

April 2026

Upcoming Changes to 2027 CPT® Maternity Care Services Code Sets

Overview

Starting January 1, 2027, the AMA is changing CPT® coding for maternity care. The long-standing “global” maternity coding approach will be replaced with a more itemized, phase-based structure intended to better reflect today’s maternity care delivery and support timely, claims-based reporting.

This FLASH summarizes what is changing, why it matters for Medicaid programs, and key planning considerations to address now.

Background

The current maternity CPT coding structure has been in place for more than 30 years. Over time, maternity care has evolved—across patient complexity, clinical practice patterns, provider types, and care variations—creating gaps in what the legacy coding structure captures.

A multi-specialty workgroup of clinical experts (including representation from the American College of Obstetricians and Gynecologists) developed and refined a proposal to align coding with current maternity care practices and CPT guidelines. The CPT Editorial Panel accepted the updated proposal in September 2025. AMA’s Relative Value Scale Update Committee (RUC) submitted relative value recommendations to CMS in February 2026 for CPT 2027.

Intended outcomes

The AMA has indicated the maternity code set changes are intended to support:

- More granular, itemized reporting of maternity services
- Visit-level reporting and improved service detail
- More real-time claims submission, rather than waiting until delivery to bill bundled/global services

- Better ability to reflect complex care and services provided by multiple clinicians
- Improved reliability for quality measurement, risk adjustment, and population health reporting
- Better data to support earlier identification of needs, referrals, and postpartum interventions
- Potential support for evolving payment models

What's changing in 2027

Beginning January 1, 2027, CPT maternity care services will be reorganized into four phases of care, each reported separately with new or revised guidelines:

- Antepartum care (prenatal)
- Postpartum care
- Labor management (new phase/section)
- Delivery care

Key structural changes include:

- Elimination of global maternity care codes (global/bundled codes will be deleted as of 1/1/2027)
- Unbundling of maternity services across phases of care
- Deletion of 17 legacy CPT codes, addition of 12 new codes, revision of 6 codes, and relocation of certain existing services into the new structure
- Additional coding guidance and claims edit rules are expected as part of the restructure

Antepartum and postpartum care

- Expected to be reported per encounter using appropriate Evaluation & Management (E/M) codes
- Use of HCPCS modifier "TH" to identify prenatal/postpartum-related visits, along with applicable pregnancy ICD-10-CM diagnosis coding

Labor management

- New codes to report labor management by length and type, including distinctions such as initial vs. subsequent day(s); and straightforward vs. complex labor management levels

Delivery care

- New codes to better identify delivery type (vaginal vs. cesarean)
- Additional codes to capture complex third- and fourth-degree lacerations/episiotomies, reflecting increased work and potential changes in rendering provider
- Delivery care will no longer be part of global maternity care under CPT in 2027

What to consider for Medicaid operations and financing

Because maternity services are high volume and high impact for Medicaid, this restructure may affect multiple operational and financial areas, including:

- Claims submission patterns and service-level reporting (more frequent/earlier billing)
- MMIS and MCO claims editing/configuration, including modifier usage and phase-of-care logic
- Provider contracting and reimbursement methodologies (including how services are defined and paid)
- Rate setting and financial forecasting, especially if billing timing and unitization changes
- Quality, reporting, and analytics, as data elements and service identification shift

What to start reviewing now

While implementation timelines may vary by state, there are several areas Medicaid programs may want to begin reviewing now, including:

- MCO and provider contract language (definitions of covered services, maternity bundles/global provisions, billing requirements)
- Fee schedules and reimbursement approaches (impacts of moving from global to itemized payment)
- Claims submission requirements (including hard-coded or legacy billing patterns)
- Claims edits and payer system configuration (modifier “TH,” encounter-based billing, labor management codes, delivery codes, new edit logic)
- Rate setting impacts (unitization changes, timing shifts, utilization modeling, trend considerations)
- Internal maternity coding and billing logic (crosswalks, data mapping, analytics definitions)
- Impacts to waivers and state-specific programs connected to maternity care (e.g., dental, HRSN initiatives, behavioral health/SUD-related maternity services)
- System/programming touchpoints where maternity CPT logic appears (data warehouses, reporting extracts, dashboards, quality measurement workflows)

What's next

The AMA has indicated additional educational webinars and resources will be offered (dates may vary). States may wish to monitor AMA communications for finalized code details and implementation guidance as CPT 2027 publication approaches.

- AMA CPT newsletter (free): <https://www.ama-assn.org/practice-management/cpt>
- RUC recommendations (CPT 2027 maternity care services section included): <https://www.ama-assn.org/about/rvs-update-committee-ruc/ruc-recommendations-minutes-voting#toc-cpt-2027-01>
- AMA educational webinar recording (March 2, 2026): <https://www.ama-assn.org/membership/events/health-plan-primer-previewing-cpt-2027-restructure-maternity-care-services>

For More Information

To discuss the potential impact to your specific state program, please email us at: mercergovernment@mercergov.com. If you are currently a Mercer state client, you may also reach out to your client manager.

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