October 30, 2026 – 2026.42

MVPFASTFAX

Important News for **Providers**

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

Maternity Care Services Reimbursement Changes

MVP Health Care® (MVP) is introducing a Maternity Care Services Payment Policy and updating the Evaluation and Management Payment Policy to align with the American Medical Association (AMA) CPT® 2027 maternity care coding framework. The new framework replaces global obstetrical package billing with a phase-based reimbursement model that separately recognizes antepartum care, labor management, delivery care, and postpartum care.

To support implementation of the AMA CPT 2027 maternity care coding changes, MVP will apply the Evaluation and Management Payment Policy according to the following schedule:

- **Medicaid Managed Care (MMC) Plans:** As of **June 1, 2026**, Providers should report antepartum care using the appropriate CPT Evaluation and Management (E/M) code for the setting of care, append modifier **TH** to identify pregnancy-related services, and use pregnancy-related O or Z ICD-10-CM diagnosis codes. MMC claims should transition from global obstetrical package billing to encounter-based reporting in accordance with New York State Medicaid requirements.
- **Commercial and Medicare Products:** Beginning **January 1, 2027**, Providers should report antepartum care using the appropriate CPT Evaluation and Management (E/M) code for the setting of care, append modifier TH to identify pregnancy-related services, and use pregnancy-related O or Z ICD-10-CM diagnosis codes. Prior to January 1, 2027, Providers should bill according to their current agreements until the new maternity coding structure takes effect, after which the new maternity codes and the TH modifier will be available and reimbursable. There are three potential options for reporting antepartum care only at the end of 2026 for a patient who will not deliver until 2027. For 3 or less antepartum visits report each with an appropriate E/M service. When there are 4–6 visits report 59425 and for 7 or more visits, report 59426.

For Commercial and Medicare Plans

Beginning **January 1, 2027**, Providers of antepartum, postpartum, labor, and delivery services should begin to use the following:

- Evaluation and Management (E/M) Common Procedure Terminology (CPT) codes with a TH modifier
- Pregnancy-related O or Z International Classification of Diseases, 10th Revision (ICD-10) diagnostic codes for all prenatal visits
- Initial prenatal visits must include the Category II CPT code "0500F"

Key changes effective January 1, 2027

- **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

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