

**Alaska Department of Health, Division of Behavioral Health**  
**FEE SCHEDULE - Independent Psychologists**  
Effective: July 1, 2026

Procedure Code/ Modifier	Service Description	Duration	Unit of Measure	Rate
T1023	Behavioral Health Screen	1 screening	1 screening	\$149.40
H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$537.79
H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	\$618.46
90791	Psychiatric Assessment - Diagnostic Evaluation	1 Assessment	1 Assessment	\$705.09
90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$80.29
90834	Psychotherapy, Individual	38-52 minutes	45 minutes	\$120.45
90837	Psychotherapy, Individual	53-60 minutes	60 minutes	\$160.59
90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$168.93
90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$84.46
90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$164.11
90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$81.95
90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$65.66
90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$32.81
90853	Psychotherapy, Group	60 minutes	60 minutes	\$64.24
90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$32.11
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	\$178.36
96110	Developmental Test, Limited	60 minutes	60 minutes	\$18.09
96112	Developmental Test Physician/Qualified Health Professional, First Hour	60 minutes	60 minutes	\$234.21
96113	Developmental Test Physician/Qualified Health Professional, Each Additional Hour	60 minutes	60 minutes	\$105.97
96116	Neurobehavioral Status Exam	60 minutes	60 minutes	\$175.89
96121	Neurobehavioral Status Exam Physician/Qualified Health Professional, Each Additional Hour	60 minutes	60 minutes	\$146.31

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96130	Psychological Test Evaluation Physician/Qualified Health Professional, First Hour	60 minutes	60 minutes	\$233.43
96131	Psychological Test Evaluation Physician/Qualified Health Professional, Each Additional Hour	60 minutes	60 minutes	\$167.72
96132	Neuropsychological Testing Evaluation Physician/Qualified Health Professional, First Hour	60 minutes	60 minutes	\$231.43
96133	Neuropsychological Testing Evaluation Physician/Qualified Health Professional, Each Additional Hour	60 minutes	60 minutes	\$184.32
96136	Neuropsychological Testing Evaluation Physician/Qualified Health Professional, First 30 minutes	30 minutes	30 minutes	\$75.54
96137	Neuropsychological Testing Evaluation Physician/Qualified Health Professional, Each Additional	30 minutes	30 minutes	\$64.29
96146	Neuropsychological Testing Evaluation Physician/Qualified Health Professional, Automated Result	1 test	1 test	\$3.23

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 requests should be directed to [doh.dbh.mpassunit@alaska.gov](mailto:doh.dbh.mpassunit@alaska.gov).
2. *Fee Schedule – Independent Psychologists*, effective 7/1/2026, includes rates from two different sources. The first 16 items listed in the schedule are service codes and descriptions shared with the *Chart of Community Behavioral Health & Mental Health Physician Clinic Medicaid Covered Service Rates*, effective 7/1/2026, 7 AAC 160.900(d)(59), *Requirements adopted by reference*. The remaining rates are subject to 7 AAC 145.260, *Psychologist services payment rates*, which includes references the Resource-based relative value scale (RBRVS) rate-setting methodology in regulation.