MVPFASTFAX

September 8, 2026 – 2026.34

Important News for Providers

This communication should be viewed by:
Primary Care Providers
Behavioral Health Providers
Clinical staff
Specialist
Claims and Billing Department
Facility/Practice staff

MVP to Update Maternity Care Services Reimbursement

MVP Health Care® (MVP) is introducing a new Maternity Care Services Payment Policy and updating the Evaluation and Management Payment Policy to support upcoming maternity care coding changes from the American Medical Association (AMA).

The AMA CPT® 2027 maternity care coding framework replaces global obstetrical package billing with a phase-based reimbursement model that separately identifies antepartum care, labor management, delivery care, and postpartum care. MVP will implement these changes by plan type to help Providers prepare for the transition from global obstetrical package billing to encounter-based reporting.

Medicaid Managed Care (MMC) Plans

For MMC Members who initiate prenatal care on or after **June 1, 2026**, and/or have an estimated due date on or after January 1, 2027, Providers should follow the reporting guidance below for antepartum (prenatal) services. Additionally:

- Report prenatal services using the appropriate Evaluation and Management (E/M) Current Procedural Terminology (CPT) code with modifier **TH**
- Use pregnancy-related **O** or **Z** International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes for all prenatal visits
- Include Category II CPT code **0500F** for initial prenatal visits

Providers should use E/M CPT codes for applicable Medicaid Managed Care prenatal services instead of global or bundled obstetric CPT codes. This change supports the AMA's comprehensive obstetric-related coding updates effective January 1, 2027.

Commercial and Medicare Plans:

MVP will provide additional guidance before January 1, 2027, including when Providers should begin reporting antepartum care using the appropriate CPT E/M code with modifier TH. Until then, Providers should continue following the currently applicable MVP billing and payment policies for Commercial and Medicare members.

Summary of January 1, 2027, Coding Changes

- **Antepartum care:** Report each prenatal visit with the appropriate CPT E/M code and modifier TH. Global obstetrical packages and antepartum-only bundled codes will be eliminated
- **Labor management:** Use new CPT labor management codes to report these services separately from delivery care
- **Delivery care:** Bill and reimburse delivery services separately from antepartum and postpartum care
- **Postpartum care:** Report post-delivery services with applicable E/M or separately reportable CPT codes. Same-day routine postpartum care remains included in delivery
- **Team-based and split care:** Reimbursement will reflect the services provided by each Provider or Provider group

Bundled/Global CPT codes that will be deleted and *unavailable* when service dates include dates on or after January 1, 2027:

CPT Code	CPT Description
59400	Vaginal delivery with antepartum and postpartum care
59425	Antepartum care only; four to six visits
59426	Antepartum care only; seven or more visits
59510	Cesarean delivery with antepartum and postpartum care
59610	Vaginal birth after cesarean delivery with antepartum and postpartum care
59618	Cesarean delivery after attempted vaginal delivery with antepartum and postpartum care

CPT E/M codes available to identify routine antepartum care:

CPT Code	CPT Description	Modifier
99202	Office or Other Outpatient Visit for New Patient	TH
99203	Office or Other Outpatient Visit for New Patient	TH
99204	Office or Other Outpatient Visit for New Patient	TH
99205	Office or Other Outpatient Visit for New Patient	TH
99211	Office or Other Outpatient Visit for Established Patient	TH
99212	Office or Other Outpatient Visit for Established Patient	TH
99213	Office or Other Outpatient Visit for Established Patient	TH
99214	Office or Other Outpatient Visit for Established Patient	TH
99215	Office or Other Outpatient Visit for Established Patient	TH
99341	Residence Visit for New Patient with Straightforward	TH
99342	Residence Visit for New Patient with Low Level	TH
99344	Residence Visit for New Patient with Moderate Level	TH
99345	Residence Visit for New Patient with High Level	TH
99347	Residence Visit for Established Patient with Straightforward	TH
99348	Residence Visit for Established Patient with Low Level	TH
99349	Residence Visit for Established Patient with Moderate Level	TH
99350	Residence Visit for Established Patient with High Level	TH
99417	Prolonged Outpatient Service, Each 15 Minutes	TH

MVP will continue to share additional information as implementation details are finalized. Providers should review future MVP communications for Commercial and Medicare implementation guidance and continue to follow applicable Medicaid Managed Care billing requirements

Reimbursement remains subject to Member eligibility, benefit plan coverage, Provider contract provisions, and applicable coding guidelines.

To check Member eligibility, submit claims, and access additional resources, sign in at **Availity.com**.