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Date: August 3, 2022

To: Planned Community Birth Providers
Freestanding Birth Centers

From: Nathan Roberts, Traditional Programs manager
Medicaid Programs

Subject: Fee-for-service billing for community birth services and newborn bloodspot screening kits

The Oregon Health Authority (OHA) has made the following fee-for-service claim processing updates:

- Allow fee-for-service claim processing for all approved community birth procedures provided to coordinated care organization (CCO) members, consistent with OHA's [Planned Community Births Prior Authorization and Billing Guide](#), effective 9/1/2021.
- Increased the reimbursement rate for newborn bloodspot screening kits effective 8/1/2022, to align with [current Northwest Regional Newborn Bloodspot Screening \(NWRNBS\) program fees](#).

Why is this happening?

OHA covers approved planned community birth services for both CCO and fee-for-service members. Based upon provider feedback, OHA identified procedures that were not processing correctly for coverage and payment. NWRNBS updated its program fees effective 8/1/2022.

What should you do?

For covered community birth services provided on or after 9/1/2021:

- Bill OHA as outlined in the [Planned Community Births Prior Authorization and Billing Guide](#).
- Adjust previously submitted claims as described in the [Claim Adjustment Handbook](#).

For newborn bloodspot screening kits provided on or after 8/1/2022, bill OHA with the following:

- S6320 (2 specimen kit), rate = \$175.00
- S6320 with modifier TC (replacement kit for 1 specimen), rate = \$100.00

For kits provided before 8/1/2022, [please refer to the June 14, 2022 memo from OHA](#).

With all Medicaid claiming, correct coding and documentation of services provided must be on file to justify the claim. Please refer to [Oregon Administrative Rules](#) and the [OHP billing page](#) for guidance.

Questions?

Please contact the Provider Services Unit at dmap.providerservices@dhsaha.state.or.us or call 800-336-6016. We are available Monday through Friday between 8 a.m. and 5 p.m. (including lunch hours).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.