

Alaska Department of Health, Division of Behavioral Health
Chart of Community Behavioral Health and Mental Health Physician Clinic Medicaid Covered Services Rates
Effective July 1, 2025

Procedure Code / Modifier	Service Description	Duration/Unit	Rate
T1023*¥	Behavioral Health Screen	1 screening	\$139.45
H0001	Alcohol and/or Drug Assessment	1 assessment	\$379.44
H0031*¥	Mental Health Intake Assessment	1 assessment	\$521.12
H0031-HH*¥	Integrated Mental Health & Substance Use Intake Assessment	1 assessment	\$599.28
90791*	Psychiatric Assessment - Diagnostic Evaluation	1 assessment	\$683.23
96136-HO*	Psychological Testing	30 minutes	\$80.70
96137-HO*	Psychological Testing	30 minutes	\$80.70
96130-HO*	Psychological Testing	60 minutes	\$161.54
96131-HO*	Psychological Testing	60 minutes	\$161.54
96136-HP*	Neuropsychological Testing	30 minutes	\$94.83
96137-HP*	Neuropsychological Testing	30 minutes	\$94.83
96132-HP*	Neuropsychological Testing	60 minutes	\$189.64
96133-HP*	Neuropsychological Testing	60 minutes	\$189.64
90832*¥	Psychotherapy, Individual	16-37 minutes	\$77.80
90834*¥	Psychotherapy, Individual	38-52 minutes	\$116.72
90837*¥	Psychotherapy, Individual	53-60 minutes	\$155.62
90846*¥	Psychotherapy, Family (w/o patient present)	60 minutes	\$163.70
90846-U7*¥	Psychotherapy, Family (w/o patient present)	30 minutes	\$81.84
90847*¥	Psychotherapy, Family (with patient present)	60 minutes	\$159.02
90847-U7*¥	Psychotherapy, Family (with patient present)	30 minutes	\$79.41
90849*¥	Psychotherapy, Multi-family group	60 minutes	\$63.62
90849-U7*¥	Psychotherapy, Multi-family group	30 minutes	\$31.80
90853*¥	Psychotherapy, Group	60 minutes	\$62.25
90853-U7*¥	Psychotherapy, Group	30 minutes	\$31.11

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H2010*	Comprehensive Medication Services	1 visit	\$172.90
S9484*	Short-term Crisis Intervention Service	1 hour	\$152.94
S9484-U6*	Short-term Crisis Intervention Service	15 minutes	\$38.24
H2011	Short-term Crisis Stabilization Service	15 minutes	\$35.74
T1016	Case Management	15 minutes	\$33.65
H2019	Therapeutic BH Services - Individual	15 minutes	\$31.51
H2019-HQ	Therapeutic BH Services - Group	15 minutes	\$14.79
H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	\$31.51
H2019-HS	Therapeutic BH Services - Family (w/o) patient present)	15 minutes	\$31.51
H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	\$31.65
H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	\$31.65
H0038	Peer Support Services - Individual	15 minutes	\$31.65
H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	\$47.86
T1007	Treatment Plan Review for Methadone Recipient	1 review	\$100.57
H0033	Oral Medication Administration, direct observation; on premises	1 day	\$116.37
H0033-HK	Oral Medication Administration, direct observation; off premises	1 day	\$134.99
H0020	Methadone Administration and/or service	administration episode	\$40.55
H0014	Ambulatory Detoxification	15 minutes	\$58.31
H0010	Clinically Managed Detoxification	1 day	\$362.99
H0011	Medically Managed Detoxification	1 day	\$579.89
H0002	Medical Evaluation for Recipient NOT Receiving Methadone Treatment	1 evaluation	\$673.75
H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	\$673.75
99408*¥	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15-to-30-minute episode	\$59.90
H0047	Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	1 day	\$241.20
H0047-TF	Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	1 day	\$329.09
H0047-TG	Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	1 day	\$514.78

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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. Mental Health Physician Clinic (MHPC) services and other services commonly billed by MHPCs are noted with an asterisk (*) in the Procedure Code/Modifier column.
3. Rates for service provided by independent psychologists (IP), licensed professional counselors (LPC), licensed marital and family therapists (LMFT), and licensed clinical social worker (LCSW) are noted with a yen symbol (¥) in the Procedure Code/Modifier column.
4. The *Chart of Community Behavioral Health & Mental Health Physician Clinic Medicaid Covered Service Rates* effective July 1, 2025, are 3.2% above published rates effective January 5, 2025, and reflect a 3.2% inflation adjustment. Rates effective January 5, 2025, were adopted under State of Alaska Regulation Project no. 2024200268 available for review on the Alaska Online Public Notice System. The chart is included under 7 AAC 160.900(59), *Requirements adopted by reference*. The rate methodology for Community Behavioral Health Services is described under 7 AAC 145.580. Rate methodology for Mental Health Physician Clinic rates is subject to upper payment limit (UPL) restrictions at the federal level. The [Behavioral Health Medicaid Provider Assistance](#) page on the Alaska Department of Health website includes current Division of Behavioral Health rate charts and other resources for providers.