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CPT® 2027 Maternity Coding Changes

Beginning January 1, 2027, the American Medical Association (AMA) will change how U.S. doctors bill for pregnancy services, replacing bundled payments with more detailed, itemized codes.

BACKGROUND

Historically, CPT codes bundled all pregnancy services into a single "global" code across each stage of care. Under the new approach, these codes will be replaced with evaluation and management codes, along with new categories for specific stages such as labor management. The update marks a major shift in maternity coding, which has largely remained unchanged since the mid-1990s aside from updates in 2009.

Two years ago, the American Medical Association formed a workgroup to review maternity care codes after specialty groups, including the American College of Obstetricians and Gynecologists (ACOG), called for updates to how CPT codes track pregnancy services.

Premera is updating its maternity billing processes to align with new American Medical Association (AMA) requirements, including changes to global maternity coding effective January 1, 2027. This is the most significant CPT coding change in decades, and current efforts are focused on ensuring a smooth and efficient transition.

CURRENT STATE (<2027)

The scenarios below apply to the routine obstetrical services, including:

- Routine antepartum care - periodic evaluation and management of pregnancy, including prenatal history and physical examinations following the initial diagnosis of pregnancy; obtaining and recording of weight, blood pressures, fetal heart tones; and routine chemical urinalysis. Routine visits typically occur every four weeks until 28 weeks, biweekly until 36 weeks, then weekly until delivery. This usually results in approximately 12-13 office visits.
- Delivery - admission to the hospital, management of labor, and delivery.
- Routine postpartum care - initial inpatient postpartum care and subsequent office or other outpatient visits following delivery. There may be more than one postpartum visit for routine evaluation and care.

Coding for all other services including labs, ultrasounds, fetal stress tests, and additional e/m services for complications or high-risk monitoring remain the same. There will be an update to how facilities code labor and delivery services, but this should be largely invisible to the member.

Obstetrical pregnancy care services are currently billed in one of two ways:

Traditional global obstetrical care package

The global obstetrical package includes all services (antepartum care, delivery, and postpartum care) provided within routine maternity within a single code.

Split global billing - antepartum, delivery, and/or postpartum services billed separately

In these situations, maternity services may be separately billable with individual maternity service codes per phase (antepartum visits, delivery, postpartum visits).

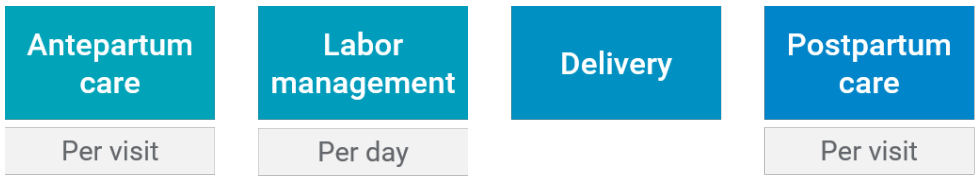
The most common scenarios occur:

- When more than one provider or practice performs maternity services during the global period.
- When more than one payer provides maternity benefits during the global period.
- When prenatal care is initiated late or pregnancy ends early.

FUTURE STATE (>2027)

Global maternity coding eliminated / itemized, phase-level billing

- Antepartum: Global prenatal codes will be eliminated. Instead, providers will report individual prenatal visits using standard Evaluation and Management (E/M) codes, adjusting for telehealth, remote monitoring, and patient needs.
- Labor management: New discrete codes will allow daily reporting for labor management, distinguishing between straightforward and complex cases.
- Delivery: Delivery-specific CPT codes remain but are now cleanly unbundled from the months of pregnancy or postpartum care that precede or follow them.
- Postpartum: Like prenatal care, routine postpartum management will be reported per encounter using standard E/M codes.



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TRANSITIONAL CODING PLAN FROM 2026 TO 2027

Reporting Maternity Care Spanning 2026 and 2027

While the new maternity coding structure officially begins on January 1, 2027, special consideration is needed for the many pregnancies that will cross the implementation date. Transition guidance has been developed to address these scenarios, and Premera is making the necessary system, policy, and operational updates to support a smooth conversion.

First antepartum visit date*	Suggested billing approach
Through May 15, 2026 *(Due < Jan 2027)*	Current global obstetric codes may be used.
May 15, 2026 - July 14, 2026 *(Due Dec 26/Jan 27)*	2026 Delivery: Use 59426 (antepartum-only, more than 7 visits) plus 2026 delivery-only codes. 2027 Delivery: Use 59426 (antepartum-only, more than 7 visits) plus 2027 delivery-only codes.
July 15, 2026 - September 1, 2026 *(Due Jan-Apr 2027)*	Use 59425 (antepartum only, 4-6 visits) plus 2027 delivery-only codes.
On or after September 1, 2026 *(Due > Apr 2027)*	Transition to Evaluation and Management (E&M) codes for antepartum visits. Global antepartum code 59425 may still be used if 4 or more visits occur before January 1, 2027.

**(typically occurs at 8–10 weeks of gestation)*

Transition reporting billing scenarios

At midnight on January 1, 2027, the transition to the new maternity care structure is implemented.

Status of maternity care (at midnight on 1/1/27)	Coding services performed in 2026	Coding services performed on or after 2027
Patient is in antepartum care term but not in labor prior to 1/1/2027	Count how many antepartum visits were made • <4 visits – bill E&M-TH • 4-6 visits – bill 59425 • 7+ visits – bill 59426	• Bill related E&M for each visit with modifier TH to reflect maternity care and the related maternity ICD-10 diagnosis code. • For the delivery bill 2027 delivery only codes and any related 2027 labor management codes
Patient is in labor and delivers after midnight (2027)	If provider also performed antepartum care, bill related antepartum care codes.	• Bill new labor management codes if they apply. • Bill 2027 delivery only code • Bill postpartum visits with related E&M service with modifier TH to reflect maternity care and the related maternity ICD-10 diagnosis code.
Patient delivered before or on 12/31/26; therefore, is in postpartum care on 1/1/27	If the delivery occurred on 12/31/26: • If provider performed antepartum and delivery, bill antepartum care-	• Bill E&M for each visit with modifier TH to reflect maternity care and the related maternity ICD-10 diagnosis code.

Status of maternity care (at midnight on 1/1/27)	Coding services performed in 2026	Coding services performed on or after 2027
	only codes 59425, 59426, or related E&M visit code for less than 4 visits + 2026 delivery care-only code • If provider only performed delivery, bill 2026 delivery care-only code If the delivery happened before 12/31/26 and at least one postpartum visit was performed in 2026: • Bill 2026 delivery only code • Bill post-partum care only code 59430 for dates of service prior to 1/1/27	

AMA provided examples

Example scenario 1: First 10-week visit between January 1, 2026, and August 31, 2026

> Recommended billing approach: Use current global obstetric codes, including antepartum-only codes, based on the timing and number of visits.

Example scenario 2: First 10-week visit on or after September 1, 2026

> Recommended billing approach: Use existing E&M codes for antepartum visits when fewer than four encounters occur before 2027, consistent with current CPT guidelines.

ADDITIONAL INFORMATION AND RESOURCES

Check out AMA and ACOG resources for details on the upcoming changes:

American Medical Association

- AMA 2027 Maternity Care Services code changes page
- 2027 codes and guidelines for maternity care services
- Maternity Care Services Education Brief: Antepartum Transition Reporting

American College of Obstetricians & Gynecologists (ACOG)

- Payment for Obstetric Services | ACOG
- Tailored Prenatal Care Delivery for Pregnant Individuals