

STATE OF ALASKA DEPARTMENT OF HEALTH, DIVISION OF BEHAVIORAL HEALTH.
Chart of Community Behavioral Health and Mental Health Physician Clinic Medicaid Covered Service Rates.
Effective: (Effective date of regulation: ___/___/___).
Version: August 15, 2024.

Procedure Code / Modifier	Service Description <i>(Service limitations noted where applicable)</i>	Duration / Unit	Rate	Adult (A) or Child (C)	Telemedicine Yes/No	Department Approval Program Category
T1023	Behavioral Health Screen	1 screening	\$ 135.13	A/C	Yes	All
H0001	Alcohol and/or Drug Assessment	1 assessment	\$ 367.67	A/C	Yes	Rehab
H0031*	Mental Health Intake Assessment	1 assessment	\$ 504.96	A/C	Yes	Clinic
H0031-HH*	Integrated Mental Health & Substance Use Intake Assessment	1 assessment	\$ 580.70	A/C	Yes	Clinic
90791*	Psychiatric Assessment - Diagnostic Evaluation	1 assessment	\$ 662.04	A/C	Yes	Clinic
96136-HO*	Psychological Testing	30 minutes (1 unit)	\$ 78.20	A/C	Yes	Clinic
96137-HO*	Psychological Testing	30 minutes (7 units)	\$ 78.20	A/C	Yes	Clinic
96130-HO*	Psychological Testing	60 minutes (1 unit)	\$ 156.53	A/C	Yes	Clinic
96131-HO*	Psychological Testing	60 minutes (1 unit)	\$ 156.53	A/C	Yes	Clinic
96136-HP*	Neuropsychological Testing	30 minutes (1 unit)	\$ 91.89	A/C	Yes	Clinic
96137-HP*	Neuropsychological Testing	30 minutes (1 unit)	\$ 91.89	A/C	Yes	Clinic
96132-HP*	Neuropsychological Testing	60 minutes (1 unit)	\$ 183.76	A/C	Yes	Clinic
96133-HP*	Neuropsychological Testing	60 minutes (3 units)	\$ 183.76	A/C	Yes	Clinic
90832*	Psychotherapy, Individual	16-37 minutes (30 minutes)	\$ 75.39	A/C	Yes	Clinic or Rehab
90834*	Psychotherapy, Individual	38-52 minutes (45 minutes)	\$ 113.10	A/C	Yes	Clinic or Rehab
90837*	Psychotherapy, Individual	53-60 minutes (60 minutes)	\$ 150.79	A/C	Yes	Clinic or Rehab
90846*	Psychotherapy, Family (w/o patient present)	60 minutes	\$ 158.62	A/C	Yes	Clinic or Rehab
90846-U7*	Psychotherapy, Family (w/o patient present)	30 minutes	\$ 79.30	A/C	Yes	Clinic or Rehab
90847*	Psychotherapy, Family (with patient present)	60 minutes	\$ 154.09	A/C	Yes	Clinic or Rehab
90847-U7*	Psychotherapy, Family (with patient present)	30 minutes	\$ 76.95	A/C	Yes	Clinic or Rehab
90849*	Psychotherapy, Multi-family group	60 minutes	\$ 61.65	A/C	Yes	Clinic or Rehab
90849-U7*	Psychotherapy, Multi-family group	30 minutes	\$ 30.81	A/C	Yes	Clinic or Rehab
90853*	Psychotherapy, Group	60 minutes	\$ 60.32	A/C	Yes	Clinic or Rehab
90853-U7*	Psychotherapy, Group	30 minutes	\$ 30.15	A/C	Yes	Clinic or Rehab
H2010*	Comprehensive Medication Services	1 visit	\$ 167.54	A/C	Yes	Clinic or Rehab
S9484*	Short-term Crisis Intervention Service <i>(Not to exceed 22 consecutive hours in a single encounter)</i>	1 hour	\$ 148.20	A/C	Yes	Clinic or Rehab
S9484-U6*	Short-term Crisis Intervention Service <i>(Not to exceed 22 consecutive hours in a single encounter)</i>	15 minutes	\$ 37.05	A/C	Yes	Clinic or Rehab
H2011	Short-term Crisis Stabilization Service <i>(Not to exceed 22 consecutive hours in a single encounter)</i>	15 minutes	\$ 34.63	A/C	Yes	Clinic or Rehab
T1016	Case Management	15 minutes	\$ 32.61	A/C	Yes	Rehab
H2019	Therapeutic BH Services - Individual	15 minutes	\$ 30.53	C	No	Rehab
H2019-HQ	Therapeutic BH Services - Group	15 minutes	\$ 14.33	C	No	Rehab
H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	\$ 30.53	C	No	Rehab
H2019-HS	Therapeutic BH Services - Family (w/o patient present)	15 minutes	\$ 30.53	C	No	Rehab

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H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	\$ 30.67	C	No	Rehab
H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	\$ 30.67	C	No	Rehab
H0038	Peer Support Services - Individual	15 minutes	\$ 30.67	A/C	No	Rehab
H2012	Day Treatment for Children (combined mental health and school district resources) <i>(Not to exceed six hours per school day)</i>	1 hour	\$ 46.38	C	No	Day Treatment
T1007	Treatment Plan Review for Methadone Recipient	1 review	\$ 97.45	A/C	No	Rehab, Withdrawal Management, or Residential Substance Use Disorder Treatment
H0033	Oral Medication Administration, direct observation; on premises <i>(One billable service per day)</i>	1 day	\$ 112.76	A/C	No	Rehab, Withdrawal Management, or Residential Substance Use Disorder Treatment
H0033-HK	Oral Medication Administration, direct observation; off premises <i>(One billable service per day)</i>	1 day	\$ 130.80	A/C	No	Rehab, Withdrawal Management, or Residential Substance Use Disorder Treatment
H0020	Methadone Administration and/or service <i>(As prescribed by a physician)</i>	Administration episode	\$ 39.29	A/C	No	Rehab, Withdrawal Management, or Residential Substance Use Disorder Treatment
H0014	Ambulatory Withdrawal Management	15 minutes	\$ 56.50	A/C	No	Withdrawal Management
H0010	Clinically Managed Withdrawal <i>(One billable service per day)</i>	1 day	\$ 351.73	A/C	No	Withdrawal Management
H0011	Medically Managed Withdrawal <i>(One billable service per day)</i>	1 day	\$ 561.91	A/C	No	Withdrawal Management
H0002	Medical Evaluation for Recipient	1 evaluation	\$ 652.86	A/C	No	Rehab, Withdrawal Management, or Residential Substance Use Disorder Treatment
H0002-HF	Medical Evaluation for Recipient when Methadone is used for opioid use disorder treatment	1 evaluation	\$ 652.86	A/C	No	Rehab, Withdrawal Management, or Residential Substance Use Disorder Treatment
99408*	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	\$ 58.04	A/C	Yes	Clinic or Rehab
H0047	Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity <i>(One billable service per day)</i>	1 day	\$ 233.72	A/C	No	Residential Substance Use Disorder Treatment
H0047-TF	Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity <i>(One billable service per day)</i>	1 day	\$ 318.89	A/C	No	Residential Substance Use Disorder Treatment
H0047-TG	Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity <i>(One billable service per day)</i>	1 day	\$ 498.82	A/C	No	Residential Substance Use Disorder Treatment

- Notes:
1. Mental Health Physician Clinics (MHPC) may only bill for services marked with an asterisk (*) in the *Procedure Code/Modifier* column.
 2. Telemedicine services provided require a procedure code modifier "GT" to designate the service was not performed in person. When multiple procedure code modifiers are used, providers should report them with a single procedure code. For example, "90847-U7-GT" indicates family psychotherapy with the patient present for 30 minutes via telemedicine.
 3. Department of Health, Division of Behavioral Health rate charts do not cover all services reimbursed by Medicaid. If there are questions about services in this chart or services not covered in this chart, controlling regulation should be consulted. Regulatory payment restrictions such as payment limits, coverage limitations, mutually exclusive restrictions, or service authorization requirements are not fully addressed in this chart. Medicaid related questions and/or assistance request should be directed to mpassunit@alaska.gov.