

## Public notice

### Notice of intent: OHA will amend the Medicaid State Plan to increase the rate for two newborn procedure codes.

**From:** Jesse Anderson, State Plan manager

**Date:** Dec. 9, 2024

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

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Oregon Health Authority (OHA) will submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services to increase the professional service rate for procedure codes 99464 and 99465.

The estimated Total Fund cost for the 2025-2027 biennium is \$37,089.

#### Background

[SPA 22-0005](#) increased the rates for the professional component of newborn critical care and intensive care procedure codes 99468-99480. That SPA should have also included codes 99464 and 99465. This SPA corrects that oversight.

#### Obtaining SPA language

The next page shows 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](mailto: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

General: The division pays the lesser of the usual and customary charge or a fee based on the methods outlined for the program according to Attachment 4.19-B. The provider's usual and customary fee is the fee charged by the provider to the general public for the particular service rendered. Where applicable, the maximum allowable fees are established using the CMS Resource Based Relative Value (RBRVS) Scale methodology as published in the Federal Register annually, multiplied by an Oregon specific conversion factor.

Conversion factors set for services on or after October 1, 2024:

\$40.79 for labor and delivery codes (59400-59622);  
\$38.76 for neonatal intensive care/pediatric intensive care professional codes ([99464-99465](#),  
99468-99480);  
\$28.50 for Primary care provider types and procedure codes;  
\$27.11 for all remaining RBRVS weight-based procedure codes;  
\$21.12 for anesthesia procedure codes.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #3 through #5.b below. Unless noted otherwise the agency fee schedule was set for services on or after 10/1/24. All rates are published on the agency's website and can be accessed at <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

**3. Laboratory and Radiology:**

The maximum allowable rates are established using the CMS RBRVS methodology as published in the Federal Register annually, multiplied by an Oregon specific conversion factor for specific categories of service.

Clinical Laboratory and Pathology Procedures are paid at 80% of current Medicare fee updated annually as published by Medicare.

**5.a. Physician/Physician Assistant/Practitioner and 5.b Medical and surgical services furnished by a dentist:**

The maximum allowable rates are established using the CMS RBRVS methodology as published in the Federal Register annually, multiplied by an Oregon specific conversion factor for specific categories of service.