

Public notice

Notice of intent – OHA will amend the Medicaid State Plan to increase fee-for-service rates for dental services.

Date: Dec. 10, 2024

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. Friday, Jan. 10, 2025

Oregon Health Authority (OHA) will submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services. This SPA will:

- Increase the fee-for-service rates for approximately 50 dental procedure codes and
- Include a 5 percent inflationary increase for all other dental codes effective Jan. 1, 2025.

The annual estimated Total Fund cost for the 50 codes is \$50,162.

The annual estimated Total Fund cost for the 5 percent increase is \$114,183.

[View the specific rate changes for each dental code.](#)

Background

SPAs [23-0035](#) (effective Oct. 1, 2023) and [24-0007](#) (effective Jan. 1, 2024) intended to increase rates for all dental codes, but missed 50 of them. This SPA corrects that oversight.

Obtaining SPA language

The next pages show edits to existing State Plan language in the proposed SPA. You can also view the full State Plan, approved SPAs and proposed SPAs on [the OHA website](#).

How to comment:

OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, Jan. 10, 2025, to jesse.anderson@oha.oregon.gov.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #7.c through 11 below. Oregon conversion factors are listed on Attachment 4.19-B, page 1 of this state plan. All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

7. c. Medical Supplies and Equipment (Cont):

- Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). If MSRP is not available payment is acquisition cost plus 20%.

For new codes added by CMS, payment will be based on the most current Medicare fee schedule and will follow the same payment methodology as stated above. Procedure codes with no Medicare fee schedule will be a state-wide rate based on the actuarial calculations used for rate setting for the CCO rate for the service. The agency's fee schedule rate was set as of 10/1/24 and is effective for services provided on or after that date.

8. Private Duty Nursing Services:

Payment for services is a state-wide fee schedule based on nursing market rate study's performed each biennium. The agency's fee schedule rate was set as of 7/1/23 and is effective for services provided on or after that date.

10. Dental services (Dentist, Dental hygienist with an Expanded Practice Permit)

Payment for services is a state-wide fee schedule [that uses CMS HCPCS procedure codes](#) based on [fixed rates or medicare rate. When no Medicare rate exists will be based on](#) the actuarial calculations used for rate setting for the CCO dental services. [CMS HCPCS codes are published quarterly, new codes added will follow the same methodology as stated above.](#) Dental anesthesia services provided in the dental office (CPT 00170) is a flat fee of \$800.00. The agency's fee schedule rate was set as of 1/1/25 and is effective for services provided on or after that date.

11. Physical Therapy, Occupational Therapy, Speech, Hearing, Audiology services

Payment for services is a state-wide fee schedule which Utilizes the RBRVS methodology, Multiplied by the Oregon specific conversion factor. Unlisted codes Are priced using 75% of Manufacturer's Suggested Retail Price (MSRP). The agency's fee schedule rate was set as of 1/1/24 and is effective for services provided on or after that date.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #12.b through 12.c below. Oregon conversion factors are listed on Attachment 4.19-B, page 1 of this state plan. All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

12.b. Dentures, Denturist

Payment for services is a state-wide fee schedule [that uses CMS HCPCS procedure codes](#) based on [fixed rates or medicare rate. When no Medicare rate exists will be based on](#) the actuarial calculations used for rate setting for the CCO dental services. [CMS HCPCS codes are published quarterly, new codes added will follow the same methodology as stated above.](#) Dental anesthesia services provided in the dental office (CPT 00170) is a flat fee of \$800.00. The agency's fee schedule rate was set as of 1/1/254 and is effective for services provided on or after that date.

12.c. Prosthetic Devices

Payment for services is a state-wide fee schedule based on 80% of the 2024 Medicare fee schedule. Oregon uses a state-wide average of the rural and urban Medicare rate. In cases where a rate priced in 2012 is higher than the 2024 Medicare fee schedule, the rate will be frozen at that rate and will not be reduced. The maximum allowable rate for procedure codes with a CMS RBRVS value as published in the Federal Register annually, are multiplied by an Oregon specific conversion factor for specific categories of service.

Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). For new codes added by CMS, payment will be based on the most current Medicare fee schedule and will follow the same payment methodology as stated above. Procedure codes with no Medicare fee schedule will be a state-wide rate based on the actuarial calculations used for rate setting for the CCO rate for the service. The agency's fee schedule rate was set as of 10/1/24 and is effective for services provided on or after that date.

