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* # P	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

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Code/ Modifier Service Description Duration/Unit Rate H2011 Case Management 15 minutes \$ 23.45 H2012 Case Management 15 minutes \$ 23.45 H2013 Case Management 15 minutes \$ 23.45 H2019 Therapeutic BH Services - Individual 15 minutes \$ 20.93 H2019-HQ Therapeutic BH Services - Family (with patient present) 15 minutes \$ 20.93 H2019-HR Therapeutic BH Services - Family (wif) patient present) 15 minutes \$ 20.93 H2019-HR Therapeutic BH Services - Family (wif) patient present) 15 minutes \$ 20.93 H2019-HR Therapeutic BH Services - Family (wif) patient present) 15 minutes \$ 20.93 H2019-HR Therapeutic BH Services - Family (wif) patient present) 15 minutes \$ 20.93 H2019-HR Therapeutic BH Services - Family (wif) patient present) 15 minutes \$ 20.17 H2019-HR Peer Support Services - Family (wif) patient present) 15 minutes \$ 20.17 H2014-HR Peer Support Services - Family (wif) patient present) 15 minutes \$ 20.17 <t< th=""><th>Procedure</th><th></th><th></th><th></th></t<>	Procedure			
Service Description Duration Unit Residential Substance Use Disorder Treatment (SIRT) Daily Behavioral Residential Substance Use Disorder Treatment (SIRT) Managed: High Intensity 1 day	Code/			
Short-term Crisis Stabilization Service 15 minutes 5	Modifier	Service Description	Duration/Unit	
Case Management	H2011	Short-term Crisis Stabilization Service	15 minutes	
Therapeutic BH Services - Individual Peer Support Services - Individual Therapeutic BH Services - Group Therapeutic BH Services - Family (with patient present) T	T1016	Case Management	15 minutes	
Peer Support Services - Individual	H2019	Therapeutic BH Services - Individual	15 minutes	
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	Q3014*	Facilitation of Telemedicine	case	

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