

## Fee-for-service (FFS) maximum allowable rates

This sheet lists Oregon Medicaid's maximum allowable payment rate methodology for the main types of service listed in the FFS medical/dental fee schedule.

### Relative Value Unit (RVU) weight-based rates

RVU weight-based rates are based on Medicare's 2026 Non-Facility or Facility RVU weights, depending on Place of Service. These weights are multiplied by the Geographic Practice Cost Indices (GPCIs) and base rates below.

To download the RVU weights, go to [Medicare's Release of the Physician Fee Schedule Relative Value File](#). Click the RVU26A folder and unzip file; open the file named PPRRVU26\_Jan. The RVUs for the rate calculations are found in columns F, G, I, and K.

Type of service	Base rate	GPCIs (used statewide)
Labor and delivery codes (59400-59622)	\$40.79	Work = 1.001  Practice Expense = 1.006  Malpractice = 0.706
Neonatal and pediatric intensive care service codes (99464-99465, 99468-99480)	\$38.76	
<a href="#">Oregon primary care codes</a> – When rendered by a primary care provider (Oregon definition)	\$28.50	
All other RVU weight-based professional services (default rate)	\$27.11	
Surgical assist	16% of the surgical rate	

## Non-RVU weight-based rates

Type of service	Rate description
Ambulatory Surgical Center	80% of Medicare's 2026 fee schedule
Anesthesia services (codes 00100-01996)	<p>American Society of Anesthesiologists Relative Value multiplied by \$21.12</p> <p><i>Note: Payment = The above rate + time when appropriate. Refer to <a href="#">Professional Claims Instructions</a> for specific billing details.</i></p>
Clinical lab	80% of the 2026 Medicare clinical lab fee schedule
Dental	A percentage of commercial insurers' fees, provider usual and customary fees, or based on the actuarial calculations used for Coordinated Care Organization (CCO) dental services rate setting.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	<p>Medicare-covered codes: A percentage of Medicare's 2024 fee schedule.</p> <p>Unspecified item codes (e.g., K0108 and E1399) and codes that require manual pricing: 75% of MSRP or acquisition cost plus 20% if MSRP is not available.</p>
Physician-administered drugs	<p>100% of the current quarter's published Medicare reimbursement rate (Average Sale Price - ASP) plus six percent), when available.</p> <ul style="list-style-type: none"> <li>• When no ASP rate is available, the Division bases reimbursement on the Wholesale Acquisition Price (WAC).</li> <li>• Pricing information for WAC is provided by First Data Bank.</li> <li>• If no WAC is available, then the drug will be reimbursed at Acquisition Cost.</li> </ul>
Vision materials and supplies	Contracted rates, which include acquisition cost plus shipping and handling.