

## **Table of Contents**

**State/Territory Name: OR**

**State Plan Amendment (SPA) #: 24-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

October 7, 2024

Emma Sandoe, PhD  
Medicaid Director, Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, Oregon 97301-1079

RE: TN 24-0016

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oregon state plan amendment (SPA) to Attachment 4.19-B OR-24-0016, which was submitted to CMS on July 31, 2024. This plan amendment increased laboratory and radiology, podiatry, chiropractic, PT/OT and any other practitioner's procedure codes under the CMS Resource Based Relative Value (RBRVS) to a minimum of 80% of current Medicare rate.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or via email at [James.Moreth@CMS.HHS.GOV](mailto:James.Moreth@CMS.HHS.GOV).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 6

2. STATE

OR3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/24

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.30, 440.50, 440.60. 44.110

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 2,312,229b. FFY 2026 \$ 2,312,229

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 1 through 1a.1.a and page 42

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 1 through 1a.1.a and page 42

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to increase base default conversion factor rate for programs such as laboratory, radiology, podiatry, chiropractic, PT/OT. This also includes rate increases for Anesthesia and Clinical Laboratory.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Emma Sandoe, PhD

13. TITLE

Medicaid Director

14. DATE SUBMITTED

7/31/24

15. RETURN TO

Oregon Health Authority  
Medical Assistance Programs  
500 Summer Street NE E-65  
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

## FOR CMS USE ONLY

16. DATE RECEIVED

7/31/24

17. DATE APPROVED

October 7, 2024

## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, DRR

22. REMARKS

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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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 (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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #5.a through #6.d below. Oregon conversion factors as listed on Attachment 4.19-B, page 1 of this state plan. 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>

**5.a. Physician/Physician Assistant/Practitioner Administered Drugs:**

Based on 100% of the Medicare fee schedule. When no Medicare fee schedule is listed the rate shall be based upon the Wholesale Acquisition Cost (WAC). If no WAC is available, then the rate shall be reimbursed at Acquisition Cost.

**6.a. Podiatrists' services, 6.b Optometrists' services and 6.c Chiropractors' services:**

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

**6.d. Other Practitioner services, Naturopath, Acupuncturist and Licensed Midwives:**

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

**6.d. Emergency Medical Technician (EMT), Advanced EMT (AEMT), EMT-Intermediate (EMT-I), Emergency Medical Responders (EMR), and Paramedics:**

Payment for services is a state-wide fee schedule which utilizes CMS HCPCS codes, appropriate for their scope of practice, using a combination of fix rates and Medicare rates. Treat-in-place code A0998 is priced using the ALS1 Base Rate (A0427) of \$420.62. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 5/12/23 and is effective for services provided on or after that date.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #6.d through #7.c below. Oregon conversion factors as listed on Attachment 4.19-B, page 1 of this state plan. 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>

**6.d. Nurse Anesthetists:**

Payment for services is a state-wide fee schedule which utilizes the current American Society of Anesthesiology Relative Value base units, multiplied by the Oregon conversion factor plus time.

**6.d. Board Certified Behavior Analyst:**

Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs. This rate is effective for dates of service on or after 7/1/22.

**7. Home Health:**

Payment for services is a state-wide fee schedule based upon 74% of the most recently accepted Medicare Cost reports.

**7. c. Medical Supplies and Equipment:**

Payment for services is a state-wide fee schedule. Rates are based on the following percentages of the 2012 Medicare fee schedule:

- Ostomy supplies are at 93.3%
- Rental rates on group 1 and 2 power wheelchairs with no added power options (K0820-K0829) are at 55%
- Complex Rehab items, other than power wheelchairs, are at 88%
- All other Medicare covered items/services are at 82.6%
- 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. This rate is effective for dates of service on or after 2/1/14.

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TN No. 24-0016

Approval Date:10/7/24

Effective Date:10/1/24

Supersedes TN No. 24-0002



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
**State/Territory: OREGON**  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #8 through 12.c. below. Oregon conversion factors are listed on Attachment 4.19-B, page 1 of this state plan. Unless noted otherwise the agency fee schedule was set for services on or after 10/1/24. All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

**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 based on the actuarial calculations used For rate setting for the CCO dental services. 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 1/1/24 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).

**12.b. Dentures, Denturist**

Payment for services is a state-wide fee schedule based on the actuarial calculations used For rate setting for the CCO dental services. 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 1/1/24 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 84.5% of 2010 Medicare fee schedule. 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. This rate is effective for dates of service on or after 7/1/12.

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

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Telemedicine/telehealth:

The Authority reimbursement of patient to clinician telephonic and electronic services for established patients are based upon the maximum allowable fees are established using the CMS Resource Based Relative Value (RBRVS) methodology as published in the Federal Register annually with periodic updates, multiplied by the Oregon specific conversion factor. Oregon conversion factors as listed on Attachment 4.19-B, page 1 of this state plan.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 10/1/24 and is effective for services provided on or after that date. State-wide fee schedules are published on the agency's web at <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

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TN No. 24-0016

Approval Date: 10/7/24

Effective Date: 10/1/24

Supersedes TN No. 23-0023