

State of Alaska, Department of Health, Division of Behavioral Health

Chart of Community Behavioral Health and Mental Health Physician Clinic Medicaid Covered Services Rates

Effective: {Effective date of regulation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ }

Version date: 02/12/2026

Procedure Code / Modifier	Service Description	Duration/Unit	Rate
T1023	Behavioral Health Screen	1 screening	\$149.40
H0001	Alcohol and/or Drug Assessment	1 assessment	\$379.44
H0031	Mental Health Intake Assessment	1 assessment	\$521.12
H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 assessment	\$599.28
90791	Psychiatric Assessment - Diagnostic Evaluation	1 assessment	\$683.23
96136-HO	Psychological Testing	30 minutes	\$80.70
96137-HO	Psychological Testing	30 minutes	\$80.70
96130-HO	Psychological Testing	60 minutes	\$161.54
96131-HO	Psychological Testing	60 minutes	\$161.54
96136-HP	Neuropsychological Testing	30 minutes	\$94.83
96137-HP	Neuropsychological Testing	30 minutes	\$94.83
96132-HP	Neuropsychological Testing	60 minutes	\$189.64
96133-HP	Neuropsychological Testing	60 minutes	\$189.64
90832	Psychotherapy, Individual	16-37 minutes	\$77.80
90834	Psychotherapy, Individual	38-52 minutes	\$116.72
90837	Psychotherapy, Individual	53-60 minutes	\$155.62
90846	Psychotherapy, Family (w/o patient present)	60 minutes	\$163.70
90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	\$81.84
90847	Psychotherapy, Family (with patient present)	60 minutes	\$159.02
90847-U7	Psychotherapy, Family (with patient present)	30 minutes	\$79.41
90849	Psychotherapy, Multi-family group	60 minutes	\$63.62
90849-U7	Psychotherapy, Multi-family group	30 minutes	\$31.80
90853	Psychotherapy, Group	60 minutes	\$62.25
90853-U7	Psychotherapy, Group	30 minutes	\$31.11

State of Alaska, Department of Health, Division of Behavioral Health

**Chart of Community Behavioral Health and Mental Health Physician Clinic Medicaid Covered Services Rates**

Effective: {Effective date of regulation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ }

Version date: 02/12/2026

Procedure Code / Modifier	Service Description	Duration/Unit	Rate
H2010	Comprehensive Medication Services	1 visit	\$172.90
S9484	Short-term Crisis Intervention Service	1 hour	\$152.94
S9484-U6	Short-term Crisis Intervention Service	15 minutes	\$38.24
H2011	Short-term Crisis Stabilization Service	15 minutes	\$35.74
T1016	Case Management	15 minutes	\$33.65
H2019	Therapeutic BH Services - Individual	15 minutes	\$31.51
H2019-HQ	Therapeutic BH Services - Group	15 minutes	\$14.79
H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	\$31.51
H2019-HS	Therapeutic BH Services - Family (w/o patient present)	15 minutes	\$31.51
H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	\$31.65
H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	\$31.65
H0038	Peer Support Services - Individual	15 minutes	\$31.65
H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	\$53.78
T1007	Treatment Plan Review for Methadone Recipient	1 review	\$131.37
H0033	Oral Medication Administration, direct observation; on premises	1 day	\$121.09
H0033-HK	Oral Medication Administration, direct observation; off premises	1 day	\$134.99
H0020	Methadone Administration and/or service	administration episode	\$45.43
H0014	Ambulatory Detoxification	15 minutes	\$58.31
H0010	Clinically Managed Detoxification	1 day	\$362.99
H0011	Medically Managed Detoxification	1 day	\$579.89
H0002	Medical Evaluation for Recipient NOT Receiving Methadone Treatment	1 evaluation	\$673.75
H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	\$673.75
99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15-to-30-minute episode	\$59.90