

**ALASKA DEPARTMENT OF HEALTH**  
**FEE SCHEDULE - Independent Licensed Martial and Family Therapist (LMFT)**  
**Effective: July 1, 2024**

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	\$ 47.62	A/C	Yes
H0031	Mental Health Intake Assessment	1 assessment	1 assessment	\$ 486.47	A/C	Yes
H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 assessment	1 assessment	\$ 559.44	A/C	Yes
90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 72.63	A/C	Yes
90834	Psychotherapy, Individual	38-52 minutes	45 minutes	\$ 108.96	A/C	Yes
90837	Psychotherapy, Individual	53-60 minutes	60 minutes	\$ 145.27	A/C	Yes
90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 152.81	A/C	Yes
90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 76.40	A/C	Yes
90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 148.45	A/C	Yes
90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 74.13	A/C	Yes
90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 59.39	A/C	Yes
90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 29.68	A/C	Yes
90853	Psychotherapy, Group	60 minutes	60 minutes	\$ 58.11	A/C	Yes
90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$ 29.05	A/C	Yes
99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	15 to 30 minute episode	\$ 45.60	A/C	Yes

Notes: 1. Telemedicine services provided require a procedure code modifier "GT" to designate the service was not performed in person. When multiple procedure code modifiers are used, providers should report them with a single procedure code. For example, "90847-U7-GT" indicates family psychotherapy with the patient present for 30 minutes via telemedicine.

2. 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).