

Alaska Psychiatric Residential Treatment Facility Rates
In-State Rates for Level V and VI Providers
Effective Date: July 1, 2019

<u>Level</u>	<u>Rate</u>
Level V	\$375.95/day
Level VI	\$422.79/day

State of Alaska / Dept. Health and Social Services
Medicaid Procedure Codes and Rates – Autism Services
Effective July 1, 2019

Procedure Code	Rendering Provider	Service Name	Rate	Duration/Unit
0359T	Behavior Analyst	Initial Behavior Identification Assessment	\$456.72	Assessment
0359T-TS	Behavior Analyst	Behavior Identification Re-Assessment	\$246.63	Re-assessment
0364T	Behavior Analyst Assistant Behavior Analyst Registered Behavior Technician	Adaptive Behavior Treatment by Protocol	\$36.14	30 minutes
0365T+	Behavior Analyst Assistant Behavior Analyst Registered Behavior Technician	Adaptive Behavior Treatment by Protocol – each additional 30 minutes	\$36.14	30 minutes
0366T	Behavior Analyst Assistant Behavior Analyst Registered Behavior Technician	Group Adaptive Behavior Treatment by Protocol	\$14.45	30 minutes
0367T+	Behavior Analyst Assistant Behavior Analyst Registered Behavior Technician	Group Adaptive Behavior Treatment by Protocol – each additional 30 minutes	\$14.45	30 minutes
0368T	Behavior Analyst	Adaptive Behavior Treatment by Protocol Modification	\$47.56	30 minutes
0369T+	Behavior Analyst	Adaptive Behavior Treatment by Protocol Modification – each additional 30 minutes	\$47.56	30 minutes
0370T	Behavior Analyst Assistant Behavior Analyst Registered Behavior Technician	Family Adaptive Behavior Treatment Guidance	\$59.69	Per recipient per day

Community Behavioral Health and Mental Health Physician Clinic* Medicaid Covered Services
(Procedure Codes, Annual Limits, Payment Rates, Program Approval)
Note: MHPC may only bill for services marked with *

Procedure Code/ Modifier	Service Description	Duration/Unit	Rate
T1023	Behavioral Health Screen - AK Screen Tool	1 screening	\$ 38.88
H0001	Alcohol and/or Drug Assessment	1 Assessment	\$ 210.86
H0031*	Mental Health Intake Assessment	1 Assessment	\$ 397.15
H0031-HH*	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	\$ 456.72
90791*	Psychiatric Assessment - Diag Eval	1 Assessment	\$ 520.69
96136-HO*	Psychological Testing	30 minutes	\$ 61.51
96137-HO*	Psychological Testing	30 minutes	\$ 61.51
96130-HO*	Psychological Testing	60 minutes	\$ 123.11
96131-HO*	Psychological Testing	60 minutes	\$ 123.11
96136-HP*	Neuropsychological Testing	30 minutes	\$ 72.27
96137-HP*	Neuropsychological Testing	30 minutes	\$ 72.27
96132* HP	Neuropsychological Testing	60 minutes	\$ 144.53
96133* HP	Neuropsychological Testing	60 minutes	\$ 144.53
90832*	Psychotherapy, Individual	16-37 minutes	\$ 59.30
90834*	Psychotherapy, Individual	38-52 minutes	\$ 88.95
90837*	Psychotherapy, Individual	53-60	\$ 118.60
90846*	Psychotherapy, Family (w/o patient present)	60 minutes	\$ 124.75
90846-U7*	Psychotherapy, Family (w/o patient present)	30 minutes	\$ 62.38
90847*	Psychotherapy, Family (with patient present)	60 minutes	\$ 121.19
90847-U7*	Psychotherapy, Family (with patient present)	30 minutes	\$ 60.60
90849*	Psychotherapy, Multi-family group	60 minutes	\$ 48.48
90849-U7*	Psychotherapy, Multi-family group	30 minutes	\$ 24.23
90853*	Psychotherapy, Group	60 minutes	\$ 47.44
90853-U7*	Psychotherapy, Group	30 minutes	\$ 23.72
H2010*	Comprehensive Medication Services	1 visit	\$ 131.77
S9484*	Short-term Crisis Intervention Service	1 hour	\$ 116.56
S9484-U6*	Short-term Crisis Intervention Service	15 minutes	\$ 29.14

Procedure Code/ Modifier	Service Description	Duration/Unit	Rate
H2011	Short-term Crisis Stabilization Service	15 minutes	\$ 23.45
T1016	Case Management	15 minutes	\$ 22.89
H2019	Therapeutic BH Services - Individual	15 minutes	\$ 20.93
H0038	Peer Support Services - Individual	15 minutes	\$ 20.17
H2019-HQ	Therapeutic BH Services - Group	15 minutes	\$ 8.37
H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	\$ 20.93
H2019-HS	Therapeutic BH Services - Family (w/o) patient present)	15 minutes	\$ 20.93
H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	\$ 20.17
H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	\$ 20.17
H2015	Comprehensive Community Support Services - Individual	15 minutes	\$ 20.04
H0038	Peer Support Services - Individual	15 minutes	\$ 20.17
H2015-HQ	Comprehensive Community Support Services - Group	15 minutes	\$ 8.02
H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	\$ 17.94
H2017	Recipient Support Services	15 minutes	\$ 8.56
H0046	Client Status Review	1 review	\$ 40.04
T1007	Treatment Plan Review for Methadone Recipient	1 review	\$ 80.15
H0033	Oral Medication Administration, direct observation; on premises	1 day	\$ 63.50
H0033-HK	Oral Medication Administration, direct observation; off premises	1 day	\$ 73.65
H0020	Methadone Administration and/or service	administration episode	\$ 19.05
H0014	Ambulatory Detoxification	15 minutes	\$ 32.11
H0010	Clinically Managed Detoxification	1 day	\$ 287.14
H0011	Medically Managed Detoxification	1 day	\$ 458.74
H0002	Medical Evaluation for Recipient NOT Receiving Methadone Treatment	1 evaluation	\$ 416.41
H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	\$ 517.36
99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute	\$ 37.23
H0018	Daily Behavioral Rehabilitation Services	1 day all rehab services	\$ 232.43
H0047	Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	1 day	\$ 190.81
H0047-TF	Residential Substance Use Disorder Treatment - Clinically Managed; Medium	1 day	\$ 260.34
H0047-TG	Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	1 day	\$ 407.23
Q3014*	Facilitation of Telemedicine	1 case presentation	\$ 49.79