

**ALASKA DEPARTMENT OF HEALTH**  
**FEE SCHEDULE - Independent Psychologists**  
**Effective: 1/5/2025**

Procedure Code/ Modifier	Service Description	Duration	Unit of Measure	Rate	Adult (A) or Child (C)	Telemedicine Yes/No
T1023	Behavioral Health Screen	1 screening	1 screening	\$ 135.13	A/C	Yes
H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$ 504.96	A/C	Yes
H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	\$ 580.70	A/C	Yes
90791	Psychiatric Assessment - Diagnostic Evaluation	1 Assessment	1 Assessment	\$ 662.04	A/C	Yes
90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 75.39	A/C	Yes
90834	Psychotherapy, Individual	38-52 minutes	45 minutes	\$ 113.10	A/C	Yes
90837	Psychotherapy, Individual	53-60 minutes	60 minutes	\$ 150.79	A/C	Yes
90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 158.62	A/C	Yes
90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 79.30	A/C	Yes
90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 154.09	A/C	Yes
90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 76.95	A/C	Yes
90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 61.65	A/C	Yes
90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 30.81	A/C	Yes
90853	Psychotherapy, Group	60 minutes	60 minutes	\$ 60.32	A/C	Yes
90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$ 30.15	A/C	Yes
99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	15 to 30 minute episode	\$ 58.04	A/C	Yes
96105	Assessment of Aphasia	60 minutes	60 minutes	\$ 168.44	A/C	Yes
96110	Developmental Test, Limited	60 minutes	60 minutes	\$ 16.50	A/C	Yes
96112	Developmental Test Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 221.82	A/C	Yes
96113	Developmental Test Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 105.93	A/C	Yes
96116	Neurobehavioral Status Exam	60 minutes	60 minutes	\$ 164.52	A/C	Yes
96121	Neurobehavioral Status Exam Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 138.25	A/C	Yes
96130	Psychological Test Evaluation Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 216.74	A/C	Yes
96131	Psychological Test Evaluation Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 157.95	A/C	Yes

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96132	Neuropsychological Testing Evaluation Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 229.33	A/C	Yes
96133	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 174.67	A/C	Yes
96136	Neuropsychological Testing Evaluation Physician/Qualified Health Professional 1st 30 minutes	30 minutes	30 minutes	\$ 69.45	A/C	Yes
96137	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Each Additional	30 minutes	30 minutes	\$ 62.27	A/C	Yes
96146	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Automated Result	1 test	1 test	\$ 3.13	A/C	Yes

Notes: 1. Rate adjustments in the above chart effective 1/5/2025 were made for those service codes and descriptions that are shared in common with the *Chart of Community Behavioral Health & Mental Health Physician Clinic Medicaid Covered Service Rates*, effective 1/5/2025, adopted under State of Alaska Regulation Project no. 2024200268 available for review on the Alaska Online Public Notice System and are cited in Alaska Administrative Code under 7 AAC 160.900(59), *Requirements adopted by reference*. Rates unchanged in the above chart are set via the Resource Based Relative Value Scale (RBRVS) and were adjusted in the prior chart effective 7/1/2024.

2. Telemedicine services provided require a procedure code modifier to designate the type of telemedicine service. The modifier "95" indicates audio and video while the modifier "FQ" indicates audio only. When multiple procedure code modifiers are used, providers should report them with a single procedure code. For example, "90847-U7-95" indicates family psychotherapy with the patient present for 30 minutes via telemedicine with both audio and video in use.

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](mailto:mpassunit@alaska.gov).