Arizona Health Care Cost Containment System
APR-DRG Values Referenced in A.A.C. R9-22 Article 7
Effective for Dates of Discharge Beginning April 1, 2026

A.A.C. Section	Description of Value	Value 04/01/2026
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 38
712.60(B)	Statewide standardized amount of the base payment.	$6,103.18
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$4,253.75
	Alternative to the statewide standardized amount of the base payment for 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 A health care institution that is licensed as a critical access hospital.	$7,155.98
	Alternative to the statewide standardized amount of the base payment 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.	$7,613.71
	Alternative to the statewide standardized amount of the base payment 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.	$6,560.92
712.64(A)(2)	DRG base payment for out of state hospitals.	$6,103.18
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.730 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 4.000 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.400 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%

Arizona Health Care Cost Containment System
APR-DRG Values Referenced in A.A.C. R9-22 Article 7
Effective for Dates of Discharge Beginning June 1, 2025

A.A.C. Section	Description of Value	Value 06/01/2025-03/31/2026
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 38
712.60(B)	Statewide standardized amount of the base payment.	$6,103.18
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$4,253.75
	Alternative to the statewide standardized amount of the base payment for 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 A health care institution that is licensed as a critical access hospital.	$7,155.98
	Alternative to the statewide standardized amount of the base payment 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.	$7,613.71
	Alternative to the statewide standardized amount of the base payment 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.	$6,560.92
712.64(A)(2)	DRG base payment for out of state hospitals.	$6,103.18
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.720 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 4.000 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.400 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%

Arizona Health Care Cost Containment System
APR-DRG Values Referenced in A.A.C. R9-22 Article 7
Effective for Dates of Discharge Beginning October 1, 2024

A.A.C. Section	Description of Value	Value 10/01/2024-05/31/2025
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 38
712.60(B)	Statewide standardized amount of the base payment.	$6,103.18
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$4,253.75
	Alternative to the statewide standardized amount of the base payment for 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 A health care institution that is licensed as a critical access hospital.	$7,155.98
	Alternative to the statewide standardized amount of the base payment 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.	$7,613.71
	Alternative to the statewide standardized amount of the base payment 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.	$6,560.92
712.64(A)(2)	DRG base payment for out of state hospitals.	$6,103.18
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.700 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 4.000 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.400 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%

Arizona Health Care Cost Containment System
APR-DRG Values Referenced in A.A.C. R9-22 Article 7
Effective for Dates of Discharge Beginning October 1, 2023

A.A.C. Section	Description of Value	Value 10/01/2023-09/30/2024
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 38
712.60(B)	Statewide standardized amount of the base payment.	$6,103.18
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$4,253.75
	Alternative to the statewide standardized amount of the base payment for 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 A health care institution that is licensed as a critical access hospital.	$7,155.98
	Alternative to the statewide standardized amount of the base payment 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.	$7,613.71
	Alternative to the statewide standardized amount of the base payment 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.	$6,560.92
712.64(A)(2)	DRG base payment for out of state hospitals.	$6,103.18
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.700 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 4.000 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.400 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%

Arizona Health Care Cost Containment System
APR-DRG Values Referenced in A.A.C. R9-22 Article 7
Effective for Dates of Discharge Beginning January 1, 2023

A.A.C. Section	Description of Value	Value 01/01/2023-09/30/2023
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 38
712.60(B)	Statewide standardized amount of the base payment.	$6,103.18
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$4,253.75
	Alternative to the statewide standardized amount of the base payment for 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 A health care institution that is licensed as a critical access hospital.	$7,506.91
	Alternative to the statewide standardized amount of the base payment 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.	$8,117.23
	Alternative to the statewide standardized amount of the base payment 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.	$6,713.50
712.64(A)(2)	DRG base payment for out of state hospitals.	$6,103.18
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.700 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 4.000 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.400 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%

Arizona Health Care Cost Containment System

APR-DRG Values Referenced in A.A.C. R9-22 Article 7

Effective for Dates of Discharge Beginning October 1, 2022

A.A.C. Section	Description of Value	Value 10/01/2022-12/31/2022
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 38
712.60(B)	Statewide standardized amount of the base payment.	$6,103.18
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$4,253.75
712.64(A)(2)	DRG base payment for out of state hospitals.	$6,103.18
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.700 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 4.000 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.400 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%

Arizona Health Care Cost Containment System

APR-DRG Values Referenced in A.A.C. R9-22 Article 7

Effective for Dates of Discharge Beginning October 1, 2021

A.A.C. Section	Description of Value	Value 10/01/2021-09/30/2022
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 38
712.60(B)	Statewide standardized amount of the base payment.	$6,103.18
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$4,253.75
712.64(A)(2)	DRG base payment for out of state hospitals.	$6,103.18
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.550 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 4.000 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.400 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%

Arizona Health Care Cost Containment System

APR-DRG Values Referenced in A.A.C. R9-22 Article 7

Effective for Dates of Discharge Beginning October 1, 2019

A.A.C. Section	Description of Value	Value 10/01/2019-09/30/2021
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 34
712.60(B)	Statewide standardized amount of the base payment.	$5,168.06
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$3,359.24
712.64(A)(2)	DRG base payment for out of state hospitals.	$5,157.58
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.550 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 4.000 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.300 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%

Arizona Health Care Cost Containment System

APR-DRG Values Referenced in A.A.C. R9-22 Article 7

Effective for Dates of Discharge From 01/01/2018 - 09/30/2019

A.A.C. Section	Description of Value	Value 01/01/2018-09/30/2019
712.60(C) and 712.60(F)(1)	Version of the 3M APR-DRG classification system.	Version 34
712.60(B)	Statewide standardized amount of the base payment.	$5,168.06
712.63	Alternative to the statewide standardized amount of the base payment for urban hospitals with high Medicare utilization and short-term hospitals.	$3,359.24
712.64(A)(2)	DRG base payment for out of state hospitals.	$5,157.58
712.65(A)	Multiplier for high-utilization hospitals.	1.110
712.66	Multipliers for service policy adjustors.	Newborns: 1.550 Neonates: 1.100 Obstetrics: 1.550 Psychiatric: 1.650 Rehab: 1.650 Burns: 2.700 Pediatric, Severity of Illness 1 & 2: 1.250 Pediatric, Severity of Illness 3 & 4: 2.300 All other claims: 1.025
712.68(D)	Fixed loss amounts for outlier add-on calculation.	Critical Access Hospitals: $5,000 All other hospitals: $65,000
712.68(E)	DRG marginal cost percentages for outlier add-on calculation.	Burns: 90% All other claims: 80%