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Fee-for-service (FFS) maximum allowable rates

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

Please note: Many fee-for-service rates are based on other fee schedules, as described below. Changes to these fee schedules may raise or lower the corresponding Oregon Health Plan (OHP) fee-for-service rate.

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.
- To learn about changes to Medicare RVU weights, please review the 2026 changes to the Medicare Physician Fee Schedule.

GPCIs (used statewide)

Work = 1.001

Practice Expense = 1.006

Malpractice = 0.706

Base rates

- Labor and delivery codes (59400-59622): $40.79

- Neonatal and pediatric intensive care service codes (99464-99465, 99468-99480): $38.76
- Oregon primary care codes – 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

Ambulatory Surgical Center

80% of Medicare's 2026 fee schedule

Anesthesia services (codes 00100-01996)

American Society of Anesthesiologists Relative Value multiplied by $21.12

Note: Payment = The above rate + time when appropriate. Refer to Professional Claims Instructions for specific billing details.

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 dental services rate setting.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

- Medicare-covered codes: A percentage of Medicare's 2024 fee schedule.
- 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.

Physician-administered drugs

100% of the current quarter's published Medicare reimbursement rate (Average Sale Price - ASP) plus six percent), when available.

- When no ASP rate is available, the Division bases reimbursement on the Wholesale Acquisition Price (WAC).
- Pricing information for WAC is provided by First Data Bank.
- If no WAC is available, then the drug will be reimbursed at Acquisition Cost.

Vision materials and supplies

Contracted rates, which include acquisition cost plus shipping and handling.

Medicaid Division
Policy and Fee-for-Service Operations
500 Summer St NE, E35
Salem, OR 97301
Oregon.gov/OHP