

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

**Medicaid Procedure Codes and Rates – Autism Services**

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

**Version date: 02/12/2026**

<b>Procedure Code</b>	<b>Service Description</b>	<b>Rate</b>	<b>Duration / Unit</b>
97151	Behavior identification assessment administered by a qualified health care professional (QHP)	\$41.97	15 minutes
97153	Adaptive behavior treatment by protocol, administered by a technician under direction of QHP with one patient	\$31.95	15 minutes
97154	Group adaptive behavior treatment by protocol, administered by a technician under direction of QHP with two or more patients	\$11.47	15 minutes
97155	Adaptive behavior treatment with protocol modification administered by a QHP with one patient	\$41.97	15 minutes
97156	Family adaptive behavior treatment guidance administered by a QHP (with or without patient present) with guardian(s)/caregivers	\$41.97	15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by a QHP (without the patient present), face to face with multiple sets of guardians/caregivers	\$15.19	15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by a QHP face to face with two or more patients	\$15.19	15 minutes