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PROPOSED MATERNITY BILLING CHANGES

ERIN EISENHARDT, MPH
ASSOCIATE DIRECTOR, BUREAU OF MATERNAL AND CHILD HEALTH POLICY

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BACKGROUND

In September 2025, the American Medical Association's CPT Editorial Panel voted to accept significant changes to maternal health billing.

- These changes address professional billing for obstetric services.
- The goal of these changes is to address care variations, the increasing use of induction methods, increased length and complexity of labor, and the addition of telehealth.
- These changes will lead to greater insight into maternal health services, including the identification of pregnant individuals early in their pregnancy, the ability to track frequency and duration of prenatal care, greater insight into labor lengths, delivery outcomes, and engagement with postpartum care.

Number of CPT Codes to be Deleted	Number of CPT Codes to be Added	Number of CPT Codes to be Revised
17	12	6

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IMPACT AND PREPARATION

All global/bundled billing codes for obstetric services will be deleted as of January 1, 2027

- Typically, for individuals seen for prenatal services in 2026 that deliver in 2027, providers would bill the bundled antepartum and delivery code at delivery.

  These codes will no longer be available for dates of service on or after January 1, 2027.

- Following the American College of Obstetricians and Gynecologists' (ACOG) recommendation, New York State Medicaid is directing all Medicaid providers to **begin to bill Evaluation & Management (E/M) codes for individuals initiating antepartum services on or after June 1, 2026, and/or have an estimated due date on or after January 1, 2027**.

- Additional CPT codes will be released by the American Medical Association for obstetric-related services.

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ANTEPARTUM VISIT CODING

For individuals initiating antepartum services on or after June 1, 2026, and/or have an estimated due date on or after January 1, 2027:

Routine antepartum care must be billed using a E/M code **with a TH modifier.**

- The TH modifier will distinguish E/M visits for antepartum services.
- Initial antepartum visit must also contain category II CPT code 0500F
- Pregnancy-related O or Z diagnosis codes should still be utilized on the claim (these will aid in quality measurement scores).
- Additional E/M codes may be used for services provided outside of routine antepartum care without the TH modifier.

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E/M CODES AVAILABLE TO IDENTIFY ANTEPARTUM CARE

CPT Code	CPT Description	Modifier
99202	Office Or Other Outpatient Visit for The	-TH modifier to be used for all routine prenatal visits initiated on or after June 1, 2026
99203	Office Or Other Outpatient Visit for The	
99204	Office Or Other Outpatient Visit for The	
99205	Office Or Other Outpatient Visit for The	
99211	Office Or Other Outpatient Visit for The	
99212	Office Or Other Outpatient Visit for The	
99213	Office Or Other Outpatient Visit For The	
99214	Office Or Other Outpatient Visit For The	
99215	Office Or Other Outpatient Visit For The	
99341	Residence Visit For New Patient With	
99342	Residence Visit For New Patient With Low Level	
99344	Residence Visit For New Patient With Moderate	
99345	Residence Visit For New Patient With High Level	
99347	Residence Visit For Established Patient With	
99348	Residence Visit For Established Patient With Low	
99349	Residence Visit For Established Patient With	
99350	Residence Visit For Established Patient With	
99417	Prolonged Outpatient Service, Each 15 Minutes	

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BILLING SCENARIO #1

- Initial Visit: 6/03/2026
- Gestation at First Visit: 9 weeks
- Estimated Due Date: 1/10/2027
- Delivery Date: 1/2/2027
- Billing
  - **Initial Visit**: E/M code 99203 w/ TH modifier, CPT II code 0500F, diagnosis code Z 33.1
  - **Subsequent Visits**: E/M codes 99212-99215 based on Medical Decision Making (MDM) and total time w/ TH modifier plus appropriate pregnancy-related diagnosis codes
  - **Delivery**: Labor Management and Delivery Codes will become available for services after 12/31/2026

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BILLING SCENARIO #2

- Initial Visit: 6/03/2026
- Gestation at First Visit: 9 weeks
- Estimated Due Date: 1/10/2027
- Delivery Date: 12/31/2026
- Billing
  - **Initial Visit**: E/M code 99203 w/ TH modifier, CPT II code 0500F, diagnosis code Z 33.1
  - **Subsequent Visits**: E/M codes 99212-99215 based on MDM and total time w/ TH modifier plus appropriate pregnancy-related dx codes
  - **Delivery:** 59409 (Delivery Only)

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BILLING SCENARIO #3

- Initial Visit: 5/15/2026
- Gestation at First Visit: 9 weeks
- Estimated Due Date: 12/20/2026
- Delivery Date: 12/15/2026
- Billing
  - **Antepartum & Delivery Care:** Global CPT code use is appropriate
  - **Considerations:** Providers should be allowed to use discretion to determine if individual E/M visit codes would be most appropriate – e.g. a first-time pregnant individual presenting as low-risk with a due date at the end of December 2026 (provider may anticipate delivery after their estimated due date, possibly in early 2027).

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BILLING SCENARIO #4

- Initial Visit: 5/15/2026
- Gestation at First Visit: 9 weeks
- Estimated Due Date: 12/20/2026
- Delivery Date: 1/1/2027
- Billing
  - **Antepartum and Delivery Care:**
    - **Considerations:** Anticipated use of global obstetric code, as code will be deleted on 1/1/2027, provider is unable to bill global code
    - **Antepartum Care:** Consideration must be made to allow for the lifting of timely filing rules so that provider can go back and bill for each prenatal visit using E/M codes
    - **Delivery:** Provider will utilize new codes to bill for any labor management that occurred on 1/1/2027, as well as a new delivery code.

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MANAGED CARE DISCUSSION ON ANTEPARTUM BILLING

- In an effort to streamline this process for providers, New York State Medicaid is requiring Medicaid Managed Care plans to submit their billing guidance to the state for review.
  - These can be submitted to maternalandchild.healthpolicy@health.ny.gov and should be submitted by September 1, 2026
- These billing changes are occurring nationally across all payers.
  - What specific changes are plans considering?
  - What challenges do plans anticipate and what are possible solutions?
  - Is there any guidance that should be included from the Medicaid Office that has not already been discussed?

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LABOR MANAGEMENT BILLING

Previously included in the delivery or global bill and will be a separate billable service starting 1/1/2027

Code	Descriptor
59xx1	Initial day labor management, straightforward
59xx2	Initial day labor management, complex
59xx3	Subsequent day labor management, straightforward
59xx4	Subsequent day labor management, complex

DELIVERY CARE BILLING

Will always be billed separately and with new codes as of 1/1/2027

Code	Descriptor
59xx5	Vaginal Delivery with or without Episiotomy
59xx6	Vaginal Delivery with or without Episiotomy after Previous Cesarean
59xx7	Primary Cesarean Delivery
59xx8	Repeat Cesarean Delivery

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POSTPARTUM CARE

- Facility – can bill appropriate subsequent hospital care codes for each management day until discharge
- Outpatient – E/M services provided after discharge

RESOURCES

- American College of Obstetricians and Gynecologists Statement, Payment for Obstetric Services: acog.org/practice-management/coding/coding-library/payment-for-obstetric-services
- American Medical Association recorded webinar and slides, A Health Plan Primer: Previewing the CPT 2027 Restructure for Maternity Care Services: ama-assn.org/membership/events/health-plan-primer-previewing-cpt-2027-restructure-maternity-care-services
- American Medical Association RUC recommendations, minutes and voting: ama-assn.org/about/rvs-update-committee-ruc/ruc-recommendations-minutes-voting
- American Medical Association RUC Recommendations for CPT 2027: ama-assn.org/system/files/feb-2026-ruc-recommendations

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QUESTIONS?

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