

**Alaska Department of Health, Division of Behavioral Health
Chart of Behavioral Health Reform 1115 Medicaid Services Rates
Effective July 1, 2026**

Procedure Codes / Modifiers	Substance Use Disorder (SUD) Provider Service Description	Unit	Rate
H0007-V1	Outpatient Services ASAM 1.0 – Individual	15 minutes	\$32.01
H0007-HQ-HA-V1	Outpatient Services ASAM – Group (Adolescent)	15 minutes	\$11.39
H0007-HQ-HB-V1	Outpatient Services ASAM – Group (Adult)	15 minutes	\$11.39
H0015-V1	Intensive Outpatient Services ASAM 2.1 – Individual	15 minutes	\$38.85
H0015-HQ-V1	Intensive Outpatient Services ASAM 2.1 – Group	15 minutes	\$13.89
H0035-V1	Partial Hospitalization Program ASAM 2.5	Daily	\$714.11
H2036-HA-V1	SUD Clinically Managed Low-Intensity Residential ASAM 3.1 (Adolescent)	Daily	\$437.72
H2036-HF-V1	SUD Clinically Managed Low-Intensity Residential ASAM 3.1 (Adult)	Daily	\$437.72
H0047-HF-V1	SUD Clinically Managed Population Specific High-Intensity Residential ASAM 3.3 (Adult)	Daily	\$749.31
H0047-HA-V1-TF	SUD Clinically Managed Medium-Intensity Residential ASAM 3.5 (Adolescent)	Daily	\$607.47
H0047-TG-V1	SUD Clinically Managed Medium-Intensity Residential ASAM 3.5 (Adult)	Daily	\$607.47
H0009-TF-HA-V1	Medically Monitored High Intensity Inpatient ASAM 3.7 (Adolescent)	Daily	\$1,108.46
H0009-TF-V1	Medically Monitored High Intensity Inpatient ASAM 3.7 (Adult)	Daily	\$1,108.46
H0009-TG-V1	Medically Managed Intensive Inpatient ASAM 4.0	Daily	\$1,694.06
H0014-V1	Ambulatory Withdrawal Management	15 minutes	\$38.83
H0010-V1	Clinically Managed Residential Withdrawal Management ASAM 3.2 WM	Daily	\$354.28
H0010-TG-V1	Medically Monitored Inpatient Withdrawal Management ASAM 3.7 WM	Daily	\$1,108.46
H0011-V1	Medically Managed Intensive Inpatient Withdrawal Management ASAM 4.0 WM	Daily	\$1,694.06
H2021-V1	Community Recovery Support Services (CRSS) – Individual	15 minutes	\$27.20
H2021-HQ-V1	Community Recovery Support Services (CRSS) – Group	15 minutes	\$9.76
H0047-V1	SUD Care Coordination	Monthly	\$327.61
H0023-V1	Intensive Case Management Services (ICM)	15 minutes	\$30.65
H0038-V1	Peer-Based Crisis Services (PBCS)	15 minutes	\$22.34
S9484-V1	23-Hour Crisis Observation and Stabilization (COS)	Hourly	\$126.89
T2034-V1	Mobile Outreach and Crisis Response (MOCR) Services	Per Call Out	\$191.80
H2011-TS-V1	MOCR Crisis Service Follow-Up	15 minutes	\$22.34
S9485-V1	Crisis Residential and Stabilization Services (CSS)	Daily	\$982.82
T1007-V1	Treatment Plan Development or Review	Per Assessment	\$198.70

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Procedure Codes & Modifiers	Behavioral Health Provider (BHP) Service Description	Unit	Rate
H1011-V2	Home-Based Family Treatment HBFT Level 1	15 minutes	\$36.47
H1011-TF-V2	Home-Based Family Treatment HBFT Level 2	15 minutes	\$36.47
H1011-TG-V2	Home-Based Family Treatment HBFT Level 3	15 minutes	\$36.47
H2020-V2	Therapeutic Treatment Homes (TTH)	Daily	\$321.77
T2033-V2	Children’s Residential Treatment CRT Level 1	Daily	\$579.90
T2033-TF-V2	Children’s Residential Treatment CRT Level 2	Daily	\$656.97
H0023-V2	Intensive Case Management (ICM)	15 minutes	\$30.65
H2021-V2	Community Recovery Support Services (CRSS) – Individual	15 minutes	\$27.20
H2021-HQ-V2	Community Recovery Support Services (CRSS) – Group	15 minutes	\$9.76
H0039-V2	Assertive Community Treatment (ACT) Services	15 minutes	\$33.45
H0015-V2	Intensive Outpatient Services (IOP) – Individual	15 minutes	\$38.85
H0015-HQ-V2	Intensive Outpatient Services (IOP) – Group	15 minutes	\$13.89
H0035-V2	Partial Hospitalization Program (PHP)	Daily	\$714.11
T2016-V2	Adult Mental Health Residential Services (AMHR) Level 1	Daily	\$656.97
T2016-TG-V2	Adult Mental Health Residential Services (AMHR) Level 2	Daily	\$579.90
H0038-V2	Peer-Based Crisis Services (PBCS)	15 minutes	\$22.34
S9484-V2	23-Hour Crisis Observation and Stabilization (COS)	Hourly	\$126.89
T2034-V2	Mobile Outreach and Crisis Response (MOCR) Services	Per Call Out	\$191.80
H2011-TS-V2	MOCR Crisis Service Follow-Up	15 minutes	\$22.34
S9485-V2	Crisis Residential and Stabilization Services (CSS)	Daily	\$982.82
T1007-V2	Treatment Plan Development or Review	Per Assessment	\$198.70

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 doh.dbh.mpassunit@alaska.gov.
2. The [Chart of Behavioral Health Reform 1115 Medicaid Services Rates](#) effective 7/1/2026 was adopted under State of Alaska project number [2026200054](#) available for review on the [Alaska Online Public Notice System](#) and cited under Alaska Administrative Code under 7 AAC 160.900(d)(65), *Requirements adopted by reference*.
3. The [Behavioral Health Medicaid Provider Assistance](#) page on the Alaska Department of Health website includes current Division of Behavioral Health rate charts, service manuals for Behavioral Health Reform 1115 Waiver Services, and other resources for providers.
4. “ASAM” refers to *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions*.