Policy Changes

Global Maternity Billing Updates – Effective January 1, 2027

Policy Update: POLGLMAT010127

Effective Date: January 1, 2027

Current State: Maternity care is largely reported using one "global" code that effectively represents nine months of care as a single service, which simplifies billing, but obscures care variation and complexity.

Future State: Beginning January 1, 2027, the CPT® revisions will result in providers being able to report care at the service level, separately identifying the four phases of maternal care: antepartum, labor management, delivery and postpartum. Sentara Health Plans will align with the new American Medical Association (AMA) requirements regarding maternity care services code changes. The AMA has revised coding related to global maternity billing, with updates effective January 1, 2027. Sentara Health Plans will administer this change as follows:

Now Through December 31, 2026

- Services for Sentara Health Plans members who are pregnant but delivering after January 1, 2027, should be billed using current bundled CPT® maternity codes for dates of service through 12/31/2026.
- Patients who will not complete at least four (4) prenatal visits in 2026 (the minimum required for 59425), should bill individual office/outpatient EM codes 99202-99215.
- Reporting the Category II antepartum and postpartum codes will continue to be required for the remainder of 2026.
- Applicable to commercial and Medicaid plans.

Effective January 1, 2027

- Services for Sentara Health Plans members who are pregnant but delivering on or after January 1, 2027, bill Evaluation and Management (E/M) CPT® codes 99202–99215 in conjunction with a -TH modifier, pregnancy-related O or Z series ICD-10 diagnostic codes for all prenatal visits, and the Category II CPT® code 0500F on all initial prenatal visits — for members with an estimated due date on or after January 1, 2027. Please see below under "HEDIS Reporting" for specific claims requirements for Virginia Commercial vs. Medicaid plans.
- All claims with dates of service on or after January 1, 2027, must use the new coding structure regardless of when care was initiated.
- Applicable to commercial and Medicaid plans.

Policy Changes

Sentara Health Plans

At-a-Glance

Estimated Due Date (EDD)	Billing Structure to Use	Applicable Dates of Service
Before January 1, 2027	**Current Bundled CPT® Codes** CPT® 2027 Maternity Care Services code changes | American Medical Association	Through December 31, 2026
On or after January 1, 2027	**New Structure** for labor management and delivery services and E&M codes with defined modifiers for prenatal and postpartum care.	January 1, 2027

The following most billed bundled/global CPT® codes will be deleted and unavailable when service dates are on or after January 1, 2027. Refer to CPT® 2027 Maternity Care Services code changes | American Medical Association for a comprehensive list of deleted codes.

CPT® Code	Description
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

Doula billing instructions

Sentara Health Plans will pay Doulas no less than the current Medicaid fee for a flat service rate. All Claims for Doula services must include diagnosis Z32.2 (Encounter for childbirth instruction).

Payment Policy Revision

Sentara Health Plans is revising the payment **policy # 3939** in alignment with the global maternity billing changes. We will release detailed changes in future communication.

Patient Education - This topic will be addressed in a future notice.

Policy Changes

Provider Reimbursement

When billed correctly, reimbursement for the impacted maternal codes will continue to align with the fee schedule as outlined in your fully executed Provider Agreement.

HEDIS Reporting

a. Modifier -TH is to be appended to outpatient EM codes 99202-99215 for all prenatal/postpartum visits.
b. For Commercial claims, Category II CPT® codes 0500F (initial prenatal visit) and 0503F (Postpartum visits) are required to be reported as a separate line with EM codes for prenatal and postpartum visits. Reporting 0501F (prenatal record established) and 0502F (subsequent prenatal visit) is optional.
~~c.~~ For Medicaid claims, per DMAS memo, Category II CPT® code 0500F (initial prenatal visit) is to be reported as a separate line on claims with EM codes for the initial prenatal visit. ~~visits.~~

Documentation

1. Follow CPT® Evaluation & Management guidelines for documenting medical decision making and the level of care for prenatal/postpartum services. Prenatal and postpartum flowsheet charts alone may not be sufficient to justify the level of medical decision making.
2. Indicate the date and time on all Labor & Delivery (L&D) notes, as L&D will now each be reported separately for labor management and delivery services.
3. View for comprehensive update information: https://www.ama-assn.org/press-center/ama-press-releases/ama-releases-CPT® -2027-code-set

Impact on Existing Provider Agreements

Provider agreements will not require any changes. Providers should bill using the appropriate codes, which will be reimbursed per the fee schedule located in their fully executed Provider Agreement when billed correctly.

PRSS Enrollment

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the MCO Provider Network Resources webpage and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions.

Sentara Health Plans

Resources

1. American College of Obstetricians and Gynecologists (ACOG) Statement, Payment for Obstetric Services: acog.org/practice-management/coding/codinglibrary/payment-for-obstetric-services
2. American Medical Association CPT® 2027 Maternity Care Services code changes: https://www.ama-assn.org/practice-management/CPT® /CPT® -2027-maternity-care-services-code-changes
3. American Medical Association recorded webinar and slides, A Health Plan Primer: Previewing the CPT® 2027 Restructure for Maternity Care Services: amaassn.org/membership/events/health-planprimer-previewing-CPT® -2027-restructurematernity-care-services
4. Simplified Outpatient Documentation and Coding (CME): https://edhub.ama-assn.org/steps forward/module/284424
5. AMA and ACDIS-AHIMA Workshop and CPT® and RBRVS Annual Symposium, November 17, 2026 https://www.ama-assn.org/membership/events/ama-and-acdis-ahima-workshop-and-CPT® and-rbrvs-annual-symposium

Communicate Your Concerns

Share you concerns with the Virginia Section for ACOG, as well as American Academy of Professional Coders (AAPC) for CPC coders.

Applicable Plan(s): Commercial and Medicaid

Applicable Policy: #3939

Business Owner: Cost of Care