.47	\$ 22.47
A6154		\$ 27.44	\$ 27.44
A6196		\$ 14.06	\$ 14.06

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A6197		\$ 31.42	\$ 31.42
A6198		\$ 26.15	\$ 26.15
A6199		\$ 10.08	\$ 10.08
A6203		\$ 6.44	\$ 6.44
A6204		\$ 11.89	\$ 11.89
A6205		\$ 0.28	\$ 0.28
A6206		\$ 9.00	\$ 9.00
A6207		\$ 14.03	\$ 14.03
A6208		\$ 69.85	\$ 69.85
A6209		\$ 14.28	\$ 14.28
A6210		\$ 38.07	\$ 38.07
A6211		\$ 56.11	\$ 56.11
A6212		\$ 18.55	\$ 18.55
A6213		\$ 12.68	\$ 12.68
A6214		\$ 19.67	\$ 19.67
A6215		\$ 4.07	\$ 4.07
A6216		\$ 0.07	\$ 0.07
A6217		\$ 0.29	\$ 0.29
A6218		\$ 0.17	\$ 0.17
A6219		\$ 1.82	\$ 1.82
A6220		\$ 4.96	\$ 4.96
A6221		\$ 2.72	\$ 2.72
A6222		\$ 4.07	\$ 4.07
A6223		\$ 4.63	\$ 4.63
A6224		\$ 6.87	\$ 6.87
A6228		\$ 4.47	\$ 4.47
A6229		\$ 6.87	\$ 6.87
A6231		\$ 8.96	\$ 8.96
A6232		\$ 13.12	\$ 13.12
A6233		\$ 36.62	\$ 36.62
A6234		\$ 12.52	\$ 12.52
A6235		\$ 32.13	\$ 32.13
A6236		\$ 52.05	\$ 52.05
A6237		\$ 15.11	\$ 15.11
A6238		\$ 43.55	\$ 43.55
A6240		\$ 23.39	\$ 23.39
A6241		\$ 4.91	\$ 4.91
A6242		\$ 11.56	\$ 11.56
A6243		\$ 23.55	\$ 23.55
A6244		\$ 75.04	\$ 75.04
A6245		\$ 13.89	\$ 13.89
A6246		\$ 18.97	\$ 18.97
A6247		\$ 45.43	\$ 45.43

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A6248		\$ 31.04	\$ 31.04
A6251		\$ 3.79	\$ 3.79
A6252		\$ 6.22	\$ 6.22
A6253		\$ 12.10	\$ 12.10
A6254		\$ 2.28	\$ 2.28
A6255		\$ 5.81	\$ 5.81
A6256		\$ 3.11	\$ 3.11
A6257		\$ 2.93	\$ 2.93
A6258		\$ 8.23	\$ 8.23
A6259		\$ 20.89	\$ 20.89
A6260		\$ 0.32	\$ 0.32
A6261		\$ 44.55	\$ 44.55
A6262		\$ 0.63	\$ 0.63
A6266		\$ 3.65	\$ 3.65
A6402		\$ 0.21	\$ 0.21
A6403		\$ 0.78	\$ 0.78
A6404		\$ 0.91	\$ 0.91
A6407		\$ 3.57	\$ 3.57
A6410		\$ 0.71	\$ 0.71
A6411		\$ 6.79	\$ 6.79
A6412		\$ 0.64	\$ 0.64
A6413		\$ 0.20	\$ 0.20
A6441		\$ 1.30	\$ 1.30
A6442		\$ 0.31	\$ 0.31
A6443		\$ 0.53	\$ 0.53
A6444		\$ 1.06	\$ 1.06
A6445		\$ 0.60	\$ 0.60
A6446		\$ 0.74	\$ 0.74
A6447		\$ 1.30	\$ 1.30
A6448		\$ 2.20	\$ 2.20
A6449		\$ 3.35	\$ 3.35
A6450		\$ 3.35	\$ 3.35
A6451		\$ 3.35	\$ 3.35
A6452		\$ 11.27	\$ 11.27
A6453		\$ 1.20	\$ 1.20
A6454		\$ 1.50	\$ 1.50
A6455		\$ 2.66	\$ 2.66
A6456		\$ 2.39	\$ 2.39
A6457		\$ 2.17	\$ 2.17
A6501		\$ 45.05	\$ 45.05
A6502		\$ 363.01	\$ 363.01
A6503		\$ 0.36	\$ 0.36
A6504		\$ 301.76	\$ 301.76

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A6505		\$ 441.80	\$ 441.80
A6506		\$ 308.56	\$ 308.56
A6507		\$ 204.90	\$ 204.90
A6508		\$ 559.37	\$ 559.37
A6509		\$ 402.23	\$ 402.23
A6511		\$ 537.29	\$ 537.29
A6520		\$ 167.36	\$ 167.36
A6521		\$ 664.06	\$ 664.06
A6522		\$ 406.66	\$ 406.66
A6523		\$ 964.84	\$ 964.84
A6524		\$ 507.35	\$ 507.35
A6525		\$ 1,024.24	\$ 1,024.24
A6526		\$ 917.25	\$ 917.25
A6527		\$ 1,686.72	\$ 1,686.72
A6528		\$ 882.00	\$ 882.00
A6529		\$ 1,393.70	\$ 1,393.70
A6530		\$ 51.70	\$ 51.70
A6531		\$ 41.44	\$ 41.44
A6532		\$ 77.04	\$ 77.04
A6533		\$ 72.60	\$ 72.60
A6534		\$ 82.91	\$ 82.91
A6535		\$ 95.45	\$ 95.45
A6536		\$ 97.87	\$ 97.87
A6537		\$ 116.03	\$ 116.03
A6538		\$ 135.86	\$ 135.86
A6539		\$ 129.51	\$ 129.51
A6540		\$ 154.42	\$ 154.42
A6541		\$ 182.92	\$ 182.92
A6544		\$ 67.13	\$ 67.13
A6545		\$ 86.49	\$ 86.49
A6549		\$ 266.60	\$ 266.60
A6550		\$ 41.50	\$ 45.18
A6552		\$ 76.73	\$ 76.73
A6553		\$ 299.61	\$ 299.61
A6554		\$ 105.50	\$ 105.50
A6555		\$ 299.61	\$ 299.61
A6556		\$ 410.61	\$ 410.61
A6557		\$ 410.61	\$ 410.61
A6558		\$ 423.74	\$ 423.74
A6562		\$ 1,343.83	\$ 1,343.83
A6563		\$ 1,343.83	\$ 1,343.83
A6564		\$ 1,447.60	\$ 1,447.60
A6565		\$ 232.20	\$ 232.20

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A6566		\$ 337.16	\$ 337.16
A6567		\$ 1,059.35	\$ 1,059.35
A6568		\$ 220.04	\$ 220.04
A6569		\$ 1,253.00	\$ 1,253.00
A6570		\$ 149.93	\$ 149.93
A6571		\$ 901.08	\$ 901.08
A6572		\$ 139.12	\$ 139.12
A6573		\$ 330.12	\$ 330.12
A6574		\$ 420.85	\$ 420.85
A6575		\$ 136.39	\$ 136.39
A6576		\$ 258.30	\$ 258.30
A6577		\$ 213.78	\$ 213.78
A6578		\$ 105.28	\$ 105.28
A6579		\$ 414.60	\$ 414.60
A6580		\$ 411.54	\$ 411.54
A6581		\$ 96.60	\$ 96.60
A6582		\$ 64.43	\$ 64.43
A6583		\$ 211.93	\$ 211.93
A6585		\$ 250.94	\$ 250.94
A6586		\$ 739.28	\$ 739.28
A6587		\$ 96.84	\$ 96.84
A6588		\$ 322.76	\$ 322.76
A6589		\$ 127.41	\$ 127.41
A6590		\$ 598.08	\$ 598.08
A6591		\$ 121.49	\$ 121.49
A6594		\$ 46.40	\$ 46.40
A6595		\$ 45.63	\$ 45.63
A6596		\$ 0.24	\$ 0.24
A6597		\$ 2.06	\$ 2.06
A6598		\$ 0.99	\$ 0.99
A6599		\$ 2.25	\$ 2.25
A6600		\$ 4.06	\$ 4.06
A6601		\$ 4.56	\$ 4.56
A6602		\$ 6.66	\$ 6.66
A6603		\$ 3.12	\$ 3.12
A6604		\$ 1.82	\$ 1.82
A6605		\$ 2.09	\$ 2.09
A6606		\$ 6.19	\$ 6.19
A6607		\$ 1.65	\$ 1.65
A6608		\$ 6.89	\$ 6.89
A6610		\$ 299.61	\$ 299.61
A7000	NU	\$ 13.93	\$ 15.43
A7001	NU	\$ 63.18	\$ 63.18

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A7002	NU	\$ 7.32	\$ 7.32
A7003	NU	\$ 2.56	\$ 4.00
A7004	NU	\$ 2.07	\$ 2.87
A7005	NU	\$ 18.52	\$ 40.25
A7006	NU	\$ 11.00	\$ 15.68
A7007	NU	\$ 4.91	\$ 7.31
A7008	NU	\$ 21.00	\$ 21.00
A7009	NU	\$ 80.33	\$ 80.33
A7010	NU	\$ 23.31	\$ 36.53
A7012	NU	\$ 4.30	\$ 6.17
A7013	NU	\$ 0.85	\$ 1.30
A7014	NU	\$ 5.05	\$ 7.24
A7015	NU	\$ 2.03	\$ 2.95
A7016	NU	\$ 13.86	\$ 13.86
A7017	NU	\$ 173.14	\$ 233.86
A7017	RR	\$ 17.32	\$ 23.39
A7017	UE	\$ 129.86	\$ 175.39
A7018		\$ 0.50	\$ 0.66
A7020	NU	\$ 26.63	\$ 26.63
A7025	RR	\$ 83.09	\$ 83.09
A7026	NU	\$ 54.91	\$ 54.91
A7027	NU	\$ 194.74	\$ 281.34
A7028	NU	\$ 54.08	\$ 78.22
A7029	NU	\$ 25.61	\$ 33.49
A7030	NU	\$ 145.12	\$ 237.34
A7031	NU	\$ 55.19	\$ 88.63
A7032	NU	\$ 31.01	\$ 50.81
A7033	NU	\$ 25.63	\$ 37.69
A7034	NU	\$ 92.64	\$ 148.16
A7035	NU	\$ 29.86	\$ 49.69
A7036	NU	\$ 17.21	\$ 24.71
A7037	NU	\$ 19.50	\$ 44.77
A7038	NU	\$ 3.47	\$ 6.38
A7039	NU	\$ 10.16	\$ 18.21
A7040		\$ 75.39	\$ 75.39
A7041		\$ 141.72	\$ 141.72
A7044	NU	\$ 131.87	\$ 175.87
A7045	NU	\$ 18.93	\$ 27.13
A7045	RR	\$ 1.89	\$ 2.72
A7045	UE	\$ 14.20	\$ 20.36
A7046	NU	\$ 21.52	\$ 28.31
A7047	NU	\$ 230.96	\$ 230.96
A7048		\$ 78.90	\$ 78.90

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A7501		\$ 200.61	\$ 200.61
A7502		\$ 95.37	\$ 95.37
A7503		\$ 21.67	\$ 21.67
A7504		\$ 1.30	\$ 1.30
A7505		\$ 8.96	\$ 8.96
A7506		\$ 0.62	\$ 0.62
A7507		\$ 4.77	\$ 4.77
A7508		\$ 5.49	\$ 5.49
A7509		\$ 2.69	\$ 2.69
A7520		\$ 90.69	\$ 90.69
A7521		\$ 89.87	\$ 89.87
A7522		\$ 86.27	\$ 86.27
A7523		\$ 27.97	\$ 27.97
A7524		\$ 147.88	\$ 147.88
A7525		\$ 3.93	\$ 3.93
A7526		\$ 6.48	\$ 6.48
A7527		\$ 6.83	\$ 6.83
A8000	NU	\$ 292.96	\$ 292.96
A8000	RR	\$ 29.30	\$ 29.30
A8000	UE	\$ 219.77	\$ 219.77
A8001	NU	\$ 292.96	\$ 292.96
A8001	RR	\$ 29.30	\$ 29.30
A8001	UE	\$ 219.77	\$ 219.77
A9152		\$ 0.13	\$ 0.13
A9153		\$ 41.89	\$ 41.89
A9180		\$ 89.60	\$ 89.60
A9272		\$ 1.81	\$ 1.81
A9273		\$ 7.18	\$ 7.18
A9274		\$ 34.69	\$ 34.69
A9276		\$ 17.99	\$ 17.99
A9277		\$ 1,372.91	\$ 1,372.91
A9278		\$ 1,185.03	\$ 1,185.03
A9281		\$ 62.61	\$ 62.61
A9282		\$ 638.22	\$ 638.22
A9283		\$ 28.36	\$ 28.36
A9284		\$ 18.90	\$ 18.90
A9500		\$ 290.11	\$ 290.11
A9502		\$ 262.60	\$ 262.60
A9503		\$ 68.43	\$ 68.43
A9505		\$ 315.28	\$ 315.28
A9509		\$ 596.72	\$ 596.72
A9510		\$ 63.06	\$ 63.06
A9512		\$ 28.36	\$ 28.36

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A9513		\$ 541.42	\$ 541.42
A9516		\$ 286.87	\$ 286.87
A9517		\$ 78.79	\$ 78.79
A9520		\$ 1,031.00	\$ 1,031.00
A9521		\$ 735.98	\$ 735.98
A9526		\$ 1,567.01	\$ 1,567.01
A9528		\$ 263.05	\$ 263.05
A9531		\$ 13.52	\$ 13.52
A9537		\$ 138.74	\$ 138.74
A9538		\$ 119.77	\$ 119.77
A9539		\$ 132.45	\$ 132.45
A9540		\$ 354.52	\$ 354.52
A9541		\$ 264.85	\$ 264.85
A9548		\$ 2,071.86	\$ 2,071.86
A9552		\$ 714.81	\$ 714.81
A9555		\$ 840.92	\$ 840.92
A9556		\$ 168.00	\$ 168.00
A9558		\$ 517.03	\$ 517.03
A9560		\$ 262.99	\$ 262.99
A9561		\$ 72.51	\$ 72.51
A9562		\$ 1,298.46	\$ 1,298.46
A9567		\$ 189.63	\$ 189.63
A9568		\$ 10.36	\$ 10.36
A9569		\$ 2,865.46	\$ 2,865.46
A9570		\$ 7,432.64	\$ 7,432.64
A9572		\$ 6,801.16	\$ 6,801.16
A9573		\$ 5.89	\$ 5.89
A9575		\$ 0.17	\$ 0.17
A9576		\$ 2.14	\$ 2.14
A9577		\$ 2.58	\$ 2.58
A9578		\$ 2.48	\$ 2.48
A9579		\$ 2.13	\$ 2.13
A9580		\$ 603.53	\$ 603.53
A9581		\$ 20.64	\$ 20.64
A9584		\$ 4,746.78	\$ 4,746.78
A9585		\$ 0.48	\$ 0.48
A9587		\$ 171.63	\$ 171.63
A9588		\$ 1,039.56	\$ 1,039.56
A9589		\$ 1,850.58	\$ 1,850.58
A9590		\$ 1,262.00	\$ 1,262.00
A9591		\$ 1,576.85	\$ 1,576.85
A9592		\$ 2,483.56	\$ 2,483.56
A9595		\$ 967.04	\$ 967.04

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
A9596		\$ 2,413.75	\$ 2,413.75
A9606		\$ 353.11	\$ 353.11
A9607		\$ 523.82	\$ 523.82
A9700		\$ 273.41	\$ 273.41
A9800		\$ 1,437.72	\$ 1,437.72
A9900		BR	BR
A9901		BR	BR
A9999		BR	BR
E0100	NU	\$ 39.65	\$ 39.65
E0100	RR	\$ 11.31	\$ 11.31
E0100	UE	\$ 29.72	\$ 29.72
E0105	NU	\$ 93.83	\$ 93.83
E0105	RR	\$ 16.94	\$ 16.94
E0105	UE	\$ 71.46	\$ 71.46
E0110	NU	\$ 125.99	\$ 125.99
E0110	RR	\$ 30.53	\$ 30.53
E0110	UE	\$ 94.44	\$ 94.44
E0111	NU	\$ 86.45	\$ 86.45
E0111	RR	\$ 16.10	\$ 16.10
E0111	UE	\$ 66.75	\$ 66.75
E0112	NU	\$ 60.10	\$ 60.10
E0112	RR	\$ 18.98	\$ 18.98
E0112	UE	\$ 45.84	\$ 45.84
E0113	NU	\$ 34.33	\$ 34.33
E0113	RR	\$ 9.81	\$ 9.81
E0113	UE	\$ 25.75	\$ 25.75
E0114	NU	\$ 76.62	\$ 76.62
E0114	RR	\$ 16.37	\$ 16.37
E0114	UE	\$ 57.93	\$ 57.93
E0116	NU	\$ 45.05	\$ 45.05
E0116	RR	\$ 10.23	\$ 10.23
E0116	UE	\$ 33.92	\$ 33.92
E0117	RR	\$ 36.79	\$ 36.79
E0118		\$ 681.70	\$ 681.70
E0130	NU	\$ 70.81	\$ 98.91
E0130	RR	\$ 7.08	\$ 17.95
E0130	UE	\$ 53.10	\$ 75.15
E0135	NU	\$ 70.81	\$ 110.18
E0135	RR	\$ 7.08	\$ 18.31
E0135	UE	\$ 53.10	\$ 83.83
E0140	RR	\$ 42.52	\$ 55.03
E0141	NU	\$ 79.03	\$ 135.30
E0141	RR	\$ 7.90	\$ 22.71

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0141	UE	\$ 59.28	\$ 101.46
E0143	NU	\$ 79.03	\$ 141.86
E0143	RR	\$ 7.90	\$ 22.06
E0143	UE	\$ 59.28	\$ 106.25
E0144	RR	\$ 45.47	\$ 48.97
E0147	NU	\$ 661.54	\$ 841.85
E0147	RR	\$ 66.15	\$ 84.20
E0147	UE	\$ 496.16	\$ 631.40
E0148	NU	\$ 128.74	\$ 179.33
E0148	RR	\$ 12.88	\$ 17.95
E0148	UE	\$ 96.56	\$ 134.48
E0149	RR	\$ 18.34	\$ 28.97
E0153	NU	\$ 126.34	\$ 126.34
E0153	RR	\$ 14.99	\$ 14.99
E0153	UE	\$ 94.74	\$ 94.74
E0154	NU	\$ 75.08	\$ 102.30
E0154	RR	\$ 7.50	\$ 11.47
E0154	UE	\$ 56.31	\$ 77.28
E0155	NU	\$ 32.37	\$ 40.94
E0155	RR	\$ 3.23	\$ 5.05
E0155	UE	\$ 24.29	\$ 30.98
E0156	NU	\$ 24.60	\$ 35.95
E0156	RR	\$ 2.46	\$ 4.21
E0156	UE	\$ 18.45	\$ 26.96
E0157	NU	\$ 83.41	\$ 118.10
E0157	RR	\$ 8.34	\$ 12.47
E0157	UE	\$ 62.57	\$ 88.58
E0158	NU	\$ 33.21	\$ 42.04
E0158	RR	\$ 3.32	\$ 4.89
E0158	UE	\$ 24.91	\$ 31.64
E0159	NU	\$ 23.10	\$ 27.96
E0159	RR	\$ 2.31	\$ 2.81
E0159	UE	\$ 17.33	\$ 20.99
E0160	NU	\$ 44.84	\$ 52.93
E0160	RR	\$ 4.48	\$ 6.20
E0160	UE	\$ 33.64	\$ 39.69
E0161	NU	\$ 37.79	\$ 42.57
E0161	RR	\$ 3.78	\$ 5.66
E0161	UE	\$ 28.35	\$ 31.88
E0162	NU	\$ 236.59	\$ 236.59
E0162	RR	\$ 24.84	\$ 24.84
E0162	UE	\$ 183.46	\$ 183.46
E0163	NU	\$ 86.66	\$ 153.05

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0163	RR	\$ 8.67	\$ 28.08
E0163	UE	\$ 65.00	\$ 117.01
E0165	RR	\$ 19.50	\$ 28.81
E0167	NU	\$ 17.47	\$ 21.25
E0167	RR	\$ 1.75	\$ 2.17
E0167	UE	\$ 13.12	\$ 15.99
E0168	NU	\$ 184.34	\$ 249.94
E0168	RR	\$ 18.44	\$ 24.99
E0168	UE	\$ 138.25	\$ 187.45
E0170	RR	\$ 264.43	\$ 301.07
E0171	RR	\$ 49.78	\$ 55.24
E0175	NU	\$ 107.53	\$ 107.53
E0175	RR	\$ 10.75	\$ 10.75
E0175	UE	\$ 79.16	\$ 79.16
E0181	RR	\$ 26.26	\$ 38.95
E0182	RR	\$ 34.09	\$ 43.82
E0183	RR	\$ 26.26	\$ 38.95
E0184	NU	\$ 251.55	\$ 303.51
E0184	RR	\$ 25.16	\$ 34.50
E0184	UE	\$ 188.66	\$ 230.31
E0185	NU	\$ 285.53	\$ 412.87
E0185	RR	\$ 28.55	\$ 51.81
E0185	UE	\$ 214.16	\$ 314.19
E0186	RR	\$ 30.38	\$ 36.29
E0187	RR	\$ 35.57	\$ 40.64
E0188	NU	\$ 37.70	\$ 47.53
E0188	RR	\$ 3.78	\$ 5.19
E0188	UE	\$ 28.28	\$ 35.67
E0189	NU	\$ 84.53	\$ 94.61
E0189	RR	\$ 8.46	\$ 9.87
E0189	UE	\$ 63.41	\$ 70.95
E0190	NU	\$ 90.57	\$ 90.57
E0190	RR	\$ 9.10	\$ 9.10
E0190	UE	\$ 67.58	\$ 67.58
E0191	NU	\$ 16.23	\$ 16.23
E0191	RR	\$ 1.97	\$ 1.97
E0191	UE	\$ 12.10	\$ 12.10
E0193	RR	\$ 1,141.27	\$ 1,322.87
E0194	RR	\$ 6,216.50	\$ 6,216.50
E0196	RR	\$ 51.74	\$ 52.75
E0197	RR	\$ 28.56	\$ 41.22
E0198	RR	\$ 41.87	\$ 41.87
E0199	NU	\$ 50.72	\$ 58.16

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0199	RR	\$ 5.07	\$ 5.80
E0199	UE	\$ 38.04	\$ 43.61
E0200	NU	\$ 128.72	\$ 128.72
E0200	RR	\$ 17.49	\$ 17.49
E0200	UE	\$ 96.60	\$ 96.60
E0202	RR	\$ 101.68	\$ 101.68
E0203		\$ 437.67	\$ 437.67
E0205	NU	\$ 315.10	\$ 315.10
E0205	RR	\$ 38.64	\$ 38.64
E0205	UE	\$ 236.32	\$ 236.32
E0210	NU	\$ 53.03	\$ 53.03
E0210	RR	\$ 5.88	\$ 5.88
E0210	UE	\$ 39.73	\$ 39.73
E0215	NU	\$ 122.51	\$ 122.51
E0215	RR	\$ 14.17	\$ 14.17
E0215	UE	\$ 91.84	\$ 91.84
E0217	NU	\$ 948.36	\$ 948.36
E0217	RR	\$ 105.57	\$ 105.57
E0217	UE	\$ 711.23	\$ 711.23
E0218	NU	\$ 2,148.40	\$ 2,148.40
E0218	RR	\$ 216.13	\$ 216.13
E0218	UE	\$ 1,610.22	\$ 1,610.22
E0221		\$ 3,311.67	\$ 3,311.67
E0225	NU	\$ 742.41	\$ 742.41
E0225	RR	\$ 73.18	\$ 73.18
E0225	UE	\$ 556.81	\$ 556.81
E0235	RR	\$ 32.96	\$ 32.96
E0236	RR	\$ 77.57	\$ 77.57
E0239	NU	\$ 859.28	\$ 859.28
E0239	RR	\$ 85.95	\$ 85.95
E0239	UE	\$ 644.48	\$ 644.48
E0240	NU	\$ 163.02	\$ 163.02
E0240	RR	\$ 16.39	\$ 16.39
E0240	UE	\$ 121.65	\$ 121.65
E0241		\$ 46.23	\$ 46.23
E0243		\$ 71.08	\$ 71.08
E0244		\$ 93.14	\$ 93.14
E0245		\$ 100.74	\$ 100.74
E0246		\$ 99.82	\$ 99.82
E0247	NU	\$ 144.90	\$ 144.90
E0247	RR	\$ 14.57	\$ 14.57
E0247	UE	\$ 108.14	\$ 108.14
E0248	NU	\$ 210.10	\$ 210.10

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0248	RR	\$ 21.14	\$ 21.14
E0248	UE	\$ 156.80	\$ 156.80
E0249	NU	\$ 161.73	\$ 161.73
E0249	RR	\$ 17.77	\$ 17.77
E0249	UE	\$ 121.27	\$ 121.27
E0250	RR	\$ 102.19	\$ 135.44
E0251	RR	\$ 95.73	\$ 112.64
E0255	RR	\$ 102.56	\$ 152.08
E0256	RR	\$ 100.32	\$ 122.05
E0260	RR	\$ 102.56	\$ 171.05
E0261	RR	\$ 102.56	\$ 168.10
E0265	RR	\$ 243.53	\$ 286.31
E0266	RR	\$ 211.90	\$ 250.88
E0271	NU	\$ 197.48	\$ 294.57
E0271	RR	\$ 19.75	\$ 30.17
E0271	UE	\$ 148.12	\$ 226.62
E0272	NU	\$ 222.11	\$ 293.41
E0272	RR	\$ 22.22	\$ 30.09
E0272	UE	\$ 166.59	\$ 219.46
E0274	NU	\$ 673.26	\$ 673.26
E0274	RR	\$ 67.73	\$ 67.73
E0274	UE	\$ 504.60	\$ 504.60
E0275	NU	\$ 23.11	\$ 24.86
E0275	RR	\$ 2.31	\$ 2.80
E0275	UE	\$ 17.35	\$ 18.63
E0276	NU	\$ 20.13	\$ 21.60
E0276	RR	\$ 2.02	\$ 2.59
E0276	UE	\$ 15.11	\$ 16.67
E0277	RR	\$ 339.65	\$ 705.42
E0280	NU	\$ 51.49	\$ 53.47
E0280	RR	\$ 5.15	\$ 6.23
E0280	UE	\$ 38.63	\$ 40.10
E0290	RR	\$ 96.31	\$ 113.08
E0291	RR	\$ 74.54	\$ 81.72
E0292	RR	\$ 102.31	\$ 122.84
E0293	RR	\$ 96.45	\$ 109.69
E0294	RR	\$ 102.56	\$ 162.95
E0295	RR	\$ 102.56	\$ 160.19
E0296	RR	\$ 190.01	\$ 209.90
E0297	RR	\$ 167.68	\$ 197.82
E0300	RR	\$ 423.40	\$ 445.37
E0301	RR	\$ 268.76	\$ 350.81
E0302	RR	\$ 779.52	\$ 1,014.34

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0303	RR	\$ 273.50	\$ 380.20
E0304	RR	\$ 788.76	\$ 1,071.50
E0305	RR	\$ 17.84	\$ 24.23
E0310	NU	\$ 181.48	\$ 260.93
E0310	RR	\$ 18.14	\$ 27.48
E0310	UE	\$ 136.12	\$ 196.78
E0315		\$ 256.66	\$ 256.66
E0316	RR	\$ 295.67	\$ 295.67
E0325	NU	\$ 15.55	\$ 16.44
E0325	RR	\$ 1.55	\$ 2.27
E0325	UE	\$ 10.86	\$ 10.86
E0326	NU	\$ 16.06	\$ 17.63
E0326	RR	\$ 1.61	\$ 2.02
E0326	UE	\$ 12.04	\$ 13.23
E0328		\$ 15,984.64	\$ 15,984.64
E0329		\$ 23,217.54	\$ 23,217.54
E0371	RR	\$ 339.65	\$ 513.46
E0372	RR	\$ 339.65	\$ 586.12
E0373	RR	\$ 339.65	\$ 646.10
E0424	RR	\$ 129.92	\$ 236.54
E0425		\$ 17.77	\$ 17.77
E0430		\$ 17.77	\$ 17.77
E0431	RR	\$ 29.26	\$ 42.21
E0433	RR	\$ 62.43	\$ 71.65
E0434	RR	\$ 62.43	\$ 71.65
E0439	RR	\$ 129.92	\$ 236.54
E0441		\$ 89.77	\$ 103.33
E0442		\$ 89.77	\$ 103.33
E0443		\$ 81.35	\$ 98.80
E0444		\$ 81.35	\$ 98.80
E0445		\$ 17.77	\$ 17.77
E0446		\$ 303.91	\$ 303.91
E0447		\$ 122.04	\$ 149.98
E0462	RR	\$ 473.17	\$ 473.17
E0465	RR	\$ 1,823.36	\$ 1,823.36
E0466	RR	\$ 1,823.36	\$ 1,823.36
E0467	RR	\$ 2,102.53	\$ 2,138.78
E0470	RR	\$ 176.54	\$ 278.04
E0471	RR	\$ 429.28	\$ 773.93
E0472	RR	\$ 653.59	\$ 895.65
E0480	RR	\$ 83.96	\$ 83.96
E0481		\$ 1,184.71	\$ 1,184.71
E0482	RR	\$ 762.43	\$ 762.43

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0483	RR	\$ 2,030.84	\$ 2,030.84
E0484	NU	\$ 70.56	\$ 70.56
E0484	RR	\$ 7.06	\$ 7.06
E0484	UE	\$ 52.92	\$ 52.92
E0485	NU	\$ 241.49	\$ 241.49
E0485	RR	\$ 24.29	\$ 24.29
E0485	UE	\$ 180.21	\$ 180.21
E0486	NU	\$ 7,848.36	\$ 7,848.36
E0486	RR	\$ 789.57	\$ 789.57
E0486	UE	\$ 5,856.98	\$ 5,856.98
E0490	RR	\$ 171.01	\$ 171.01
E0491		\$ 141.23	\$ 141.23
E0500	RR	\$ 202.36	\$ 202.36
E0530	RR	\$ 49.76	\$ 49.76
E0550	RR	\$ 95.77	\$ 95.77
E0555	NU	\$ 6.03	\$ 6.03
E0555	RR	\$ 0.60	\$ 0.60
E0555	UE	\$ 4.51	\$ 4.51
E0560	NU	\$ 282.37	\$ 282.37
E0560	RR	\$ 33.08	\$ 33.08
E0560	UE	\$ 211.79	\$ 211.79
E0561	NU	\$ 113.53	\$ 154.10
E0561	RR	\$ 11.35	\$ 15.40
E0561	UE	\$ 85.15	\$ 115.57
E0562	NU	\$ 224.74	\$ 374.09
E0562	RR	\$ 22.47	\$ 37.39
E0562	UE	\$ 168.56	\$ 280.57
E0565	RR	\$ 69.59	\$ 87.75
E0570	RR	\$ 9.46	\$ 20.62
E0572	RR	\$ 38.58	\$ 60.05
E0574	RR	\$ 71.79	\$ 71.79
E0575	RR	\$ 169.64	\$ 169.64
E0580	NU	\$ 220.70	\$ 220.70
E0580	RR	\$ 22.08	\$ 22.08
E0580	UE	\$ 165.49	\$ 165.49
E0585	RR	\$ 42.57	\$ 54.21
E0600	RR	\$ 80.86	\$ 80.86
E0601	RR	\$ 67.38	\$ 129.57
E0602	NU	\$ 56.38	\$ 56.38
E0602	RR	\$ 5.68	\$ 5.68
E0602	UE	\$ 42.29	\$ 42.29
E0603	NU	\$ 362.24	\$ 362.24
E0603	RR	\$ 36.44	\$ 36.44

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0603	UE	\$ 270.33	\$ 270.33
E0604	NU	\$ 1,080.16	\$ 1,080.16
E0604	RR	\$ 108.67	\$ 108.67
E0604	UE	\$ 809.56	\$ 809.56
E0605	NU	\$ 47.88	\$ 47.88
E0605	RR	\$ 5.88	\$ 5.88
E0605	UE	\$ 35.92	\$ 35.92
E0606	RR	\$ 43.83	\$ 43.83
E0607	NU	\$ 127.64	\$ 127.64
E0607	RR	\$ 12.75	\$ 12.75
E0607	UE	\$ 95.70	\$ 95.70
E0610	NU	\$ 454.34	\$ 454.34
E0610	RR	\$ 47.92	\$ 47.92
E0610	UE	\$ 340.80	\$ 340.80
E0615	NU	\$ 905.53	\$ 905.53
E0615	RR	\$ 94.99	\$ 94.99
E0615	UE	\$ 679.15	\$ 679.15
E0617	RR	\$ 580.78	\$ 580.78
E0618	RR	\$ 520.80	\$ 520.80
E0619	RR	\$ 487.45	\$ 487.45
E0620	RR	\$ 167.01	\$ 167.01
E0621	NU	\$ 140.24	\$ 164.12
E0621	RR	\$ 14.03	\$ 16.39
E0621	UE	\$ 105.18	\$ 123.12
E0627	NU	\$ 421.27	\$ 553.28
E0627	RR	\$ 42.13	\$ 55.33
E0627	UE	\$ 315.95	\$ 414.95
E0629	NU	\$ 413.50	\$ 550.59
E0629	RR	\$ 41.36	\$ 55.06
E0629	UE	\$ 310.13	\$ 412.93
E0630	RR	\$ 96.38	\$ 149.37
E0635	RR	\$ 208.12	\$ 222.96
E0636	RR	\$ 1,641.26	\$ 1,900.39
E0637	NU	\$ 5,020.53	\$ 5,020.53
E0637	RR	\$ 505.08	\$ 505.08
E0637	UE	\$ 3,746.65	\$ 3,746.65
E0638	NU	\$ 5,417.78	\$ 5,417.78
E0638	RR	\$ 545.05	\$ 545.05
E0638	UE	\$ 4,043.12	\$ 4,043.12
E0639	RR	\$ 213.09	\$ 213.09
E0640	RR	\$ 213.09	\$ 213.09
E0641		\$ 13,216.64	\$ 13,216.64
E0642		\$ 8,710.49	\$ 8,710.49

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0650	NU	\$ 1,375.75	\$ 1,375.75
E0650	RR	\$ 165.51	\$ 165.51
E0650	UE	\$ 1,031.83	\$ 1,031.83
E0651	NU	\$ 1,732.86	\$ 1,732.86
E0651	RR	\$ 179.23	\$ 179.23
E0651	UE	\$ 1,299.68	\$ 1,299.68
E0652	NU	\$ 10,126.98	\$ 10,126.98
E0652	RR	\$ 1,000.85	\$ 1,000.85
E0652	UE	\$ 7,588.45	\$ 7,588.45
E0655	NU	\$ 206.18	\$ 206.18
E0655	RR	\$ 24.23	\$ 24.23
E0655	UE	\$ 154.83	\$ 154.83
E0656	RR	\$ 110.39	\$ 110.39
E0657	RR	\$ 103.70	\$ 103.70
E0660	NU	\$ 304.98	\$ 304.98
E0660	RR	\$ 31.75	\$ 31.75
E0660	UE	\$ 228.76	\$ 228.76
E0665	NU	\$ 261.70	\$ 261.70
E0665	RR	\$ 26.87	\$ 26.87
E0665	UE	\$ 196.29	\$ 196.29
E0666	NU	\$ 263.79	\$ 263.79
E0666	RR	\$ 27.16	\$ 27.16
E0666	UE	\$ 197.88	\$ 197.88
E0667	NU	\$ 618.46	\$ 618.46
E0667	RR	\$ 69.83	\$ 69.83
E0667	UE	\$ 463.88	\$ 463.88
E0668	NU	\$ 844.09	\$ 844.09
E0668	RR	\$ 83.30	\$ 83.30
E0668	UE	\$ 633.09	\$ 633.09
E0669	NU	\$ 350.18	\$ 350.18
E0669	RR	\$ 35.01	\$ 35.01
E0669	UE	\$ 262.67	\$ 262.67
E0670	NU	\$ 2,401.25	\$ 2,401.25
E0670	RR	\$ 257.04	\$ 257.04
E0670	UE	\$ 1,800.85	\$ 1,800.85
E0671	NU	\$ 793.42	\$ 793.42
E0671	RR	\$ 79.39	\$ 79.39
E0671	UE	\$ 595.01	\$ 595.01
E0672	NU	\$ 616.46	\$ 616.46
E0672	RR	\$ 61.70	\$ 61.70
E0672	UE	\$ 462.38	\$ 462.38
E0673	NU	\$ 512.25	\$ 512.25
E0673	RR	\$ 51.23	\$ 51.23

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0673	UE	\$ 384.26	\$ 384.26
E0675	RR	\$ 734.57	\$ 734.57
E0676	NU	\$ 3,467.55	\$ 3,467.55
E0676	RR	\$ 348.85	\$ 348.85
E0676	UE	\$ 2,598.92	\$ 2,598.92
E0677	RR	\$ 110.39	\$ 110.39
E0678	RR	\$ 61.85	\$ 61.85
E0679	RR	\$ 35.01	\$ 35.01
E0680	RR	\$ 1,012.70	\$ 1,012.70
E0681	RR	\$ 173.29	\$ 173.29
E0682	RR	\$ 84.41	\$ 84.41
E0691	NU	\$ 1,716.50	\$ 1,716.50
E0691	RR	\$ 171.64	\$ 171.64
E0691	UE	\$ 1,287.38	\$ 1,287.38
E0692	NU	\$ 2,155.47	\$ 2,155.47
E0692	RR	\$ 215.52	\$ 215.52
E0692	UE	\$ 1,616.59	\$ 1,616.59
E0693	NU	\$ 2,657.07	\$ 2,657.07
E0693	RR	\$ 265.72	\$ 265.72
E0693	UE	\$ 1,992.80	\$ 1,992.80
E0694	NU	\$ 8,457.23	\$ 8,457.23
E0694	RR	\$ 845.71	\$ 845.71
E0694	UE	\$ 6,342.97	\$ 6,342.97
E0705	NU	\$ 74.52	\$ 94.44
E0705	RR	\$ 7.45	\$ 9.53
E0705	UE	\$ 55.89	\$ 64.13
E0720	NU	\$ 93.76	\$ 373.04
E0730	NU	\$ 93.13	\$ 377.02
E0731	NU	\$ 119.45	\$ 416.43
E0732	RR	\$ 62.51	\$ 62.51
E0733	RR	\$ 62.51	\$ 62.51
E0734	RR	\$ 600.94	\$ 600.94
E0735	RR	\$ 62.51	\$ 62.51
E0740	RR	\$ 99.89	\$ 99.89
E0744	RR	\$ 174.93	\$ 174.93
E0745	RR	\$ 171.01	\$ 171.01
E0761		\$ 2,982.38	\$ 2,982.38
E0762	RR	\$ 210.04	\$ 210.04
E0764	NU	\$ 22,434.15	\$ 22,434.15
E0764	UE	\$ 16,814.34	\$ 16,814.34
E0765	NU	\$ 160.71	\$ 160.71
E0765	RR	\$ 16.10	\$ 16.10
E0765	UE	\$ 120.57	\$ 120.57

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0770	NU	\$ 478.13	\$ 478.13
E0770	RR	\$ 48.10	\$ 48.10
E0770	UE	\$ 356.82	\$ 356.82
E0776	NU	\$ 232.46	\$ 232.46
E0776	RR	\$ 24.32	\$ 29.97
E0776	UE	\$ 172.27	\$ 172.27
E0779	RR	\$ 29.81	\$ 29.81
E0780	NU	\$ 19.81	\$ 19.81
E0781	RR	\$ 409.39	\$ 439.49
E0784	RR	\$ 738.18	\$ 767.83
E0791	RR	\$ 486.35	\$ 545.19
E0830		\$ 676.24	\$ 676.24
E0840	NU	\$ 139.96	\$ 139.96
E0840	RR	\$ 26.52	\$ 26.52
E0840	UE	\$ 104.93	\$ 104.93
E0849	RR	\$ 98.45	\$ 98.45
E0850	NU	\$ 170.56	\$ 170.56
E0850	RR	\$ 27.57	\$ 27.57
E0850	UE	\$ 127.93	\$ 127.93
E0855	RR	\$ 94.42	\$ 94.42
E0856	RR	\$ 29.40	\$ 29.40
E0860	NU	\$ 72.16	\$ 72.16
E0860	RR	\$ 12.46	\$ 12.46
E0860	UE	\$ 54.15	\$ 54.15
E0870	NU	\$ 222.19	\$ 222.19
E0870	RR	\$ 25.62	\$ 25.62
E0870	UE	\$ 166.67	\$ 166.67
E0880	NU	\$ 224.27	\$ 224.27
E0880	RR	\$ 37.65	\$ 37.65
E0880	UE	\$ 168.18	\$ 168.18
E0890	NU	\$ 195.50	\$ 195.50
E0890	RR	\$ 62.72	\$ 62.72
E0890	UE	\$ 157.49	\$ 157.49
E0900	NU	\$ 208.05	\$ 208.05
E0900	RR	\$ 52.78	\$ 52.78
E0900	UE	\$ 156.09	\$ 156.09
E0910	RR	\$ 17.95	\$ 26.49
E0911	RR	\$ 68.42	\$ 79.07
E0912	RR	\$ 135.23	\$ 168.07
E0920	RR	\$ 88.17	\$ 88.17
E0930	RR	\$ 87.25	\$ 87.25
E0935	RR	\$ 36.93	\$ 36.93
E0936		\$ 157.65	\$ 157.65

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0940	RR	\$ 33.95	\$ 47.64
E0941	RR	\$ 82.91	\$ 82.91
E0942	NU	\$ 32.23	\$ 32.23
E0942	RR	\$ 4.49	\$ 4.49
E0942	UE	\$ 24.11	\$ 24.11
E0944	NU	\$ 76.58	\$ 76.58
E0944	RR	\$ 8.82	\$ 8.82
E0944	UE	\$ 57.47	\$ 57.47
E0945	NU	\$ 76.58	\$ 76.58
E0945	RR	\$ 8.46	\$ 8.46
E0945	UE	\$ 57.47	\$ 57.47
E0946	RR	\$ 113.02	\$ 113.02
E0947	NU	\$ 1,158.47	\$ 1,158.47
E0947	RR	\$ 120.11	\$ 120.11
E0947	UE	\$ 868.83	\$ 868.83
E0948	NU	\$ 1,120.49	\$ 1,120.49
E0948	RR	\$ 112.01	\$ 112.01
E0948	UE	\$ 790.31	\$ 790.31
E0950	NU	\$ 123.06	\$ 141.50
E0950	RR	\$ 12.31	\$ 15.36
E0950	UE	\$ 92.30	\$ 105.41
E0951	NU	\$ 19.99	\$ 27.31
E0951	RR	\$ 2.00	\$ 2.77
E0951	UE	\$ 14.99	\$ 20.48
E0952	NU	\$ 27.45	\$ 27.87
E0952	RR	\$ 2.74	\$ 2.98
E0952	UE	\$ 20.59	\$ 20.90
E0953	NU	\$ 123.93	\$ 149.21
E0953	RR	\$ 12.39	\$ 14.92
E0953	UE	\$ 92.95	\$ 111.92
E0954	NU	\$ 86.48	\$ 94.33
E0954	RR	\$ 8.65	\$ 9.66
E0954	UE	\$ 64.86	\$ 70.73
E0955	RR	\$ 23.17	\$ 29.57
E0956	NU	\$ 123.93	\$ 149.21
E0956	RR	\$ 12.39	\$ 14.92
E0956	UE	\$ 92.95	\$ 111.92
E0957	NU	\$ 198.98	\$ 220.63
E0957	RR	\$ 19.89	\$ 22.06
E0957	UE	\$ 149.24	\$ 165.47
E0958	RR	\$ 67.21	\$ 78.64
E0959	NU	\$ 71.75	\$ 71.78
E0959	RR	\$ 7.18	\$ 8.19

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0959	UE	\$ 53.80	\$ 54.32
E0960	NU	\$ 118.06	\$ 139.44
E0960	RR	\$ 11.80	\$ 13.96
E0960	UE	\$ 88.55	\$ 104.58
E0961	NU	\$ 31.98	\$ 46.63
E0961	RR	\$ 3.19	\$ 4.79
E0961	UE	\$ 23.98	\$ 27.85
E0966	NU	\$ 117.08	\$ 131.29
E0966	RR	\$ 11.70	\$ 13.05
E0966	UE	\$ 87.81	\$ 98.48
E0967	NU	\$ 115.99	\$ 123.40
E0967	RR	\$ 11.59	\$ 12.33
E0967	UE	\$ 87.00	\$ 92.50
E0968	RR	\$ 34.20	\$ 34.20
E0969	NU	\$ 299.19	\$ 299.19
E0969	RR	\$ 29.62	\$ 29.62
E0969	UE	\$ 224.41	\$ 224.41
E0971	NU	\$ 46.33	\$ 68.35
E0971	RR	\$ 4.63	\$ 6.85
E0971	UE	\$ 34.75	\$ 51.28
E0973	NU	\$ 82.35	\$ 142.20
E0973	RR	\$ 8.23	\$ 13.76
E0973	UE	\$ 61.77	\$ 106.64
E0974	NU	\$ 121.87	\$ 127.32
E0974	RR	\$ 12.19	\$ 14.48
E0974	UE	\$ 91.41	\$ 96.21
E0978	NU	\$ 36.68	\$ 53.89
E0978	RR	\$ 3.67	\$ 5.70
E0978	UE	\$ 27.51	\$ 40.40
E0980	NU	\$ 53.68	\$ 53.68
E0980	RR	\$ 6.33	\$ 6.33
E0980	UE	\$ 40.03	\$ 40.03
E0981	NU	\$ 68.78	\$ 70.80
E0981	RR	\$ 6.87	\$ 7.39
E0981	UE	\$ 51.59	\$ 53.10
E0982	NU	\$ 72.11	\$ 72.11
E0982	RR	\$ 7.62	\$ 8.05
E0982	UE	\$ 54.10	\$ 54.10
E0983	RR	\$ 444.02	\$ 444.02
E0984	RR	\$ 364.94	\$ 364.94
E0985	RR	\$ 34.64	\$ 38.57
E0986	RR	\$ 929.21	\$ 929.21
E0988	RR	\$ 549.82	\$ 549.82

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E0990	NU	\$ 107.49	\$ 159.17
E0990	RR	\$ 10.75	\$ 17.14
E0990	UE	\$ 80.63	\$ 122.42
E0992	NU	\$ 127.37	\$ 162.11
E0992	RR	\$ 12.74	\$ 15.95
E0992	UE	\$ 95.54	\$ 121.59
E0994	NU	\$ 33.68	\$ 33.68
E0994	RR	\$ 3.40	\$ 3.40
E0994	UE	\$ 25.26	\$ 25.26
E0995	NU	\$ 44.20	\$ 46.62
E0995	RR	\$ 4.42	\$ 4.72
E0995	UE	\$ 33.15	\$ 34.99
E1002	RR	\$ 613.35	\$ 640.33
E1003	RR	\$ 717.92	\$ 720.47
E1004	RR	\$ 789.10	\$ 795.35
E1005	RR	\$ 863.21	\$ 865.45
E1006	RR	\$ 1,062.85	\$ 1,062.85
E1007	RR	\$ 1,321.11	\$ 1,380.16
E1008	RR	\$ 1,355.10	\$ 1,397.20
E1010	RR	\$ 184.16	\$ 186.24
E1012	RR	\$ 184.16	\$ 186.24
E1014	RR	\$ 69.78	\$ 69.78
E1015	NU	\$ 190.99	\$ 215.57
E1015	RR	\$ 19.10	\$ 21.55
E1015	UE	\$ 143.23	\$ 161.67
E1016	NU	\$ 180.94	\$ 207.61
E1016	RR	\$ 18.10	\$ 20.78
E1016	UE	\$ 135.70	\$ 155.69
E1020	RR	\$ 29.30	\$ 36.01
E1028	RR	\$ 20.76	\$ 28.98
E1029	RR	\$ 60.82	\$ 60.82
E1030	RR	\$ 191.86	\$ 191.86
E1031	RR	\$ 69.41	\$ 86.10
E1035	RR	\$ 950.70	\$ 1,111.04
E1036	RR	\$ 1,339.52	\$ 1,585.42
E1037	RR	\$ 166.35	\$ 199.12
E1038	RR	\$ 23.81	\$ 30.28
E1039	RR	\$ 51.74	\$ 62.02
E1050	RR	\$ 194.56	\$ 194.56
E1060	RR	\$ 240.80	\$ 240.80
E1070	RR	\$ 209.24	\$ 209.24
E1083	RR	\$ 127.85	\$ 127.85
E1084	RR	\$ 187.39	\$ 187.39

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E1086	NU	\$ 2,400.40	\$ 2,400.40
E1086	RR	\$ 241.49	\$ 241.49
E1086	UE	\$ 1,799.08	\$ 1,799.08
E1087	RR	\$ 205.45	\$ 205.45
E1088	RR	\$ 272.92	\$ 272.92
E1090	NU	\$ 4,080.64	\$ 4,080.64
E1090	RR	\$ 410.52	\$ 410.52
E1090	UE	\$ 3,058.43	\$ 3,058.43
E1092	RR	\$ 245.49	\$ 245.49
E1093	RR	\$ 211.12	\$ 211.12
E1100	RR	\$ 182.46	\$ 182.46
E1110	RR	\$ 182.46	\$ 182.46
E1130	NU	\$ 840.18	\$ 840.18
E1130	RR	\$ 84.53	\$ 84.53
E1130	UE	\$ 629.72	\$ 629.72
E1140	NU	\$ 2,306.60	\$ 2,306.60
E1140	RR	\$ 232.05	\$ 232.05
E1140	UE	\$ 1,728.79	\$ 1,728.79
E1150	RR	\$ 155.82	\$ 155.82
E1160	RR	\$ 119.41	\$ 119.41
E1161	RR	\$ 451.96	\$ 451.96
E1170	RR	\$ 170.63	\$ 170.63
E1171	RR	\$ 153.10	\$ 153.10
E1172	RR	\$ 187.17	\$ 187.17
E1180	RR	\$ 193.58	\$ 193.58
E1190	RR	\$ 223.64	\$ 223.64
E1195	RR	\$ 239.96	\$ 239.96
E1200	RR	\$ 166.21	\$ 166.21
E1221	RR	\$ 90.76	\$ 90.76
E1222	RR	\$ 126.17	\$ 126.17
E1223	RR	\$ 141.39	\$ 141.39
E1224	RR	\$ 155.02	\$ 155.02
E1225	RR	\$ 59.37	\$ 76.52
E1226	NU	\$ 593.15	\$ 780.16
E1226	RR	\$ 59.32	\$ 87.36
E1226	UE	\$ 444.86	\$ 585.09
E1227	NU	\$ 450.58	\$ 450.58
E1227	RR	\$ 53.02	\$ 53.02
E1227	UE	\$ 337.99	\$ 337.99
E1228	RR	\$ 53.54	\$ 53.54
E1230	NU	\$ 4,320.57	\$ 4,320.57
E1230	RR	\$ 424.94	\$ 424.94
E1230	UE	\$ 3,417.05	\$ 3,417.05

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E1232	RR	\$ 408.52	\$ 408.52
E1233	RR	\$ 423.23	\$ 423.23
E1234	RR	\$ 368.48	\$ 368.48
E1235	RR	\$ 354.83	\$ 354.83
E1236	RR	\$ 313.04	\$ 313.04
E1237	RR	\$ 315.76	\$ 315.76
E1238	RR	\$ 313.04	\$ 313.04
E1240	RR	\$ 188.47	\$ 188.47
E1260	NU	\$ 3,075.69	\$ 3,075.69
E1260	RR	\$ 309.43	\$ 309.43
E1260	UE	\$ 2,305.23	\$ 2,305.23
E1270	RR	\$ 141.85	\$ 141.85
E1280	RR	\$ 250.73	\$ 250.73
E1290	NU	\$ 2,640.48	\$ 2,640.48
E1290	RR	\$ 265.64	\$ 265.64
E1290	UE	\$ 1,979.03	\$ 1,979.03
E1295	RR	\$ 232.02	\$ 232.02
E1296	NU	\$ 798.29	\$ 798.29
E1296	RR	\$ 95.44	\$ 95.44
E1296	UE	\$ 598.74	\$ 598.74
E1297	NU	\$ 199.82	\$ 199.82
E1297	RR	\$ 22.20	\$ 22.20
E1297	UE	\$ 149.84	\$ 149.84
E1298	NU	\$ 809.28	\$ 809.28
E1298	RR	\$ 82.80	\$ 82.80
E1298	UE	\$ 606.96	\$ 606.96
E1310	NU	\$ 3,486.74	\$ 3,486.74
E1310	RR	\$ 348.68	\$ 348.68
E1310	UE	\$ 2,615.03	\$ 2,615.03
E1353		\$ 54.10	\$ 54.10
E1354		\$ 29.61	\$ 29.61
E1355		\$ 40.77	\$ 40.77
E1356		\$ 466.68	\$ 466.68
E1372	NU	\$ 180.81	\$ 244.17
E1372	RR	\$ 18.09	\$ 30.42
E1372	UE	\$ 135.60	\$ 181.85
E1390	RR	\$ 129.92	\$ 236.54
E1391	RR	\$ 129.92	\$ 236.54
E1392	RR	\$ 62.43	\$ 71.65
E1405	RR	\$ 172.49	\$ 290.75
E1406	RR	\$ 139.38	\$ 257.17
E1510	NU	\$ 1,080.16	\$ 1,080.16
E1510	RR	\$ 108.67	\$ 108.67

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E1510	UE	\$ 809.56	\$ 809.56
E1610	NU	\$ 6,481.03	\$ 6,481.03
E1610	RR	\$ 652.02	\$ 652.02
E1610	UE	\$ 4,857.51	\$ 4,857.51
E1637		\$ 67.02	\$ 67.02
E1639		\$ 153.20	\$ 153.20
E1700	RR	\$ 65.88	\$ 65.88
E1701		\$ 20.24	\$ 20.24
E1702		\$ 43.09	\$ 43.09
E1800	RR	\$ 234.01	\$ 234.01
E1801	RR	\$ 228.76	\$ 228.76
E1802	RR	\$ 624.29	\$ 624.29
E1805	RR	\$ 241.21	\$ 241.21
E1806	RR	\$ 187.71	\$ 187.71
E1810	RR	\$ 238.00	\$ 238.00
E1811	RR	\$ 237.76	\$ 237.76
E1812	RR	\$ 164.26	\$ 164.26
E1815	RR	\$ 241.21	\$ 241.21
E1816	RR	\$ 241.53	\$ 241.53
E1818	RR	\$ 246.57	\$ 246.57
E1820	NU	\$ 147.31	\$ 147.31
E1820	RR	\$ 14.76	\$ 14.76
E1820	UE	\$ 110.49	\$ 110.49
E1821	NU	\$ 201.03	\$ 201.03
E1821	RR	\$ 20.05	\$ 20.05
E1821	UE	\$ 150.82	\$ 150.82
E1825	RR	\$ 241.21	\$ 241.21
E1830	RR	\$ 241.21	\$ 241.21
E1831	RR	\$ 121.38	\$ 121.38
E1840	RR	\$ 699.82	\$ 699.82
E1841	RR	\$ 865.31	\$ 865.31
E1905	RR	\$ 904.46	\$ 904.46
E2000	RR	\$ 91.84	\$ 91.84
E2001	RR	\$ 80.86	\$ 80.86
E2100	NU	\$ 1,228.61	\$ 1,228.61
E2100	RR	\$ 122.89	\$ 122.89
E2100	UE	\$ 921.49	\$ 921.49
E2101	NU	\$ 360.18	\$ 360.18
E2101	RR	\$ 36.02	\$ 36.02
E2101	UE	\$ 270.14	\$ 270.14
E2103	NU	\$ 403.82	\$ 403.82
E2103	RR	\$ 40.39	\$ 40.39
E2103	UE	\$ 302.86	\$ 302.86

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E2120	RR	\$ 541.59	\$ 541.59
E2201	NU	\$ 492.42	\$ 629.02
E2201	RR	\$ 49.24	\$ 62.90
E2201	UE	\$ 369.32	\$ 471.76
E2202	NU	\$ 702.74	\$ 849.94
E2202	RR	\$ 70.27	\$ 84.99
E2202	UE	\$ 527.07	\$ 637.49
E2203	NU	\$ 671.69	\$ 829.14
E2203	RR	\$ 67.17	\$ 82.91
E2203	UE	\$ 503.76	\$ 621.84
E2204	NU	\$ 1,154.37	\$ 1,427.19
E2204	RR	\$ 115.44	\$ 142.73
E2204	UE	\$ 865.77	\$ 1,070.40
E2205	NU	\$ 55.19	\$ 61.35
E2205	RR	\$ 5.52	\$ 6.09
E2205	UE	\$ 41.40	\$ 46.06
E2206	NU	\$ 60.19	\$ 71.92
E2206	RR	\$ 6.02	\$ 7.18
E2206	UE	\$ 45.14	\$ 53.96
E2207	NU	\$ 72.59	\$ 81.05
E2207	RR	\$ 7.27	\$ 8.12
E2207	UE	\$ 54.45	\$ 60.79
E2208	NU	\$ 120.88	\$ 163.86
E2208	RR	\$ 12.10	\$ 16.39
E2208	UE	\$ 90.66	\$ 122.89
E2209	NU	\$ 131.14	\$ 160.64
E2209	RR	\$ 13.12	\$ 16.06
E2209	UE	\$ 98.35	\$ 120.50
E2210	NU	\$ 8.44	\$ 10.11
E2210	RR	\$ 0.84	\$ 1.02
E2210	UE	\$ 6.33	\$ 7.60
E2211	NU	\$ 53.56	\$ 63.28
E2211	RR	\$ 5.35	\$ 6.83
E2211	UE	\$ 40.17	\$ 46.34
E2212	NU	\$ 9.87	\$ 11.02
E2212	RR	\$ 0.99	\$ 1.15
E2212	UE	\$ 7.41	\$ 8.29
E2213	NU	\$ 47.00	\$ 54.84
E2213	RR	\$ 4.70	\$ 5.52
E2213	UE	\$ 35.25	\$ 41.10
E2214	NU	\$ 50.65	\$ 58.14
E2214	RR	\$ 5.07	\$ 6.66
E2214	UE	\$ 38.00	\$ 43.60

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E2215	NU	\$ 16.04	\$ 18.03
E2215	RR	\$ 1.61	\$ 1.81
E2215	UE	\$ 12.04	\$ 13.52
E2216	NU	\$ 69.50	\$ 76.78
E2216	RR	\$ 6.94	\$ 9.14
E2216	UE	\$ 52.12	\$ 57.58
E2217	NU	\$ 61.50	\$ 67.94
E2217	RR	\$ 6.15	\$ 8.09
E2217	UE	\$ 46.13	\$ 50.96
E2218	NU	\$ 69.50	\$ 76.78
E2218	RR	\$ 6.94	\$ 9.14
E2218	UE	\$ 52.12	\$ 57.58
E2219	NU	\$ 61.50	\$ 67.94
E2219	RR	\$ 6.15	\$ 8.09
E2219	UE	\$ 46.13	\$ 50.96
E2220	NU	\$ 44.65	\$ 53.02
E2220	RR	\$ 4.47	\$ 5.21
E2220	UE	\$ 33.49	\$ 40.17
E2221	NU	\$ 41.80	\$ 47.49
E2221	RR	\$ 4.19	\$ 4.72
E2221	UE	\$ 31.36	\$ 35.62
E2222	NU	\$ 35.77	\$ 39.75
E2222	RR	\$ 3.57	\$ 3.95
E2222	UE	\$ 26.82	\$ 29.82
E2224	NU	\$ 144.97	\$ 159.21
E2224	RR	\$ 14.50	\$ 18.17
E2224	UE	\$ 108.72	\$ 119.42
E2225	NU	\$ 29.88	\$ 33.18
E2225	RR	\$ 2.98	\$ 3.32
E2225	UE	\$ 22.41	\$ 24.86
E2226	NU	\$ 62.20	\$ 70.95
E2226	RR	\$ 6.23	\$ 7.10
E2226	UE	\$ 46.65	\$ 53.21
E2227	RR	\$ 343.57	\$ 343.57
E2228	RR	\$ 148.96	\$ 173.45
E2231	NU	\$ 221.41	\$ 269.56
E2231	RR	\$ 22.15	\$ 26.96
E2231	UE	\$ 166.05	\$ 202.16
E2291		\$ 643.41	\$ 643.41
E2292		\$ 716.49	\$ 716.49
E2293		\$ 1,225.08	\$ 1,225.08
E2294		\$ 774.76	\$ 774.76
E2300		\$ 6,121.05	\$ 6,121.05

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E2301		\$ 22,712.63	\$ 22,712.63
E2310	RR	\$ 179.61	\$ 186.13
E2311	RR	\$ 362.43	\$ 376.25
E2312	RR	\$ 370.44	\$ 370.44
E2313	RR	\$ 58.87	\$ 58.87
E2321	RR	\$ 244.03	\$ 252.84
E2322	RR	\$ 230.55	\$ 231.36
E2323	NU	\$ 112.38	\$ 113.13
E2323	RR	\$ 11.24	\$ 11.31
E2323	UE	\$ 84.29	\$ 84.84
E2324	NU	\$ 72.14	\$ 72.14
E2324	RR	\$ 7.18	\$ 7.18
E2324	UE	\$ 54.11	\$ 54.11
E2325	RR	\$ 220.35	\$ 221.06
E2326	RR	\$ 57.18	\$ 57.18
E2327	RR	\$ 430.09	\$ 430.09
E2328	RR	\$ 813.55	\$ 814.69
E2329	RR	\$ 290.78	\$ 290.78
E2330	RR	\$ 563.40	\$ 563.40
E2331		\$ 1,697.77	\$ 1,697.77
E2340	NU	\$ 684.53	\$ 684.53
E2340	RR	\$ 68.49	\$ 68.49
E2340	UE	\$ 513.46	\$ 513.46
E2341	NU	\$ 1,026.90	\$ 1,026.90
E2341	RR	\$ 102.68	\$ 102.68
E2341	UE	\$ 770.21	\$ 770.21
E2342	NU	\$ 855.76	\$ 855.76
E2342	RR	\$ 85.57	\$ 85.57
E2342	UE	\$ 641.83	\$ 641.83
E2343	NU	\$ 1,369.23	\$ 1,369.23
E2343	RR	\$ 136.91	\$ 136.91
E2343	UE	\$ 1,026.90	\$ 1,026.90
E2351	NU	\$ 1,150.66	\$ 1,150.66
E2351	RR	\$ 115.07	\$ 115.07
E2351	UE	\$ 862.99	\$ 862.99
E2359	NU	\$ 266.69	\$ 307.82
E2359	RR	\$ 26.67	\$ 30.79
E2359	UE	\$ 200.02	\$ 230.86
E2360	NU	\$ 182.42	\$ 182.42
E2360	RR	\$ 20.20	\$ 21.56
E2360	UE	\$ 136.78	\$ 136.78
E2361	NU	\$ 179.65	\$ 214.91
E2361	RR	\$ 17.96	\$ 21.50

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E2361	UE	\$ 134.74	\$ 161.18
E2362	NU	\$ 172.77	\$ 172.77
E2362	RR	\$ 17.28	\$ 17.28
E2362	UE	\$ 129.54	\$ 129.54
E2363	NU	\$ 220.92	\$ 279.51
E2363	RR	\$ 22.09	\$ 27.96
E2363	UE	\$ 165.69	\$ 209.64
E2364	NU	\$ 182.42	\$ 182.42
E2364	RR	\$ 20.43	\$ 20.86
E2364	UE	\$ 136.78	\$ 136.78
E2365	NU	\$ 115.64	\$ 158.80
E2365	RR	\$ 11.56	\$ 15.88
E2365	UE	\$ 86.73	\$ 119.13
E2366	NU	\$ 238.22	\$ 323.16
E2366	RR	\$ 23.83	\$ 35.63
E2366	UE	\$ 178.67	\$ 242.38
E2367	NU	\$ 619.28	\$ 678.54
E2367	RR	\$ 61.92	\$ 67.86
E2367	UE	\$ 464.45	\$ 508.90
E2368	RR	\$ 64.50	\$ 78.74
E2369	RR	\$ 59.81	\$ 71.34
E2370	RR	\$ 84.00	\$ 113.06
E2371	NU	\$ 221.41	\$ 247.87
E2371	RR	\$ 22.13	\$ 24.79
E2371	UE	\$ 166.05	\$ 185.91
E2373	RR	\$ 129.15	\$ 129.15
E2374	RR	\$ 82.75	\$ 85.34
E2375	RR	\$ 106.32	\$ 130.33
E2376	RR	\$ 205.60	\$ 213.30
E2377	RR	\$ 76.16	\$ 78.06
E2378	RR	\$ 88.54	\$ 97.36
E2381	NU	\$ 95.14	\$ 115.58
E2381	RR	\$ 9.52	\$ 11.55
E2381	UE	\$ 71.36	\$ 86.69
E2382	NU	\$ 30.17	\$ 31.88
E2382	RR	\$ 3.01	\$ 3.16
E2382	UE	\$ 22.64	\$ 23.93
E2383	NU	\$ 203.94	\$ 236.10
E2383	RR	\$ 20.40	\$ 23.60
E2383	UE	\$ 152.95	\$ 177.09
E2384	NU	\$ 96.04	\$ 119.90
E2384	RR	\$ 9.60	\$ 11.97
E2384	UE	\$ 72.03	\$ 89.91

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E2385	NU	\$ 72.39	\$ 76.27
E2385	RR	\$ 7.24	\$ 7.63
E2385	UE	\$ 54.29	\$ 57.19
E2386	NU	\$ 163.79	\$ 212.56
E2386	RR	\$ 16.38	\$ 21.25
E2386	UE	\$ 122.85	\$ 159.45
E2387	NU	\$ 77.31	\$ 96.11
E2387	RR	\$ 7.73	\$ 9.59
E2387	UE	\$ 57.97	\$ 72.07
E2388	NU	\$ 78.78	\$ 80.85
E2388	RR	\$ 7.88	\$ 8.09
E2388	UE	\$ 59.08	\$ 60.66
E2389	NU	\$ 44.03	\$ 44.55
E2389	RR	\$ 4.40	\$ 4.47
E2389	UE	\$ 33.03	\$ 33.39
E2390	NU	\$ 68.17	\$ 69.30
E2390	RR	\$ 6.82	\$ 6.93
E2390	UE	\$ 51.13	\$ 51.97
E2391	NU	\$ 27.78	\$ 32.49
E2391	RR	\$ 2.77	\$ 3.26
E2391	UE	\$ 20.83	\$ 24.37
E2392	NU	\$ 65.20	\$ 81.72
E2392	RR	\$ 6.52	\$ 8.19
E2392	UE	\$ 48.90	\$ 61.29
E2394	NU	\$ 92.90	\$ 114.73
E2394	RR	\$ 9.30	\$ 11.48
E2394	UE	\$ 69.68	\$ 86.04
E2395	NU	\$ 69.79	\$ 83.50
E2395	RR	\$ 6.99	\$ 8.36
E2395	UE	\$ 52.35	\$ 62.64
E2396	NU	\$ 80.91	\$ 101.15
E2396	RR	\$ 8.09	\$ 10.50
E2396	UE	\$ 60.68	\$ 75.88
E2397	NU	\$ 704.69	\$ 789.57
E2397	RR	\$ 70.48	\$ 78.96
E2397	UE	\$ 528.53	\$ 592.16
E2398	NU	\$ 219.13	\$ 219.13
E2398	RR	\$ 21.91	\$ 21.91
E2398	UE	\$ 164.33	\$ 164.33
E2402	RR	\$ 1,056.17	\$ 2,008.87
E2500	NU	\$ 746.98	\$ 746.98
E2500	RR	\$ 74.70	\$ 74.70
E2500	UE	\$ 560.24	\$ 560.24

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E2502	NU	\$ 2,284.23	\$ 2,284.23
E2502	RR	\$ 228.45	\$ 228.45
E2502	UE	\$ 1,713.19	\$ 1,713.19
E2504	NU	\$ 3,013.23	\$ 3,013.23
E2504	RR	\$ 301.35	\$ 301.35
E2504	UE	\$ 2,259.94	\$ 2,259.94
E2506	NU	\$ 4,418.26	\$ 4,418.26
E2506	RR	\$ 441.81	\$ 441.81
E2506	UE	\$ 3,313.63	\$ 3,313.63
E2508	NU	\$ 6,832.13	\$ 6,832.13
E2508	RR	\$ 683.21	\$ 683.21
E2508	UE	\$ 5,124.11	\$ 5,124.11
E2510	NU	\$ 12,928.89	\$ 12,928.89
E2510	RR	\$ 1,292.89	\$ 1,292.89
E2510	UE	\$ 9,696.64	\$ 9,696.64
E2511	NU	\$ 50.72	\$ 50.72
E2511	RR	\$ 5.11	\$ 5.11
E2511	UE	\$ 37.84	\$ 37.84
E2512	NU	\$ 1,436.85	\$ 1,436.85
E2512	RR	\$ 144.55	\$ 144.55
E2512	UE	\$ 1,072.29	\$ 1,072.29
E2601	NU	\$ 60.12	\$ 84.84
E2601	RR	\$ 6.01	\$ 8.50
E2601	UE	\$ 45.09	\$ 63.64
E2602	NU	\$ 129.98	\$ 172.69
E2602	RR	\$ 13.01	\$ 17.28
E2602	UE	\$ 97.48	\$ 129.51
E2603	NU	\$ 163.79	\$ 215.96
E2603	RR	\$ 16.38	\$ 21.60
E2603	UE	\$ 122.84	\$ 161.99
E2604	NU	\$ 238.74	\$ 284.23
E2604	RR	\$ 23.87	\$ 28.42
E2604	UE	\$ 179.06	\$ 213.19
E2605	NU	\$ 335.85	\$ 407.67
E2605	RR	\$ 33.59	\$ 40.77
E2605	UE	\$ 251.89	\$ 305.77
E2606	NU	\$ 541.94	\$ 644.07
E2606	RR	\$ 54.19	\$ 64.41
E2606	UE	\$ 406.46	\$ 483.03
E2607	NU	\$ 325.99	\$ 418.77
E2607	RR	\$ 32.59	\$ 41.87
E2607	UE	\$ 244.50	\$ 314.08
E2608	NU	\$ 416.60	\$ 513.52

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E2608	RR	\$ 41.66	\$ 51.34
E2608	UE	\$ 312.45	\$ 385.14
E2609		\$ 3,306.21	\$ 3,306.21
E2611	NU	\$ 244.75	\$ 395.79
E2611	RR	\$ 24.47	\$ 39.56
E2611	UE	\$ 183.55	\$ 296.87
E2612	NU	\$ 483.28	\$ 618.46
E2612	RR	\$ 48.33	\$ 61.85
E2612	UE	\$ 362.46	\$ 463.85
E2613	NU	\$ 491.09	\$ 597.42
E2613	RR	\$ 49.11	\$ 59.75
E2613	UE	\$ 368.33	\$ 448.07
E2614	NU	\$ 723.84	\$ 851.86
E2614	RR	\$ 72.38	\$ 85.19
E2614	UE	\$ 542.89	\$ 638.90
E2615	NU	\$ 561.37	\$ 684.74
E2615	RR	\$ 56.14	\$ 68.49
E2615	UE	\$ 421.04	\$ 513.56
E2616	NU	\$ 755.92	\$ 921.75
E2616	RR	\$ 75.60	\$ 92.18
E2616	UE	\$ 566.94	\$ 691.32
E2617		\$ 3,871.92	\$ 3,871.92
E2619	NU	\$ 81.10	\$ 82.80
E2619	RR	\$ 8.11	\$ 8.29
E2619	UE	\$ 60.83	\$ 62.13
E2620	NU	\$ 613.27	\$ 785.71
E2620	RR	\$ 61.33	\$ 78.57
E2620	UE	\$ 459.96	\$ 589.29
E2621	NU	\$ 721.71	\$ 869.76
E2621	RR	\$ 72.17	\$ 86.98
E2621	UE	\$ 541.28	\$ 652.33
E2622	NU	\$ 514.50	\$ 530.11
E2622	RR	\$ 51.45	\$ 53.02
E2622	UE	\$ 385.88	\$ 397.59
E2623	NU	\$ 650.64	\$ 672.52
E2623	RR	\$ 65.06	\$ 67.26
E2623	UE	\$ 487.97	\$ 504.38
E2624	NU	\$ 522.83	\$ 536.52
E2624	RR	\$ 52.29	\$ 53.66
E2624	UE	\$ 392.13	\$ 402.40
E2625	NU	\$ 647.04	\$ 671.79
E2625	RR	\$ 64.71	\$ 67.17
E2625	UE	\$ 485.28	\$ 503.83

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
E2626	NU	\$ 1,000.68	\$ 1,164.81
E2626	RR	\$ 100.07	\$ 116.47
E2626	UE	\$ 750.51	\$ 873.57
E2627	NU	\$ 1,609.47	\$ 1,828.20
E2627	RR	\$ 160.94	\$ 182.85
E2627	UE	\$ 1,207.11	\$ 1,371.15
E2628	NU	\$ 1,195.75	\$ 1,397.91
E2628	RR	\$ 119.57	\$ 139.79
E2628	UE	\$ 896.83	\$ 1,048.43
E2629	NU	\$ 1,555.74	\$ 1,763.23
E2629	RR	\$ 155.57	\$ 176.32
E2629	UE	\$ 1,166.80	\$ 1,322.43
E2630	NU	\$ 1,078.41	\$ 1,215.69
E2630	RR	\$ 107.84	\$ 121.58
E2630	UE	\$ 808.81	\$ 911.76
E2631	NU	\$ 435.04	\$ 494.38
E2631	RR	\$ 43.50	\$ 49.45
E2631	UE	\$ 326.27	\$ 370.78
E2632	NU	\$ 274.97	\$ 310.38
E2632	RR	\$ 27.50	\$ 31.04
E2632	UE	\$ 206.23	\$ 232.78
E2633	NU	\$ 228.91	\$ 261.73
E2633	RR	\$ 22.89	\$ 26.18
E2633	UE	\$ 171.68	\$ 196.31
E3000	RR	\$ 328.17	\$ 328.17
E8000		\$ 4,461.93	\$ 4,461.93
E8001		\$ 6,908.36	\$ 6,908.36
E8002		\$ 6,884.42	\$ 6,884.42
G0480-G0483, G0659		BR	BR
G2010, G2012		BR	BR
JXXXX		BR	BR
K0001	RR	\$ 37.74	\$ 71.06
K0002	RR	\$ 61.31	\$ 113.97
K0003	RR	\$ 58.79	\$ 106.06
K0004	RR	\$ 69.72	\$ 165.98
K0005	NU	\$ 3,472.48	\$ 3,472.48
K0005	RR	\$ 347.26	\$ 347.26
K0005	UE	\$ 2,604.39	\$ 2,604.39
K0006	RR	\$ 101.60	\$ 176.69
K0007	RR	\$ 137.86	\$ 237.66
K0009	RR	\$ 136.53	\$ 136.53
K0010	RR	\$ 813.74	\$ 813.74
K0011	RR	\$ 938.99	\$ 938.99

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
K0012	RR	\$ 576.02	\$ 576.02
K0015	RR	\$ 22.89	\$ 27.29
K0017	NU	\$ 78.08	\$ 80.40
K0017	RR	\$ 7.81	\$ 8.05
K0017	UE	\$ 58.56	\$ 60.30
K0018	NU	\$ 44.14	\$ 45.19
K0018	RR	\$ 4.41	\$ 4.51
K0018	UE	\$ 33.11	\$ 33.91
K0019	NU	\$ 19.54	\$ 25.98
K0019	RR	\$ 1.96	\$ 2.60
K0019	UE	\$ 14.67	\$ 19.50
K0020	NU	\$ 75.21	\$ 75.21
K0020	RR	\$ 7.52	\$ 7.52
K0020	UE	\$ 56.39	\$ 56.39
K0037	NU	\$ 73.46	\$ 76.37
K0037	RR	\$ 7.07	\$ 7.07
K0037	UE	\$ 55.10	\$ 57.30
K0038	NU	\$ 39.03	\$ 39.14
K0038	RR	\$ 3.91	\$ 3.91
K0038	UE	\$ 29.27	\$ 29.34
K0039	NU	\$ 83.80	\$ 85.51
K0039	RR	\$ 8.39	\$ 8.58
K0039	UE	\$ 62.85	\$ 64.12
K0040	NU	\$ 84.90	\$ 106.96
K0040	RR	\$ 8.48	\$ 10.70
K0040	UE	\$ 63.67	\$ 80.22
K0041	NU	\$ 80.08	\$ 82.91
K0041	RR	\$ 8.01	\$ 8.29
K0041	UE	\$ 60.06	\$ 62.15
K0042	NU	\$ 50.99	\$ 50.99
K0042	RR	\$ 5.10	\$ 5.10
K0042	UE	\$ 38.22	\$ 38.22
K0043	NU	\$ 31.61	\$ 31.61
K0043	RR	\$ 3.16	\$ 3.16
K0043	UE	\$ 23.72	\$ 23.72
K0044	NU	\$ 26.95	\$ 26.95
K0044	RR	\$ 2.70	\$ 2.70
K0044	UE	\$ 20.17	\$ 20.17
K0045	NU	\$ 90.87	\$ 92.05
K0045	RR	\$ 9.09	\$ 9.35
K0045	UE	\$ 68.15	\$ 69.03
K0046	NU	\$ 31.61	\$ 31.61
K0046	RR	\$ 3.16	\$ 3.16

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
K0046	UE	\$ 23.72	\$ 23.72
K0047	NU	\$ 112.94	\$ 118.36
K0047	RR	\$ 11.30	\$ 11.84
K0047	UE	\$ 84.70	\$ 88.79
K0050	NU	\$ 52.40	\$ 52.50
K0050	RR	\$ 5.24	\$ 5.25
K0050	UE	\$ 39.30	\$ 39.40
K0051	NU	\$ 82.89	\$ 84.01
K0051	RR	\$ 8.29	\$ 8.40
K0051	UE	\$ 62.17	\$ 63.01
K0052	NU	\$ 112.92	\$ 137.82
K0052	RR	\$ 11.30	\$ 13.80
K0052	UE	\$ 84.69	\$ 103.35
K0053	NU	\$ 134.39	\$ 157.57
K0053	RR	\$ 13.44	\$ 15.76
K0053	UE	\$ 100.79	\$ 118.16
K0056	NU	\$ 147.08	\$ 172.90
K0056	RR	\$ 14.71	\$ 17.30
K0056	UE	\$ 110.32	\$ 129.70
K0065	NU	\$ 74.86	\$ 83.33
K0065	RR	\$ 7.49	\$ 8.33
K0065	UE	\$ 56.14	\$ 62.52
K0069	NU	\$ 149.81	\$ 177.83
K0069	RR	\$ 14.98	\$ 17.79
K0069	UE	\$ 112.36	\$ 133.38
K0070	RR	\$ 25.44	\$ 31.28
K0071	NU	\$ 174.86	\$ 199.47
K0071	RR	\$ 17.49	\$ 19.98
K0071	UE	\$ 131.14	\$ 149.62
K0072	NU	\$ 109.31	\$ 121.97
K0072	RR	\$ 10.93	\$ 12.19
K0072	UE	\$ 81.98	\$ 91.48
K0073	NU	\$ 56.25	\$ 62.87
K0073	RR	\$ 5.63	\$ 6.29
K0073	UE	\$ 42.20	\$ 47.12
K0077	NU	\$ 86.11	\$ 102.90
K0077	RR	\$ 8.61	\$ 10.28
K0077	UE	\$ 64.60	\$ 77.15
K0098	NU	\$ 38.47	\$ 42.70
K0098	RR	\$ 3.85	\$ 4.28
K0098	UE	\$ 28.87	\$ 32.03
K0105	NU	\$ 159.10	\$ 181.76
K0105	RR	\$ 15.90	\$ 18.17

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
K0105	UE	\$ 119.32	\$ 136.33
K0195	RR	\$ 16.80	\$ 26.17
K0455	RR	\$ 469.56	\$ 469.56
K0552		\$ 4.59	\$ 4.79
K0601	NU	\$ 2.09	\$ 2.10
K0602	NU	\$ 11.75	\$ 11.94
K0603	NU	\$ 1.05	\$ 1.06
K0604	NU	\$ 11.33	\$ 11.47
K0605	NU	\$ 27.06	\$ 27.48
K0607	RR	\$ 37.11	\$ 37.11
K0608	NU	\$ 231.53	\$ 231.53
K0608	RR	\$ 23.20	\$ 23.20
K0608	UE	\$ 173.64	\$ 173.64
K0609		\$ 1,539.79	\$ 1,539.79
K0669		\$ 594.82	\$ 594.82
K0672		\$ 136.32	\$ 136.32
K0730	RR	\$ 329.31	\$ 329.31
K0733	NU	\$ 45.68	\$ 49.74
K0733	RR	\$ 4.56	\$ 5.01
K0733	UE	\$ 34.26	\$ 37.32
K0738	RR	\$ 62.43	\$ 71.65
K0739		\$ 51.86	\$ 51.86
K0740		\$ 29.62	\$ 29.62
K0800	NU	\$ 1,347.72	\$ 1,812.36
K0800	RR	\$ 134.78	\$ 181.24
K0800	UE	\$ 1,010.79	\$ 1,359.27
K0801	NU	\$ 2,419.96	\$ 3,083.91
K0801	RR	\$ 241.99	\$ 308.36
K0801	UE	\$ 1,814.97	\$ 2,312.93
K0802	NU	\$ 3,269.80	\$ 3,764.89
K0802	RR	\$ 326.98	\$ 376.49
K0802	UE	\$ 2,452.35	\$ 2,823.67
K0806	NU	\$ 2,314.56	\$ 2,444.69
K0806	RR	\$ 231.46	\$ 244.47
K0806	UE	\$ 1,735.93	\$ 1,833.54
K0807	NU	\$ 3,587.00	\$ 3,747.03
K0807	RR	\$ 358.69	\$ 374.71
K0807	UE	\$ 2,690.25	\$ 2,810.28
K0808	NU	\$ 5,544.91	\$ 5,794.95
K0808	RR	\$ 554.50	\$ 579.49
K0808	UE	\$ 4,158.69	\$ 4,346.20
K0813	RR	\$ 429.91	\$ 533.29
K0814	RR	\$ 447.19	\$ 624.79

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
K0815	RR	\$ 498.18	\$ 702.83
K0816	RR	\$ 458.00	\$ 664.93
K0820	RR	\$ 445.47	\$ 560.00
K0821	RR	\$ 458.00	\$ 657.99
K0822	RR	\$ 498.18	\$ 761.99
K0823	RR	\$ 458.00	\$ 746.61
K0824	RR	\$ 708.04	\$ 982.88
K0825	RR	\$ 662.56	\$ 904.08
K0826	RR	\$ 1,133.82	\$ 1,425.86
K0827	RR	\$ 1,006.11	\$ 1,227.67
K0828	RR	\$ 1,472.16	\$ 1,660.71
K0829	RR	\$ 1,420.52	\$ 1,566.68
K0835	RR	\$ 594.71	\$ 798.36
K0836	RR	\$ 616.84	\$ 827.99
K0837	RR	\$ 762.79	\$ 979.37
K0838	RR	\$ 676.09	\$ 872.98
K0839	RR	\$ 1,013.24	\$ 1,280.79
K0840	RR	\$ 1,555.64	\$ 1,950.66
K0841	RR	\$ 670.18	\$ 868.38
K0842	RR	\$ 669.21	\$ 867.89
K0843	RR	\$ 794.44	\$ 1,039.28
K0848	RR	\$ 1,305.08	\$ 1,305.08
K0849	RR	\$ 1,254.74	\$ 1,254.74
K0850	RR	\$ 1,513.81	\$ 1,513.81
K0851	RR	\$ 1,455.55	\$ 1,455.55
K0852	RR	\$ 1,749.12	\$ 1,749.12
K0853	RR	\$ 1,796.80	\$ 1,796.80
K0854	RR	\$ 2,380.36	\$ 2,380.36
K0855	RR	\$ 2,248.60	\$ 2,248.60
K0856	RR	\$ 1,400.83	\$ 1,400.83
K0857	RR	\$ 1,428.91	\$ 1,428.91
K0858	RR	\$ 1,738.03	\$ 1,738.03
K0859	RR	\$ 1,657.54	\$ 1,657.54
K0860	RR	\$ 2,483.00	\$ 2,483.00
K0861	RR	\$ 1,403.08	\$ 1,403.08
K0862	RR	\$ 1,738.03	\$ 1,738.03
K0863	RR	\$ 2,483.00	\$ 2,483.00
K0864	RR	\$ 2,954.77	\$ 2,954.77
K0884		\$ 35,538.37	\$ 35,538.37
K0899		\$ 4,336.99	\$ 4,336.99
K1027		\$ 8,414.41	\$ 8,414.41
L0112		\$ 2,250.30	\$ 2,250.30
L0113		\$ 458.50	\$ 458.50

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L0120		\$ 54.50	\$ 54.50
L0130		\$ 272.19	\$ 272.19
L0140		\$ 98.60	\$ 98.60
L0150		\$ 221.93	\$ 221.93
L0160		\$ 272.27	\$ 272.27
L0170		\$ 1,313.23	\$ 1,313.23
L0172		\$ 245.17	\$ 245.17
L0174		\$ 564.16	\$ 564.16
L0180		\$ 731.39	\$ 731.39
L0190		\$ 1,017.31	\$ 1,017.31
L0200		\$ 1,060.54	\$ 1,060.54
L0220		\$ 188.64	\$ 188.64
L0450		\$ 181.09	\$ 274.48
L0452		\$ 640.93	\$ 640.93
L0454		\$ 557.61	\$ 557.61
L0455		\$ 336.18	\$ 457.06
L0456		\$ 1,599.07	\$ 1,599.07
L0457		\$ 964.07	\$ 1,310.69
L0458		\$ 1,433.87	\$ 1,433.87
L0460		\$ 1,613.92	\$ 1,613.92
L0462		\$ 2,007.47	\$ 2,007.47
L0464		\$ 2,389.86	\$ 2,389.86
L0466		\$ 767.28	\$ 767.28
L0467		\$ 377.03	\$ 583.55
L0468		\$ 929.96	\$ 929.96
L0469		\$ 480.41	\$ 719.71
L0470		\$ 1,309.32	\$ 1,309.32
L0472		\$ 830.40	\$ 830.40
L0480		\$ 2,491.76	\$ 2,491.76
L0482		\$ 2,841.68	\$ 2,841.68
L0484		\$ 3,197.87	\$ 3,197.87
L0486		\$ 3,463.35	\$ 3,463.35
L0488		\$ 1,613.92	\$ 1,613.92
L0490		\$ 454.83	\$ 454.83
L0491		\$ 1,234.76	\$ 1,234.76
L0492		\$ 852.08	\$ 852.08
L0621		\$ 95.48	\$ 145.31
L0622		\$ 530.54	\$ 530.54
L0623		\$ 171.14	\$ 233.00
L0625		\$ 53.42	\$ 72.59
L0626		\$ 125.30	\$ 125.30
L0627		\$ 660.91	\$ 660.91
L0628		\$ 81.33	\$ 110.57

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L0629		\$ 273.50	\$ 273.50
L0630		\$ 260.39	\$ 260.39
L0631		\$ 1,650.53	\$ 1,650.53
L0633		\$ 461.06	\$ 461.06
L0635		\$ 1,965.77	\$ 1,965.77
L0636		\$ 2,910.07	\$ 2,910.07
L0637		\$ 1,945.17	\$ 1,945.17
L0638		\$ 2,120.51	\$ 2,120.51
L0639		\$ 1,945.17	\$ 1,945.17
L0640		\$ 1,682.44	\$ 1,682.44
L0641		\$ 75.57	\$ 102.72
L0642		\$ 398.54	\$ 541.77
L0643		\$ 157.01	\$ 213.44
L0648		\$ 995.32	\$ 1,352.99
L0649		\$ 278.03	\$ 377.94
L0650		\$ 1,151.64	\$ 1,583.20
L0651		\$ 1,151.64	\$ 1,583.20
L0700		\$ 4,151.92	\$ 4,151.92
L0710		\$ 4,289.11	\$ 4,289.11
L0810		\$ 5,297.31	\$ 5,297.31
L0820		\$ 4,175.89	\$ 4,175.89
L0830		\$ 6,439.89	\$ 6,439.89
L0859		\$ 1,876.39	\$ 1,876.39
L0861		\$ 346.53	\$ 346.53
L0970		\$ 234.72	\$ 234.72
L0972		\$ 211.36	\$ 211.36
L0974		\$ 355.39	\$ 355.39
L0976		\$ 250.89	\$ 250.89
L0978		\$ 395.32	\$ 395.32
L0980		\$ 26.89	\$ 26.89
L0982		\$ 26.67	\$ 26.67
L0984		\$ 105.32	\$ 105.32
L1000		\$ 4,169.42	\$ 4,169.42
L1005		\$ 5,145.98	\$ 5,145.98
L1010		\$ 117.00	\$ 117.00
L1020		\$ 177.51	\$ 177.51
L1025		\$ 239.13	\$ 239.13
L1030		\$ 102.63	\$ 102.63
L1040		\$ 160.22	\$ 160.22
L1050		\$ 171.00	\$ 171.00
L1060		\$ 196.41	\$ 196.41
L1070		\$ 184.80	\$ 184.80
L1080		\$ 98.29	\$ 98.29

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L1085		\$ 316.12	\$ 316.12
L1090		\$ 188.24	\$ 188.24
L1100		\$ 326.59	\$ 326.59
L1110		\$ 524.51	\$ 524.51
L1120		\$ 81.56	\$ 81.56
L1200		\$ 3,217.75	\$ 3,217.75
L1210		\$ 537.36	\$ 537.36
L1220		\$ 454.99	\$ 454.99
L1230		\$ 914.23	\$ 914.23
L1240		\$ 159.46	\$ 159.46
L1250		\$ 126.49	\$ 126.49
L1260		\$ 138.31	\$ 138.31
L1270		\$ 159.12	\$ 159.12
L1280		\$ 177.17	\$ 177.17
L1290		\$ 161.42	\$ 161.42
L1300		\$ 3,430.53	\$ 3,430.53
L1310		\$ 3,223.79	\$ 3,223.79
L1600		\$ 252.21	\$ 252.21
L1610		\$ 90.16	\$ 90.16
L1620		\$ 255.88	\$ 255.88
L1630		\$ 283.93	\$ 283.93
L1640		\$ 710.72	\$ 710.72
L1650		\$ 416.11	\$ 416.11
L1652		\$ 573.10	\$ 573.10
L1660		\$ 263.59	\$ 263.59
L1680		\$ 2,502.25	\$ 2,502.25
L1681		\$ 3,746.71	\$ 3,746.71
L1685		\$ 2,442.82	\$ 2,442.82
L1686		\$ 1,873.35	\$ 1,873.35
L1690		\$ 3,109.06	\$ 3,109.06
L1700		\$ 3,136.20	\$ 3,136.20
L1710		\$ 3,671.26	\$ 3,671.26
L1720		\$ 2,706.16	\$ 2,706.16
L1730		\$ 2,324.32	\$ 2,324.32
L1755		\$ 3,234.90	\$ 3,234.90
L1810		\$ 200.10	\$ 200.10
L1812		\$ 92.81	\$ 156.77
L1820		\$ 243.66	\$ 243.66
L1830		\$ 83.62	\$ 140.94
L1831		\$ 473.21	\$ 473.21
L1832		\$ 1,118.19	\$ 1,118.19
L1833		\$ 602.41	\$ 927.22
L1834		\$ 1,506.76	\$ 1,506.76

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L1836		\$ 118.24	\$ 179.54
L1840		\$ 1,888.32	\$ 1,888.32
L1843		\$ 1,442.60	\$ 1,442.60
L1844		\$ 3,265.49	\$ 3,265.49
L1845		\$ 1,258.94	\$ 1,258.94
L1846		\$ 2,294.22	\$ 2,294.22
L1847		\$ 924.76	\$ 924.76
L1848		\$ 924.76	\$ 924.76
L1850		\$ 272.34	\$ 462.00
L1851		\$ 795.12	\$ 1,207.22
L1852		\$ 758.53	\$ 1,093.01
L1860		\$ 2,203.71	\$ 2,203.71
L1900		\$ 470.01	\$ 470.01
L1902		\$ 140.88	\$ 140.88
L1904		\$ 965.72	\$ 965.72
L1906		\$ 246.97	\$ 246.97
L1907		\$ 904.69	\$ 904.69
L1910		\$ 549.19	\$ 549.19
L1920		\$ 561.51	\$ 561.51
L1930		\$ 485.81	\$ 485.81
L1932		\$ 1,434.72	\$ 1,434.72
L1940		\$ 1,015.64	\$ 1,015.64
L1945		\$ 1,901.07	\$ 1,901.07
L1950		\$ 1,529.68	\$ 1,529.68
L1951		\$ 1,350.26	\$ 1,350.26
L1960		\$ 1,138.34	\$ 1,138.34
L1970		\$ 1,190.29	\$ 1,190.29
L1971		\$ 753.61	\$ 753.61
L1980		\$ 753.70	\$ 753.70
L1990		\$ 915.43	\$ 915.43
L2000		\$ 2,083.03	\$ 2,083.03
L2005		\$ 6,588.25	\$ 6,588.25
L2006		\$ 53,532.25	\$ 53,532.25
L2010		\$ 1,898.88	\$ 1,898.88
L2020		\$ 2,397.98	\$ 2,397.98
L2030		\$ 2,080.46	\$ 2,080.46
L2034		\$ 3,221.15	\$ 3,221.15
L2035		\$ 278.50	\$ 278.50
L2036		\$ 3,416.74	\$ 3,416.74
L2037		\$ 3,420.61	\$ 3,420.61
L2038		\$ 2,513.63	\$ 2,513.63
L2040		\$ 273.48	\$ 273.48
L2050		\$ 978.29	\$ 978.29

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L2060		\$ 1,192.35	\$ 1,192.35
L2070		\$ 228.34	\$ 228.34
L2080		\$ 738.67	\$ 738.67
L2090		\$ 900.52	\$ 900.52
L2106		\$ 1,396.33	\$ 1,396.33
L2108		\$ 2,029.30	\$ 2,029.30
L2112		\$ 884.06	\$ 884.06
L2114		\$ 1,192.03	\$ 1,192.03
L2116		\$ 1,462.01	\$ 1,462.01
L2126		\$ 2,110.11	\$ 2,110.11
L2128		\$ 3,314.47	\$ 3,314.47
L2132		\$ 1,280.51	\$ 1,280.51
L2134		\$ 1,986.28	\$ 1,986.28
L2136		\$ 2,428.68	\$ 2,428.68
L2180		\$ 240.51	\$ 240.51
L2182		\$ 164.64	\$ 164.64
L2184		\$ 190.81	\$ 190.81
L2186		\$ 231.88	\$ 231.88
L2188		\$ 461.29	\$ 461.29
L2190		\$ 134.51	\$ 134.51
L2192		\$ 732.26	\$ 732.26
L2200		\$ 97.64	\$ 97.64
L2210		\$ 138.04	\$ 138.04
L2220		\$ 168.18	\$ 168.18
L2230		\$ 157.57	\$ 157.57
L2232		\$ 160.02	\$ 160.02
L2240		\$ 171.77	\$ 171.77
L2250		\$ 729.72	\$ 729.72
L2260		\$ 411.68	\$ 411.68
L2265		\$ 241.86	\$ 241.86
L2270		\$ 110.29	\$ 110.29
L2275		\$ 240.90	\$ 240.90
L2280		\$ 929.92	\$ 929.92
L2300		\$ 552.94	\$ 552.94
L2310		\$ 252.64	\$ 252.64
L2320		\$ 422.55	\$ 422.55
L2330		\$ 806.40	\$ 806.40
L2335		\$ 466.54	\$ 466.54
L2340		\$ 917.85	\$ 917.85
L2350		\$ 1,829.94	\$ 1,829.94
L2360		\$ 105.11	\$ 105.11
L2370		\$ 527.18	\$ 527.18
L2375		\$ 232.05	\$ 232.05

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L2380		\$ 252.84	\$ 252.84
L2385		\$ 275.07	\$ 275.07
L2387		\$ 339.86	\$ 339.86
L2390		\$ 224.81	\$ 224.81
L2395		\$ 294.50	\$ 294.50
L2397		\$ 203.55	\$ 203.55
L2405		\$ 140.17	\$ 140.17
L2415		\$ 195.27	\$ 195.27
L2425		\$ 230.45	\$ 230.45
L2430		\$ 230.45	\$ 230.45
L2492		\$ 182.11	\$ 182.11
L2500		\$ 647.89	\$ 647.89
L2510		\$ 1,491.74	\$ 1,491.74
L2520		\$ 946.09	\$ 946.09
L2525		\$ 2,336.92	\$ 2,336.92
L2526		\$ 1,304.42	\$ 1,304.42
L2530		\$ 482.52	\$ 482.52
L2540		\$ 868.27	\$ 868.27
L2550		\$ 589.83	\$ 589.83
L2570		\$ 978.18	\$ 978.18
L2580		\$ 953.13	\$ 953.13
L2600		\$ 421.79	\$ 421.79
L2610		\$ 498.75	\$ 498.75
L2620		\$ 549.11	\$ 549.11
L2622		\$ 629.78	\$ 629.78
L2624		\$ 680.06	\$ 680.06
L2627		\$ 2,640.47	\$ 2,640.47
L2628		\$ 2,580.54	\$ 2,580.54
L2630		\$ 508.54	\$ 508.54
L2640		\$ 690.14	\$ 690.14
L2650		\$ 205.95	\$ 205.95
L2660		\$ 382.76	\$ 382.76
L2670		\$ 314.09	\$ 314.09
L2680		\$ 291.58	\$ 291.58
L2750		\$ 128.73	\$ 128.73
L2755		\$ 210.11	\$ 210.11
L2760		\$ 124.78	\$ 124.78
L2768		\$ 209.45	\$ 209.45
L2780		\$ 138.99	\$ 138.99
L2785		\$ 65.09	\$ 65.09
L2795		\$ 174.51	\$ 174.51
L2800		\$ 219.06	\$ 219.06
L2810		\$ 160.40	\$ 160.40

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L2820		\$ 178.35	\$ 178.35
L2830		\$ 192.93	\$ 192.93
L2840		\$ 67.30	\$ 67.30
L2850		\$ 115.29	\$ 115.29
L2861		\$ 631.57	\$ 631.57
L3000		\$ 505.05	\$ 505.05
L3001		\$ 212.66	\$ 212.66
L3002		\$ 259.67	\$ 259.67
L3003		\$ 280.20	\$ 280.20
L3010		\$ 280.20	\$ 280.20
L3020		\$ 318.96	\$ 318.96
L3030		\$ 122.71	\$ 122.71
L3031		\$ 196.92	\$ 196.92
L3040		\$ 75.66	\$ 75.66
L3050		\$ 75.66	\$ 75.66
L3060		\$ 118.57	\$ 118.57
L3070		\$ 51.07	\$ 51.07
L3080		\$ 51.07	\$ 51.07
L3090		\$ 65.45	\$ 65.45
L3100		\$ 69.51	\$ 69.51
L3140		\$ 143.16	\$ 143.16
L3150		\$ 130.87	\$ 130.87
L3160		\$ 177.73	\$ 177.73
L3170		\$ 81.82	\$ 81.82
L3201		\$ 66.37	\$ 66.37
L3202		\$ 75.81	\$ 75.81
L3203		\$ 72.25	\$ 72.25
L3204		\$ 73.46	\$ 73.46
L3206		\$ 75.81	\$ 75.81
L3207		\$ 65.18	\$ 65.18
L3209		\$ 45.02	\$ 45.02
L3211		\$ 45.02	\$ 45.02
L3213		\$ 122.04	\$ 122.04
L3215		\$ 97.19	\$ 97.19
L3216		\$ 119.29	\$ 119.29
L3217		\$ 165.83	\$ 165.83
L3219		\$ 184.83	\$ 184.83
L3221		\$ 142.14	\$ 142.14
L3222		\$ 195.58	\$ 195.58
L3224		\$ 120.76	\$ 120.76
L3225		\$ 138.92	\$ 138.92
L3230		\$ 522.31	\$ 522.31
L3250		\$ 484.86	\$ 484.86

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L3252		\$ 355.53	\$ 355.53
L3253		\$ 118.45	\$ 118.45
L3254		\$ 35.55	\$ 35.55
L3255		\$ 35.55	\$ 35.55
L3257		\$ 71.08	\$ 71.08
L3260		\$ 47.42	\$ 47.42
L3265		\$ 35.55	\$ 35.55
L3300		\$ 83.83	\$ 83.83
L3310		\$ 130.87	\$ 130.87
L3320		\$ 171.82	\$ 171.82
L3330		\$ 909.93	\$ 909.93
L3332		\$ 118.57	\$ 118.57
L3334		\$ 61.36	\$ 61.36
L3340		\$ 137.06	\$ 137.06
L3350		\$ 36.83	\$ 36.83
L3360		\$ 57.26	\$ 57.26
L3370		\$ 79.69	\$ 79.69
L3380		\$ 79.69	\$ 79.69
L3390		\$ 79.69	\$ 79.69
L3400		\$ 65.45	\$ 65.45
L3410		\$ 149.25	\$ 149.25
L3420		\$ 87.95	\$ 87.95
L3430		\$ 257.64	\$ 257.64
L3440		\$ 122.71	\$ 122.71
L3450		\$ 169.75	\$ 169.75
L3455		\$ 65.45	\$ 65.45
L3460		\$ 55.16	\$ 55.16
L3465		\$ 94.04	\$ 94.04
L3470		\$ 100.17	\$ 100.17
L3480		\$ 100.17	\$ 100.17
L3485		\$ 42.66	\$ 42.66
L3500		\$ 47.03	\$ 47.03
L3510		\$ 47.03	\$ 47.03
L3520		\$ 51.07	\$ 51.07
L3530		\$ 51.07	\$ 51.07
L3540		\$ 81.82	\$ 81.82
L3550		\$ 14.28	\$ 14.28
L3560		\$ 36.83	\$ 36.83
L3570		\$ 137.06	\$ 137.06
L3580		\$ 104.29	\$ 104.29
L3590		\$ 85.88	\$ 85.88
L3595		\$ 67.45	\$ 67.45
L3600		\$ 122.71	\$ 122.71

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L3610		\$ 161.53	\$ 161.53
L3620		\$ 122.71	\$ 122.71
L3630		\$ 161.53	\$ 161.53
L3640		\$ 69.51	\$ 69.51
L3650		\$ 119.18	\$ 119.18
L3660		\$ 183.34	\$ 183.34
L3670		\$ 227.25	\$ 227.25
L3671		\$ 1,318.51	\$ 1,318.51
L3674		\$ 1,729.59	\$ 1,729.59
L3675		\$ 256.79	\$ 256.79
L3677		\$ 108.07	\$ 108.07
L3678		\$ 118.47	\$ 118.47
L3702		\$ 422.51	\$ 422.51
L3710		\$ 208.61	\$ 208.61
L3720		\$ 1,314.45	\$ 1,314.45
L3730		\$ 1,811.59	\$ 1,811.59
L3740		\$ 2,147.78	\$ 2,147.78
L3760		\$ 731.72	\$ 731.72
L3761		\$ 731.72	\$ 731.72
L3762		\$ 157.33	\$ 157.33
L3763		\$ 1,233.99	\$ 1,233.99
L3764		\$ 1,419.04	\$ 1,419.04
L3765		\$ 1,876.21	\$ 1,876.21
L3766		\$ 1,986.77	\$ 1,986.77
L3806		\$ 664.69	\$ 664.69
L3807		\$ 365.89	\$ 365.89
L3808		\$ 665.48	\$ 665.48
L3809		\$ 365.89	\$ 365.89
L3891		\$ 266.60	\$ 266.60
L3900		\$ 2,387.76	\$ 2,387.76
L3901		\$ 2,939.09	\$ 2,939.09
L3904		\$ 5,885.08	\$ 5,885.08
L3905		\$ 1,451.11	\$ 1,451.11
L3906		\$ 794.08	\$ 794.08
L3908		\$ 120.40	\$ 120.40
L3912		\$ 190.58	\$ 190.58
L3913		\$ 396.30	\$ 396.30
L3915		\$ 777.80	\$ 777.80
L3916		\$ 777.80	\$ 777.80
L3917		\$ 154.64	\$ 154.64
L3918		\$ 154.64	\$ 154.64
L3919		\$ 396.30	\$ 396.30
L3921		\$ 470.01	\$ 470.01

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L3923		\$ 131.11	\$ 131.11
L3924		\$ 131.11	\$ 131.11
L3925		\$ 96.14	\$ 96.14
L3927		\$ 51.16	\$ 51.16
L3929		\$ 157.09	\$ 157.09
L3930		\$ 157.09	\$ 157.09
L3931		\$ 350.83	\$ 350.83
L3933		\$ 312.16	\$ 312.16
L3935		\$ 323.23	\$ 323.23
L3956		\$ 126.67	\$ 126.67
L3960		\$ 1,476.93	\$ 1,476.93
L3961		\$ 2,458.39	\$ 2,458.39
L3962		\$ 1,441.90	\$ 1,441.90
L3967		\$ 2,902.54	\$ 2,902.54
L3971		\$ 2,755.20	\$ 2,755.20
L3973		\$ 2,902.54	\$ 2,902.54
L3975		\$ 2,458.39	\$ 2,458.39
L3976		\$ 2,458.39	\$ 2,458.39
L3977		\$ 2,755.20	\$ 2,755.20
L3978		\$ 2,902.54	\$ 2,902.54
L3980		\$ 621.28	\$ 621.28
L3981		\$ 1,472.84	\$ 1,472.84
L3982		\$ 750.22	\$ 750.22
L3984		\$ 691.70	\$ 691.70
L3995		\$ 57.44	\$ 57.44
L4000		\$ 2,618.53	\$ 2,618.53
L4002		\$ 35.55	\$ 35.55
L4010		\$ 1,378.26	\$ 1,378.26
L4020		\$ 1,768.90	\$ 1,768.90
L4030		\$ 1,036.87	\$ 1,036.87
L4040		\$ 838.31	\$ 838.31
L4045		\$ 673.67	\$ 673.67
L4050		\$ 847.84	\$ 847.84
L4055		\$ 549.01	\$ 549.01
L4060		\$ 652.67	\$ 652.67
L4070		\$ 577.95	\$ 577.95
L4080		\$ 178.01	\$ 178.01
L4090		\$ 169.54	\$ 169.54
L4100		\$ 214.21	\$ 214.21
L4110		\$ 174.16	\$ 174.16
L4130		\$ 1,018.89	\$ 1,018.89
L4205		\$ 48.86	\$ 48.86
L4210		\$ 177.76	\$ 177.76

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L4350		\$ 183.57	\$ 183.57
L4360		\$ 497.59	\$ 497.59
L4361		\$ 497.59	\$ 497.59
L4370		\$ 290.78	\$ 290.78
L4386		\$ 254.88	\$ 254.88
L4387		\$ 254.88	\$ 254.88
L4392		\$ 37.20	\$ 37.20
L4394		\$ 27.10	\$ 27.10
L4396		\$ 265.26	\$ 265.26
L4397		\$ 265.26	\$ 265.26
L4398		\$ 122.15	\$ 122.15
L4631		\$ 3,026.00	\$ 3,026.00
L5000		\$ 986.16	\$ 986.16
L5010		\$ 2,213.93	\$ 2,213.93
L5020		\$ 4,335.95	\$ 4,335.95
L5050		\$ 4,369.27	\$ 4,369.27
L5060		\$ 6,043.11	\$ 6,043.11
L5100		\$ 4,411.65	\$ 4,411.65
L5105		\$ 7,600.80	\$ 7,600.80
L5150		\$ 7,683.37	\$ 7,683.37
L5160		\$ 8,357.05	\$ 8,357.05
L5200		\$ 6,585.40	\$ 6,585.40
L5210		\$ 4,858.84	\$ 4,858.84
L5220		\$ 6,034.88	\$ 6,034.88
L5230		\$ 8,323.29	\$ 8,323.29
L5250		\$ 11,352.24	\$ 11,352.24
L5270		\$ 11,252.79	\$ 11,252.79
L5280		\$ 11,140.28	\$ 11,140.28
L5301		\$ 5,002.09	\$ 5,002.09
L5312		\$ 6,465.93	\$ 6,465.93
L5321		\$ 7,191.11	\$ 7,191.11
L5331		\$ 9,556.40	\$ 9,556.40
L5341		\$ 11,057.77	\$ 11,057.77
L5400		\$ 2,603.89	\$ 2,603.89
L5410		\$ 685.61	\$ 685.61
L5420		\$ 3,325.71	\$ 3,325.71
L5430		\$ 926.93	\$ 926.93
L5450		\$ 668.53	\$ 668.53
L5460		\$ 894.80	\$ 894.80
L5500		\$ 2,798.47	\$ 2,798.47
L5505		\$ 3,805.52	\$ 3,805.52
L5510		\$ 2,886.77	\$ 2,886.77
L5520		\$ 3,144.46	\$ 3,144.46

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L5530		\$ 3,779.09	\$ 3,779.09
L5535		\$ 3,710.32	\$ 3,710.32
L5540		\$ 3,957.46	\$ 3,957.46
L5560		\$ 3,857.67	\$ 3,857.67
L5570		\$ 4,229.30	\$ 4,229.30
L5580		\$ 5,133.31	\$ 5,133.31
L5585		\$ 4,546.15	\$ 4,546.15
L5590		\$ 5,259.66	\$ 5,259.66
L5595		\$ 8,809.74	\$ 8,809.74
L5600		\$ 9,728.60	\$ 9,728.60
L5610		\$ 4,021.14	\$ 4,021.14
L5611		\$ 3,252.00	\$ 3,252.00
L5613		\$ 5,361.99	\$ 5,361.99
L5614		\$ 2,718.37	\$ 2,718.37
L5615		\$ 11,756.18	\$ 11,756.18
L5616		\$ 2,315.78	\$ 2,315.78
L5617		\$ 901.31	\$ 901.31
L5618		\$ 473.86	\$ 473.86
L5620		\$ 479.95	\$ 479.95
L5622		\$ 622.06	\$ 622.06
L5624		\$ 682.29	\$ 682.29
L5626		\$ 896.38	\$ 896.38
L5628		\$ 793.23	\$ 793.23
L5629		\$ 521.49	\$ 521.49
L5630		\$ 904.12	\$ 904.12
L5631		\$ 721.00	\$ 721.00
L5632		\$ 387.79	\$ 387.79
L5634		\$ 665.55	\$ 665.55
L5636		\$ 418.11	\$ 418.11
L5637		\$ 629.61	\$ 629.61
L5638		\$ 1,064.78	\$ 1,064.78
L5639		\$ 2,453.07	\$ 2,453.07
L5640		\$ 1,273.19	\$ 1,273.19
L5642		\$ 1,016.68	\$ 1,016.68
L5643		\$ 2,554.05	\$ 2,554.05
L5644		\$ 969.22	\$ 969.22
L5645		\$ 1,482.08	\$ 1,482.08
L5646		\$ 899.09	\$ 899.09
L5647		\$ 1,740.42	\$ 1,740.42
L5648		\$ 1,080.37	\$ 1,080.37
L5649		\$ 3,144.60	\$ 3,144.60
L5650		\$ 1,068.12	\$ 1,068.12
L5651		\$ 1,970.65	\$ 1,970.65

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L5652		\$ 715.43	\$ 715.43
L5653		\$ 1,069.05	\$ 1,069.05
L5654		\$ 668.63	\$ 668.63
L5655		\$ 580.33	\$ 580.33
L5656		\$ 811.61	\$ 811.61
L5658		\$ 617.68	\$ 617.68
L5661		\$ 1,234.31	\$ 1,234.31
L5665		\$ 1,120.28	\$ 1,120.28
L5666		\$ 153.15	\$ 153.15
L5668		\$ 220.95	\$ 220.95
L5670		\$ 593.70	\$ 593.70
L5671		\$ 1,088.32	\$ 1,088.32
L5672		\$ 517.26	\$ 517.26
L5673		\$ 1,285.82	\$ 1,285.82
L5676		\$ 792.85	\$ 792.85
L5677		\$ 1,078.77	\$ 1,078.77
L5678		\$ 86.87	\$ 86.87
L5679		\$ 1,071.49	\$ 1,071.49
L5680		\$ 523.29	\$ 523.29
L5681		\$ 2,119.00	\$ 2,119.00
L5682		\$ 1,368.30	\$ 1,368.30
L5683		\$ 2,119.00	\$ 2,119.00
L5684		\$ 105.31	\$ 105.31
L5685		\$ 206.33	\$ 206.33
L5686		\$ 101.85	\$ 101.85
L5688		\$ 133.66	\$ 133.66
L5690		\$ 214.10	\$ 214.10
L5692		\$ 290.72	\$ 290.72
L5694		\$ 396.93	\$ 396.93
L5695		\$ 356.80	\$ 356.80
L5696		\$ 404.81	\$ 404.81
L5697		\$ 175.64	\$ 175.64
L5698		\$ 225.11	\$ 225.11
L5699		\$ 407.95	\$ 407.95
L5700		\$ 5,991.78	\$ 5,991.78
L5701		\$ 7,439.28	\$ 7,439.28
L5702		\$ 9,505.83	\$ 9,505.83
L5703		\$ 3,950.09	\$ 3,950.09
L5704		\$ 1,000.65	\$ 1,000.65
L5705		\$ 1,642.80	\$ 1,642.80
L5706		\$ 1,628.20	\$ 1,628.20
L5707		\$ 2,314.61	\$ 2,314.61
L5710		\$ 786.91	\$ 786.91

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L5711		\$ 1,142.46	\$ 1,142.46
L5712		\$ 942.77	\$ 942.77
L5714		\$ 819.35	\$ 819.35
L5716		\$ 1,594.64	\$ 1,594.64
L5718		\$ 1,993.15	\$ 1,993.15
L5722		\$ 1,780.51	\$ 1,780.51
L5724		\$ 3,164.74	\$ 3,164.74
L5726		\$ 3,236.38	\$ 3,236.38
L5728		\$ 5,206.21	\$ 5,206.21
L5780		\$ 2,504.99	\$ 2,504.99
L5781		\$ 6,445.57	\$ 6,445.57
L5782		\$ 6,795.08	\$ 6,795.08
L5785		\$ 901.36	\$ 901.36
L5790		\$ 1,451.25	\$ 1,451.25
L5795		\$ 1,831.24	\$ 1,831.24
L5810		\$ 1,065.22	\$ 1,065.22
L5811		\$ 1,595.71	\$ 1,595.71
L5812		\$ 1,236.84	\$ 1,236.84
L5814		\$ 5,982.77	\$ 5,982.77
L5816		\$ 1,860.73	\$ 1,860.73
L5818		\$ 2,101.13	\$ 2,101.13
L5822		\$ 2,794.39	\$ 2,794.39
L5824		\$ 3,355.34	\$ 3,355.34
L5826		\$ 5,030.76	\$ 5,030.76
L5828		\$ 6,002.70	\$ 6,002.70
L5830		\$ 4,151.69	\$ 4,151.69
L5840		\$ 6,623.20	\$ 6,623.20
L5845		\$ 2,887.37	\$ 2,887.37
L5848		\$ 1,732.28	\$ 1,732.28
L5850		\$ 209.92	\$ 209.92
L5855		\$ 675.71	\$ 675.71
L5856		\$ 38,671.61	\$ 38,671.61
L5857		\$ 13,722.20	\$ 13,722.20
L5858		\$ 29,939.35	\$ 29,939.35
L5859		\$ 23,373.41	\$ 23,373.41
L5910		\$ 594.31	\$ 594.31
L5920		\$ 870.69	\$ 870.69
L5925		\$ 715.68	\$ 715.68
L5926		\$ 1,246.41	\$ 1,246.41
L5930		\$ 5,422.26	\$ 5,422.26
L5940		\$ 874.85	\$ 874.85
L5950		\$ 1,276.67	\$ 1,276.67
L5960		\$ 1,581.94	\$ 1,581.94

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L5961		\$ 8,418.26	\$ 8,418.26
L5962		\$ 1,286.04	\$ 1,286.04
L5964		\$ 1,851.37	\$ 1,851.37
L5966		\$ 2,400.23	\$ 2,400.23
L5968		\$ 5,853.99	\$ 5,853.99
L5970		\$ 419.27	\$ 419.27
L5971		\$ 419.27	\$ 419.27
L5972		\$ 771.09	\$ 771.09
L5973		\$ 28,319.09	\$ 28,319.09
L5974		\$ 509.85	\$ 509.85
L5975		\$ 746.80	\$ 746.80
L5976		\$ 1,225.31	\$ 1,225.31
L5978		\$ 638.50	\$ 638.50
L5979		\$ 4,946.26	\$ 4,946.26
L5980		\$ 6,925.35	\$ 6,925.35
L5981		\$ 5,375.19	\$ 5,375.19
L5982		\$ 1,264.87	\$ 1,264.87
L5984		\$ 1,246.41	\$ 1,246.41
L5985		\$ 454.92	\$ 454.92
L5986		\$ 1,386.46	\$ 1,386.46
L5987		\$ 11,588.57	\$ 11,588.57
L5988		\$ 3,218.17	\$ 3,218.17
L5990		\$ 2,922.58	\$ 2,922.58
L5991		\$ 15,756.22	\$ 15,756.22
L6000		\$ 2,907.10	\$ 2,907.10
L6010		\$ 3,235.13	\$ 3,235.13
L6020		\$ 3,016.23	\$ 3,016.23
L6026		\$ 7,604.97	\$ 7,604.97
L6050		\$ 4,143.06	\$ 4,143.06
L6055		\$ 5,313.34	\$ 5,313.34
L6100		\$ 3,447.78	\$ 3,447.78
L6110		\$ 4,465.09	\$ 4,465.09
L6120		\$ 5,070.03	\$ 5,070.03
L6130		\$ 5,663.95	\$ 5,663.95
L6200		\$ 5,968.89	\$ 5,968.89
L6205		\$ 7,286.26	\$ 7,286.26
L6250		\$ 5,875.38	\$ 5,875.38
L6300		\$ 8,151.46	\$ 8,151.46
L6310		\$ 6,639.54	\$ 6,639.54
L6320		\$ 3,739.05	\$ 3,739.05
L6350		\$ 8,505.39	\$ 8,505.39
L6360		\$ 6,968.99	\$ 6,968.99
L6370		\$ 4,443.88	\$ 4,443.88

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L6380		\$ 2,122.62	\$ 2,122.62
L6382		\$ 2,670.33	\$ 2,670.33
L6384		\$ 3,462.62	\$ 3,462.62
L6386		\$ 878.64	\$ 878.64
L6388		\$ 897.06	\$ 897.06
L6400		\$ 5,076.89	\$ 5,076.89
L6450		\$ 6,188.50	\$ 6,188.50
L6500		\$ 5,625.90	\$ 5,625.90
L6550		\$ 8,343.16	\$ 8,343.16
L6570		\$ 9,576.35	\$ 9,576.35
L6580		\$ 2,932.61	\$ 2,932.61
L6582		\$ 2,258.47	\$ 2,258.47
L6584		\$ 3,666.59	\$ 3,666.59
L6586		\$ 3,118.96	\$ 3,118.96
L6588		\$ 5,306.25	\$ 5,306.25
L6590		\$ 4,661.96	\$ 4,661.96
L6600		\$ 410.41	\$ 410.41
L6605		\$ 405.23	\$ 405.23
L6610		\$ 364.27	\$ 364.27
L6611		\$ 663.29	\$ 663.29
L6615		\$ 300.62	\$ 300.62
L6616		\$ 106.44	\$ 106.44
L6620		\$ 627.06	\$ 627.06
L6621		\$ 3,684.67	\$ 3,684.67
L6623		\$ 1,052.62	\$ 1,052.62
L6624		\$ 6,066.93	\$ 6,066.93
L6625		\$ 1,163.65	\$ 1,163.65
L6628		\$ 786.10	\$ 786.10
L6629		\$ 287.32	\$ 287.32
L6630		\$ 353.65	\$ 353.65
L6632		\$ 106.61	\$ 106.61
L6635		\$ 385.38	\$ 385.38
L6637		\$ 703.67	\$ 703.67
L6638		\$ 4,028.50	\$ 4,028.50
L6640		\$ 459.65	\$ 459.65
L6641		\$ 329.67	\$ 329.67
L6642		\$ 427.52	\$ 427.52
L6645		\$ 698.46	\$ 698.46
L6646		\$ 5,080.85	\$ 5,080.85
L6647		\$ 836.44	\$ 836.44
L6648		\$ 5,240.16	\$ 5,240.16
L6650		\$ 740.59	\$ 740.59
L6655		\$ 164.36	\$ 164.36

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L6660		\$ 200.83	\$ 200.83
L6665		\$ 81.37	\$ 81.37
L6670		\$ 104.93	\$ 104.93
L6672		\$ 368.91	\$ 368.91
L6675		\$ 250.47	\$ 250.47
L6676		\$ 265.34	\$ 265.34
L6677		\$ 477.88	\$ 477.88
L6680		\$ 507.61	\$ 507.61
L6682		\$ 505.44	\$ 505.44
L6684		\$ 762.65	\$ 762.65
L6686		\$ 1,291.68	\$ 1,291.68
L6687		\$ 957.33	\$ 957.33
L6688		\$ 1,037.09	\$ 1,037.09
L6689		\$ 1,182.66	\$ 1,182.66
L6690		\$ 1,370.00	\$ 1,370.00
L6691		\$ 753.79	\$ 753.79
L6692		\$ 1,223.56	\$ 1,223.56
L6693		\$ 4,573.42	\$ 4,573.42
L6694		\$ 1,285.82	\$ 1,285.82
L6695		\$ 1,071.49	\$ 1,071.49
L6696		\$ 2,119.00	\$ 2,119.00
L6697		\$ 2,119.00	\$ 2,119.00
L6698		\$ 1,088.32	\$ 1,088.32
L6703		\$ 589.76	\$ 589.76
L6704		\$ 1,281.34	\$ 1,281.34
L6706		\$ 708.19	\$ 708.19
L6707		\$ 2,704.14	\$ 2,704.14
L6708		\$ 1,830.14	\$ 1,830.14
L6709		\$ 2,650.77	\$ 2,650.77
L6711		\$ 1,083.05	\$ 1,083.05
L6712		\$ 1,994.08	\$ 1,994.08
L6713		\$ 2,516.79	\$ 2,516.79
L6714		\$ 2,131.71	\$ 2,131.71
L6715		\$ 5,085.89	\$ 5,085.89
L6721		\$ 3,788.81	\$ 3,788.81
L6722		\$ 3,266.26	\$ 3,266.26
L6805		\$ 694.85	\$ 694.85
L6810		\$ 357.18	\$ 357.18
L6880		\$ 38,489.01	\$ 38,489.01
L6881		\$ 6,585.87	\$ 6,585.87
L6882		\$ 4,995.69	\$ 4,995.69
L6883		\$ 2,820.82	\$ 2,820.82
L6884		\$ 4,884.61	\$ 4,884.61

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L6885		\$ 6,968.99	\$ 6,968.99
L6890		\$ 372.15	\$ 372.15
L6895		\$ 916.30	\$ 916.30
L6900		\$ 3,291.95	\$ 3,291.95
L6905		\$ 3,212.36	\$ 3,212.36
L6910		\$ 3,129.49	\$ 3,129.49
L6915		\$ 1,324.90	\$ 1,324.90
L6920		\$ 12,234.39	\$ 12,234.39
L6925		\$ 13,962.90	\$ 13,962.90
L6930		\$ 11,387.11	\$ 11,387.11
L6935		\$ 13,225.42	\$ 13,225.42
L6940		\$ 14,412.69	\$ 14,412.69
L6945		\$ 16,749.59	\$ 16,749.59
L6950		\$ 16,364.57	\$ 16,364.57
L6955		\$ 19,598.80	\$ 19,598.80
L6960		\$ 20,969.21	\$ 20,969.21
L6965		\$ 24,346.88	\$ 24,346.88
L6970		\$ 25,785.21	\$ 25,785.21
L6975		\$ 30,489.97	\$ 30,489.97
L7007		\$ 5,646.63	\$ 5,646.63
L7008		\$ 9,492.59	\$ 9,492.59
L7009		\$ 5,761.35	\$ 5,761.35
L7040		\$ 4,626.15	\$ 4,626.15
L7045		\$ 2,652.33	\$ 2,652.33
L7170		\$ 9,621.77	\$ 9,621.77
L7180		\$ 59,455.03	\$ 59,455.03
L7181		\$ 64,546.66	\$ 64,546.66
L7185		\$ 9,823.98	\$ 9,823.98
L7186		\$ 14,515.17	\$ 14,515.17
L7190		\$ 12,868.02	\$ 12,868.02
L7191		\$ 15,167.49	\$ 15,167.49
L7259		\$ 6,620.43	\$ 6,620.43
L7360		\$ 398.61	\$ 398.61
L7362		\$ 423.67	\$ 423.67
L7364		\$ 779.44	\$ 779.44
L7366		\$ 1,007.05	\$ 1,007.05
L7367		\$ 627.17	\$ 627.17
L7368		\$ 813.02	\$ 813.02
L7400		\$ 493.74	\$ 493.74
L7401		\$ 552.75	\$ 552.75
L7402		\$ 596.92	\$ 596.92
L7403		\$ 593.22	\$ 593.22
L7404		\$ 895.40	\$ 895.40

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L7405		\$ 1,171.03	\$ 1,171.03
L7510		\$ 135.06	\$ 135.06
L7520		\$ 71.11	\$ 71.11
L7600		\$ 137.45	\$ 137.45
L7700		\$ 201.78	\$ 201.78
L7900		\$ 733.52	\$ 733.52
L7902		\$ 50.83	\$ 50.83
L8000		\$ 79.88	\$ 79.88
L8001		\$ 202.09	\$ 202.09
L8002		\$ 265.75	\$ 265.75
L8010		\$ 105.50	\$ 105.50
L8015		\$ 96.57	\$ 96.57
L8020		\$ 343.01	\$ 343.01
L8030		\$ 626.70	\$ 626.70
L8031		\$ 626.70	\$ 626.70
L8032		\$ 63.11	\$ 63.11
L8035		\$ 5,901.85	\$ 5,901.85
L8040		\$ 4,219.75	\$ 4,219.75
L8041		\$ 5,086.48	\$ 5,086.48
L8042		\$ 5,715.15	\$ 5,715.15
L8043		\$ 6,400.98	\$ 6,400.98
L8044		\$ 7,086.79	\$ 7,086.79
L8045		\$ 4,454.17	\$ 4,454.17
L8046		\$ 4,572.15	\$ 4,572.15
L8047		\$ 2,343.14	\$ 2,343.14
L8300		\$ 184.56	\$ 184.56
L8310		\$ 291.40	\$ 291.40
L8320		\$ 116.94	\$ 116.94
L8330		\$ 108.01	\$ 108.01
L8400		\$ 34.44	\$ 34.44
L8410		\$ 44.42	\$ 44.42
L8415		\$ 39.30	\$ 39.30
L8417		\$ 121.16	\$ 121.16
L8420		\$ 42.55	\$ 42.55
L8430		\$ 45.70	\$ 45.70
L8435		\$ 42.38	\$ 42.38
L8440		\$ 91.49	\$ 91.49
L8460		\$ 145.82	\$ 145.82
L8465		\$ 80.04	\$ 80.04
L8470		\$ 14.60	\$ 14.60
L8480		\$ 17.43	\$ 17.43
L8485		\$ 23.62	\$ 23.62
L8500		\$ 1,082.96	\$ 1,082.96

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L8501		\$ 198.23	\$ 198.23
L8505		\$ 117.43	\$ 117.43
L8507		\$ 67.47	\$ 67.47
L8509		\$ 175.91	\$ 175.91
L8510		\$ 407.06	\$ 407.06
L8511		\$ 117.17	\$ 117.17
L8512		\$ 3.47	\$ 3.47
L8513		\$ 8.37	\$ 8.37
L8514		\$ 151.89	\$ 151.89
L8515		\$ 101.65	\$ 101.65
L8600		\$ 1,116.82	\$ 1,116.82
L8603		\$ 719.52	\$ 719.52
L8605		\$ 1,153.80	\$ 1,153.80
L8606		\$ 373.62	\$ 373.62
L8607		\$ 69.08	\$ 69.08
L8609		\$ 10,495.90	\$ 10,495.90
L8610		\$ 960.48	\$ 960.48
L8612		\$ 1,305.47	\$ 1,305.47
L8613		\$ 484.60	\$ 484.60
L8614		\$ 32,368.91	\$ 32,368.91
L8615		\$ 726.54	\$ 726.54
L8616		\$ 169.23	\$ 169.23
L8617		\$ 147.81	\$ 147.81
L8618		\$ 42.22	\$ 42.22
L8619		\$ 13,895.76	\$ 13,895.76
L8621		\$ 1.01	\$ 1.01
L8622		\$ 0.52	\$ 0.52
L8623		\$ 104.22	\$ 104.22
L8624		\$ 259.80	\$ 259.80
L8625		\$ 304.22	\$ 304.22
L8627		\$ 11,803.22	\$ 11,803.22
L8628		\$ 2,092.55	\$ 2,092.55
L8629		\$ 288.43	\$ 288.43
L8630		\$ 552.85	\$ 552.85
L8631		\$ 3,672.10	\$ 3,672.10
L8641		\$ 580.97	\$ 580.97
L8642		\$ 568.41	\$ 568.41
L8658		\$ 500.82	\$ 500.82
L8659		\$ 3,108.57	\$ 3,108.57
L8670		\$ 913.46	\$ 913.46
L8678		\$ 17.00	\$ 36.36
L8679		\$ 14,114.11	\$ 14,114.11
L8680		\$ 858.84	\$ 858.84

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
L8681		\$ 1,770.26	\$ 1,770.26
L8682		\$ 10,084.21	\$ 10,084.21
L8683		\$ 8,876.43	\$ 8,876.43
L8684		\$ 1,292.45	\$ 1,292.45
L8689		\$ 2,778.75	\$ 2,778.75
L8690		\$ 7,663.46	\$ 7,663.46
L8691		\$ 2,774.23	\$ 2,774.23
L8692		\$ 7,656.99	\$ 7,656.99
L8693		\$ 2,442.69	\$ 2,442.69
L8694		\$ 1,521.31	\$ 1,521.31
L8695		\$ 26.81	\$ 26.81
L8696		\$ 349.15	\$ 349.15
Q0035		\$ 24.30	\$ 24.30
Q0081		\$ 287.78	\$ 287.78
Q0083		BR	BR
Q0091		\$ 60.97	\$ 60.97
Q0092		\$ 35.76	\$ 35.76
Q0111		\$ 24.86	\$ 24.86
Q0112		\$ 8.16	\$ 8.16
Q0113		\$ 5.98	\$ 5.98
Q0114		\$ 13.64	\$ 13.64
Q0115		\$ 35.00	\$ 35.00
Q0477		\$ 1,249.77	\$ 1,249.77
Q0478		\$ 296.04	\$ 296.04
Q0479		\$ 19,283.78	\$ 19,283.78
Q0480		\$ 139,999.87	\$ 139,999.87
Q0481		\$ 23,408.10	\$ 23,408.10
Q0482		\$ 7,331.86	\$ 7,331.86
Q0483		\$ 30,204.02	\$ 30,204.02
Q0484		\$ 5,865.54	\$ 5,865.54
Q0485		\$ 566.27	\$ 566.27
Q0486		\$ 471.34	\$ 471.34
Q0487		\$ 549.89	\$ 549.89
Q0489		\$ 26,185.22	\$ 26,185.22
Q0490		\$ 1,132.66	\$ 1,132.66
Q0491		\$ 1,780.66	\$ 1,780.66
Q0492		\$ 143.43	\$ 143.43
Q0493		\$ 408.51	\$ 408.51
Q0494		\$ 345.67	\$ 345.67
Q0495		\$ 6,728.93	\$ 6,728.93
Q0496		\$ 2,415.13	\$ 2,415.13
Q0497		\$ 754.15	\$ 754.15
Q0498		\$ 827.48	\$ 827.48

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
Q0499		\$ 268.86	\$ 268.86
Q0500		\$ 49.21	\$ 49.21
Q0501		\$ 822.67	\$ 822.67
Q0502		\$ 1,047.37	\$ 1,047.37
Q0503		\$ 2,094.81	\$ 2,094.81
Q0504		\$ 1,105.38	\$ 1,105.38
Q0506		\$ 1,375.95	\$ 1,375.95
Q0507		BR	BR
Q0508		BR	BR
Q0509		BR	BR
Q0510		\$ 52.64	\$ 52.64
Q0511		\$ 25.26	\$ 25.26
Q0512		\$ 16.70	\$ 16.70
Q0513		\$ 138.74	\$ 138.74
Q0514		\$ 69.34	\$ 69.34
Q0515		BR	BR
Q0516		BR	BR
Q0517		BR	BR
Q0518		BR	BR
Q1004		BR	BR
Q1005		BR	BR
Q3031		BR	BR
Q4001		\$ 83.59	\$ 83.59
Q4002		\$ 315.85	\$ 315.85
Q4003		\$ 60.02	\$ 60.02
Q4004		\$ 207.80	\$ 207.80
Q4005		\$ 22.13	\$ 22.13
Q4006		\$ 49.87	\$ 49.87
Q4007		\$ 11.06	\$ 11.06
Q4008		\$ 24.92	\$ 24.92
Q4009		\$ 14.78	\$ 14.78
Q4010		\$ 33.24	\$ 33.24
Q4011		\$ 7.36	\$ 7.36
Q4012		\$ 16.66	\$ 16.66
Q4013		\$ 26.91	\$ 26.91
Q4014		\$ 45.36	\$ 45.36
Q4015		\$ 13.47	\$ 13.47
Q4016		\$ 22.67	\$ 22.67
Q4017		\$ 15.54	\$ 15.54
Q4018		\$ 24.78	\$ 24.78
Q4019		\$ 7.78	\$ 7.78
Q4020		\$ 12.45	\$ 12.45
Q4021		\$ 11.51	\$ 11.51

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
Q4022		\$ 20.78	\$ 20.78
Q4023		\$ 5.78	\$ 5.78
Q4024		\$ 10.40	\$ 10.40
Q4025		\$ 64.50	\$ 64.50
Q4026		\$ 201.49	\$ 201.49
Q4027		\$ 32.28	\$ 32.28
Q4028		\$ 100.80	\$ 100.80
Q4029		\$ 49.35	\$ 49.35
Q4030		\$ 129.91	\$ 129.91
Q4031		\$ 24.65	\$ 24.65
Q4032		\$ 64.96	\$ 64.96
Q4033		\$ 46.05	\$ 46.05
Q4034		\$ 114.46	\$ 114.46
Q4035		\$ 23.02	\$ 23.02
Q4036		\$ 57.27	\$ 57.27
Q4037		\$ 28.04	\$ 28.04
Q4038		\$ 70.34	\$ 70.34
Q4039		\$ 14.07	\$ 14.07
Q4040		\$ 35.17	\$ 35.17
Q4041		\$ 34.15	\$ 34.15
Q4042		\$ 58.30	\$ 58.30
Q4043		\$ 17.08	\$ 17.08
Q4044		\$ 29.19	\$ 29.19
Q4045		\$ 19.82	\$ 19.82
Q4046		\$ 31.88	\$ 31.88
Q4047		\$ 9.87	\$ 9.87
Q4048		\$ 15.96	\$ 15.96
Q4049		\$ 3.60	\$ 3.60
Q5001		\$ 105.39	\$ 105.39
Q5002		\$ 311.67	\$ 311.67
Q5003		\$ 1.36	\$ 1.36
Q5005		\$ 1,126.05	\$ 1,126.05
Q5006		\$ 1,354.39	\$ 1,354.39
Q5007		BR	BR
Q5008		BR	BR
Q5009		BR	BR
Q5010		BR	BR
Q9950		\$ 26.47	\$ 26.47
Q9951		\$ 2.20	\$ 2.20
Q9953		\$ 157.64	\$ 157.64
Q9954		\$ 22.08	\$ 22.08
Q9955		\$ 409.88	\$ 409.88
Q9956		\$ 59.02	\$ 59.02

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
Q9957		\$ 59.02	\$ 59.02
Q9958		\$ 0.12	\$ 0.12
Q9959		\$ 2.27	\$ 2.27
Q9960		\$ 0.91	\$ 0.91
Q9961		\$ 0.39	\$ 0.39
Q9962		\$ 0.91	\$ 0.91
Q9963		\$ 0.29	\$ 0.29
Q9964		\$ 0.91	\$ 0.91
Q9965		\$ 1.91	\$ 1.91
Q9966		\$ 0.52	\$ 0.52
Q9967		\$ 0.16	\$ 0.16
Q9968		\$ 50.44	\$ 50.44
Q9969		\$ 13.52	\$ 13.52
S9122			
S9123			
S9124			
S9125			
S9126			
S9127			
S9128			
S9129			
S9131			
V2020		\$ 137.19	\$ 137.19
V2025		\$ 153.17	\$ 153.17
V2100		\$ 64.29	\$ 64.29
V2101		\$ 86.17	\$ 86.17
V2102		\$ 104.51	\$ 104.51
V2103		\$ 61.38	\$ 61.38
V2104		\$ 64.93	\$ 64.93
V2105		\$ 71.20	\$ 71.20
V2106		\$ 85.19	\$ 85.19
V2107		\$ 91.70	\$ 91.70
V2108		\$ 87.18	\$ 87.18
V2109		\$ 97.99	\$ 97.99
V2110		\$ 83.93	\$ 83.93
V2111		\$ 98.92	\$ 98.92
V2112		\$ 103.84	\$ 103.84
V2113		\$ 102.96	\$ 102.96
V2114		\$ 111.54	\$ 111.54
V2115		\$ 155.41	\$ 155.41
V2118		\$ 155.13	\$ 155.13
V2121		\$ 165.65	\$ 165.65
V2200		\$ 96.07	\$ 96.07

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
V2201		\$ 116.90	\$ 116.90
V2202		\$ 107.90	\$ 107.90
V2203		\$ 104.51	\$ 104.51
V2204		\$ 106.06	\$ 106.06
V2205		\$ 104.71	\$ 104.71
V2206		\$ 117.66	\$ 117.66
V2207		\$ 114.23	\$ 114.23
V2208		\$ 125.83	\$ 125.83
V2209		\$ 118.08	\$ 118.08
V2210		\$ 125.93	\$ 125.93
V2211		\$ 152.94	\$ 152.94
V2212		\$ 143.57	\$ 143.57
V2213		\$ 133.73	\$ 133.73
V2214		\$ 151.24	\$ 151.24
V2215		\$ 185.99	\$ 185.99
V2218		\$ 178.53	\$ 178.53
V2219		\$ 73.07	\$ 73.07
V2220		\$ 69.05	\$ 69.05
V2221		\$ 193.26	\$ 193.26
V2299		\$ 106.76	\$ 106.76
V2300		\$ 118.83	\$ 118.83
V2301		\$ 146.31	\$ 146.31
V2302		\$ 134.57	\$ 134.57
V2303		\$ 128.20	\$ 128.20
V2304		\$ 133.00	\$ 133.00
V2305		\$ 133.41	\$ 133.41
V2306		\$ 134.48	\$ 134.48
V2307		\$ 144.07	\$ 144.07
V2308		\$ 140.50	\$ 140.50
V2309		\$ 170.13	\$ 170.13
V2310		\$ 143.70	\$ 143.70
V2311		\$ 175.91	\$ 175.91
V2312		\$ 196.06	\$ 196.06
V2313		\$ 218.96	\$ 218.96
V2314		\$ 203.24	\$ 203.24
V2315		\$ 252.15	\$ 252.15
V2318		\$ 320.94	\$ 320.94
V2319		\$ 81.49	\$ 81.49
V2320		\$ 85.97	\$ 85.97
V2321		\$ 239.22	\$ 239.22
V2399		\$ 236.95	\$ 236.95
V2410		\$ 196.18	\$ 196.18
V2430		\$ 236.43	\$ 236.43

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
V2499		\$ 42.73	\$ 42.73
V2500		\$ 144.28	\$ 144.28
V2501		\$ 226.95	\$ 226.95
V2502		\$ 332.05	\$ 332.05
V2503		\$ 230.51	\$ 230.51
V2510		\$ 194.00	\$ 194.00
V2511		\$ 313.50	\$ 313.50
V2512		\$ 363.96	\$ 363.96
V2513		\$ 333.94	\$ 333.94
V2520		\$ 171.12	\$ 171.12
V2521		\$ 297.95	\$ 297.95
V2522		\$ 386.61	\$ 386.61
V2523		\$ 247.10	\$ 247.10
V2524		\$ 198.04	\$ 198.04
V2525		\$ 165.73	\$ 165.73
V2530		\$ 365.99	\$ 365.99
V2531		\$ 872.26	\$ 872.26
V2600		\$ 169.82	\$ 169.82
V2623		\$ 1,963.98	\$ 1,963.98
V2624		\$ 99.90	\$ 99.90
V2625		\$ 708.26	\$ 708.26
V2626		\$ 436.52	\$ 436.52
V2627		\$ 2,114.42	\$ 2,114.42
V2628		\$ 499.25	\$ 499.25
V2629		\$ 2,962.32	\$ 2,962.32
V2630		\$ 195.33	\$ 195.33
V2631		\$ 195.33	\$ 195.33
V2632		\$ 195.33	\$ 195.33
V2700		\$ 95.84	\$ 95.84
V2702		\$ 24.28	\$ 24.28
V2710		\$ 132.85	\$ 132.85
V2715		\$ 25.44	\$ 25.44
V2718		\$ 62.47	\$ 62.47
V2730		\$ 44.81	\$ 44.81
V2744		\$ 26.92	\$ 26.92
V2745		\$ 17.44	\$ 17.44
V2750		\$ 39.23	\$ 39.23
V2755		\$ 27.26	\$ 27.26
V2756		\$ 5.43	\$ 5.43
V2760		\$ 35.04	\$ 35.04
V2761		\$ 53.16	\$ 53.16
V2762		\$ 96.01	\$ 96.01
V2770		\$ 42.70	\$ 42.70

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
V2780		\$ 27.41	\$ 27.41
V2781		\$ 163.02	\$ 163.02
V2782		\$ 103.71	\$ 103.71
V2783		\$ 116.90	\$ 116.90
V2784		\$ 76.03	\$ 76.03
V2786		\$ 100.48	\$ 100.48
V2787		\$ 669.75	\$ 669.75
V2788		\$ 1,119.26	\$ 1,119.26
V2790		\$ 645.40	\$ 645.40
V2797		\$ 29.65	\$ 29.65
V2799		BR	BR
V5008		\$ 95.89	\$ 95.89
V5010		\$ 143.72	\$ 143.72
V5011		\$ 287.78	\$ 287.78
V5014		\$ 181.99	\$ 181.99
V5020		\$ 143.72	\$ 143.72
V5030		\$ 2,250.74	\$ 2,250.74
V5040		\$ 3,033.46	\$ 3,033.46
V5050		\$ 1,777.29	\$ 1,777.29
V5060		\$ 2,014.24	\$ 2,014.24
V5090		\$ 414.86	\$ 414.86
V5100		\$ 2,547.51	\$ 2,547.51
V5110		\$ 481.10	\$ 481.10
V5120		\$ 1,895.82	\$ 1,895.82
V5130		\$ 2,843.89	\$ 2,843.89
V5140		\$ 4,382.92	\$ 4,382.92
V5150		\$ 82.88	\$ 82.88
V5160		\$ 829.67	\$ 829.67
V5181		\$ 1,777.73	\$ 1,777.73
V5200		\$ 414.86	\$ 414.86
V5211		\$ 4,147.35	\$ 4,147.35
V5215		\$ 3,903.20	\$ 3,903.20
V5221		\$ 4,203.21	\$ 4,203.21
V5240		\$ 592.26	\$ 592.26
V5241		\$ 474.29	\$ 474.29
V5247		\$ 2,125.86	\$ 2,125.86
V5248		\$ 4,265.81	\$ 4,265.81
V5250		\$ 4,087.45	\$ 4,087.45
V5251		\$ 3,555.54	\$ 3,555.54
V5252		\$ 3,614.52	\$ 3,614.52
V5253		\$ 4,264.01	\$ 4,264.01
V5254		\$ 2,961.85	\$ 2,961.85
V5255		\$ 2,962.32	\$ 2,962.32

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Modifier	FY24 Non-rural Rate	FY24 Rural Rate
V5256		\$ 2,962.32	\$ 2,962.32
V5257		\$ 2,962.32	\$ 2,962.32
V5258		\$ 5,791.77	\$ 5,791.77
V5259		\$ 4,493.26	\$ 4,493.26
V5260		\$ 4,029.31	\$ 4,029.31
V5261		\$ 5,924.62	\$ 5,924.62
V5262		\$ 2,013.33	\$ 2,013.33
V5263		\$ 4,441.92	\$ 4,441.92
V5264		\$ 112.59	\$ 112.59
V5265		\$ 44.55	\$ 44.55
V5266		\$ 1.30	\$ 1.30
V5268		\$ 295.99	\$ 295.99
V5270		\$ 355.43	\$ 355.43
V5275		\$ 88.70	\$ 88.70
V5281		\$ 59.43	\$ 59.43
V5282		\$ 2,960.96	\$ 2,960.96
V5284		\$ 88.70	\$ 88.70
V5288		\$ 1,143.14	\$ 1,143.14
V5290		\$ 592.33	\$ 592.33
V5299		BR	BR
V5336		\$ 199.99	\$ 199.99
V5362		\$ 134.27	\$ 134.27
V5363		\$ 140.94	\$ 140.94
V5364		\$ 202.26	\$ 202.26

Historical Note

New Appendix A, HCPCS Codes made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, HCPCS Codes repealed; new Appendix A, HCPCS Codes 2024 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

HOME HEALTHCARE GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT[®] guidelines and the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated portion of the CPT[®] publication or a HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

GENERAL GUIDANCE:

1. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be authorized as medically necessary.
2. All nursing services and personal care services shall have prior authorization by the payer.
3. A description of needed nursing or other attendant care must accompany the request for authorization.
4. Rates and reimbursement guidelines shall be predetermined in writing.
5. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(J)(1), reasonably required supplies shall be reimbursed based on the HCPCS Guidelines. This includes supplies dispensed prior to the execution of an agreement and during times when preauthorization of services is in process.
6. Submission of invoices and reimbursement for invoices shall be made in accordance with A.R.S. § 23-1062.01 (See Section B of the Introduction).

Historical Note

New Appendix A, Home Healthcare Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Home Healthcare Guidelines repealed; new Appendix A, Home Healthcare Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA SPECIFIC CODES GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to services uniquely utilized in Workers' Compensation in Arizona. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A. PEER TO PEER CONSULTATION: Medical providers may bill for Peer-to-Peer consultations by using Arizona state specific codes AZ001 and AZ002. Determination of the proper code is based on time spent in discussion and review.

AZ001 Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review

AZ002 Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review

B. NURSE CASE MANAGER MEETING: Medical providers may bill for meeting with a nurse case manager (NCM) by using Arizona state specific codes AZ003 and AZ004. Determination of the proper code is based on patient presence during the meeting.

AZ003 Meeting with NCM with patient.

AZ003 may be billed if time is spent discussing a patient's treatment plan or other related information with the NCM when the patient is present. This should not be billed if there is no interaction with the NCM who is present during the time that a service, which is billed using a separate CPT® code, is performed. The documentation must include:

- The name of the NCM.
- The name of the organization the NCM is representing
- The purpose of the interaction

AZ004 Meeting with NCM without patient

AZ004 may be billed if time is spent discussing a patient's treatment plan or other related information with the NCM when the patient is not present. The documentation must include:

- The name of the NCM.
- The name of the organization the NCM is representing.
- The purpose of the interaction.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessarily detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill.

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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- C. SPECIAL REPORTS: Medical providers may bill for completion of workers' compensation insurance forms by using Arizona state specific code AZ005 when the request is submitted by the Commission, the payer or third-party administrator of the payer, or the Special Fund of the Commission and limited to one billing of code AZ005 per thirty-day period. The applicable form must be attached to the billing.

AZ005 Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required either by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third-party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.

- D. TRAVEL REIMBURSEMENT: Medical providers may bill for collection and handling performed outside of a physician's office or laboratory.

AZ026 Mileage charge for collection and handling service performed outside of the physician's office or laboratory, within a radius of 7 miles.

AZ027 Mileage charge for collection and handling service performed outside of the physician's office or laboratory, per mile over 7 miles.

AZ028 When more than one patient is seen, apportion mileage charge among total number of patients.

AZ030 Mileage round trip: each mile in excess of 8 miles of travel by physician.

AZ031 Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman, and Yuma. This code would only be used when travel times are 45 minutes or more.

- E. EXPERT TESTIMONY: Medical testimony by personal appearance or deposition of a physician is reported using Arizona specific code AZ099. Reimbursement for time spent providing testimony at hearing is described in Section I of the Introduction Section of the Fee Schedule.

Historical Note

New Appendix A, Special Services Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Special Services Guidelines repealed; new Appendix A, with new heading Arizona Specific Codes Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE**Arizona Specific Codes 2024**

Code	Category	Description	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
AZ001 00	AZ Specific Codes	Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review.	75.00	75.00
AZ002 00	AZ Specific Codes	Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review.	100.00	100.00
AZ003 00	AZ Specific Codes	Meeting with NCM with patient.	75.00	75.00
AZ004 00	AZ Specific Codes	Meeting with NCM without patient.	100.00	100.00
AZ005 00	AZ Specific Codes	Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.	40.00	40.00
AZ026 00	AZ Specific Codes	Mileage charge, within a radius of 7 miles, for a collection and handling service performed outside the physician's office or laboratory.	BR	BR
AZ027 00	AZ Specific Codes	Over 7 miles, per mile.	BR	BR
AZ028 00	AZ Specific Codes	When more than one patient seen, apportion mileage charge among total number of patients.	BR	BR
AZ030 00	AZ Specific Codes	Mileage round-trip: each mile in excess of 8 miles of travel by physician.	BR	BR

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Code	Category	Description	FY24 NF RBRVS Rate	FY24 FAC RBRVS Rate
AZ031 00	AZ Specific Codes	Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 00 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman and Yuma. This code would only be used when travel times are 45 minutes or more.	BR	BR
AZ099 00	AZ Specific Codes	Expert testimony at hearing, for the initial hour (or any portion thereof), prorated for each additional 20 minute increment (or any portion thereof).	150.00	150.00

Historical Note

New Appendix A, Special Services Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Codes 2019- 2020 repealed; new Appendix A, Special Services Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Codes 2020-2021 repealed; new Appendix A, Special Services Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Special Services Codes 2021-2022 repealed; new Appendix A, Special Services Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3).). Appendix A, Special Services Codes 2022-2023 repealed; new Appendix A, Special Services Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Special Services Codes 2023-2024 repealed; new Appendix A, with new heading Arizona Specific Codes 2024 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2).