

Memorandum

To: Fee-for-service (FFS) dental providers and coordinated care organizations (CCOs)

From: Nathan Roberts, Health and Professional Services Policy manager

Date: March 30, 2026

Subject: Dental billing code fee-for-service (FFS) reimbursement updates, effective Jan. 1, 2026

Oregon Health Authority (OHA) has updated FFS rates for multiple Current Dental Terminology (CDT)¹ codes effective Jan. 1, 2026. You will see these changes in the March 2026 publication of the FFS Medical-Dental Fee Schedule.

OHA shared these discretionary rate changes through:

- Public notice on [Dec. 16, 2025](#),
- Discussion in the Jan. 27, 2026 meeting of the [Oral Health Forum](#), and
- Multiple meetings with CCOs, including the Jan. 28, 2026 meeting of the [Rates Workgroup](#).

Why is this happening?

- To better align FFS dental rates with the assumptions used for capitation rates paid to CCOs in 2026.
- To improve the accuracy of budget forecasts.

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- To align with the Health Evidence Review Commission's Jan. 1, 2026 Prioritized List of Health Services.
- To clarify services that are not eligible for separate reimbursement.

What should you do?

- FFS providers should submit claims using their usual charges, per Oregon Administrative Rule (OAR) [410-120-1280](#) and provide supporting documentation as indicated for coverage criteria and/or for all manually priced CDT codes per OAR [410-123-1620](#).
- CCOs should review their claims processing systems and contracts and make any necessary changes.

Do you need more guidance?

- Refer to the [Oregon Fee-for-Service Fee Schedule](#) for a list of covered dental service rates.
- For OHP provider guidance with claims and helpful billing resources, please access the [Resources for Providers](#) website.

Questions?

If you have any questions about this announcement, please email Medicaid.Programs@odhsoha.oregon.gov.