

ALASKA DEPARTMENT OF HEALTH, Division of Behavioral Health
FEE SCHEDULE - Independent Psychologists
Effective: 7/1/2025

Procedure Code/ Modifier	Service Description	Duration	Unit of Measure	Rate
T1023	Behavioral Health Screen	1 screening	1 screening	\$139.45
H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$521.12
H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	\$599.28
90791	Psychiatric Assessment - Diagnostic Evaluation	1 Assessment	1 Assessment	\$683.23
90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$77.80
90834	Psychotherapy, Individual	38-52 minutes	45 minutes	\$116.72
90837	Psychotherapy, Individual	53-60 minutes	60 minutes	\$155.62
90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$163.70
90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$81.84
90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$159.02
90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$79.41
90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$63.62
90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$31.80
90853	Psychotherapy, Group	60 minutes	60 minutes	\$62.25
90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$31.80
99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	15 to 30 minute episode	\$59.90
96105*	Assessment of Aphasia	60 minutes	60 minutes	\$173.60
96110*	Developmental Test, Limited	60 minutes	60 minutes	\$16.89
96112*	Developmental Test Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$237.09
96113*	Developmental Test Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$101.76
96116*	Neurobehavioral Status Exam	60 minutes	60 minutes	\$167.64
96121*	Neurobehavioral Status Exam Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$141.51

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96130*	Psychological Test Evaluation Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$223.08
96131*	Psychological Test Evaluation Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$161.40
96132*	Neuropsychological Testing Evaluation Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$235.48
96133*	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$177.53
96136*	Neuropsychological Testing Evaluation Physician/Qualified Health Professional 1st 30 minutes	30 minutes	30 minutes	\$71.35
96137*	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Each Additional	30 minutes	30 minutes	\$62.76
96146*	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Automated Result	1 test	1 test	\$3.20

Notes:

1. 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.
2. Rate adjustments in the above chart effective 7/1/2025 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 7/1/2025, 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 marked with an asterisk (*) in the above chart are set via the Resource Based Relative Value Scale (RBRVS).