Date: July 17, 2026

To: Eligible Providers of Maternity Care Services, Managed Care Organizations, Other Interested Parties

From: Scott Partika, Medicaid Director

Subject: Update on Medicaid Fee for Service (FFS) Maternity Care Code Changes

This bulletin applies to all maternity care service providers.

In anticipation of the transition from the global obstetric codes to the 2027 maternity services codes, beginning January 1, 2027, the current Maternity Care Services global and/or bundled codes will be discontinued. Under the new coding structure, services and procedures represented by CPT codes are separately reportable.

With this change, the American College of Obstetricians and Gynecologists (ACOG) recommends that maternity care service providers start utilizing Evaluation and Management (E/M) codes for all new prenatal visits beginning on or after June 1, 2026. ODM will require the use of E/M codes for patients presenting for their first prenatal visit after confirmation of pregnancy on or after September 1, 2026, along with the appropriate ICD-10-CM codes, including the weeks of gestation (i.e., codes from Z23A) verifying the gestation of the pregnancy.

Documentation must support medical decision making (MDM) or time consistent with current CPT guidelines. Patients that present for their first prenatal visit after the confirmation of pregnancy prior to September 1, 2026, can continue to use the current obstetric codes, such as 59425 (Antepartum care only; 4-6 visits) and 59426 (Antepartum care only; 7 or more visits).

Please note that this guidance applies to ODM Fee for Service. Ohio Managed Care Organizations (MCOs) will soon be releasing their own guidance regarding these changes.

General Information

Antepartum care is reported using appropriate E/M codes based on specific location:

Office/ other Outpatient	Hospital Inpatient/ Observation	Telemedicine (audio-video /audio only)	Hospital Inpatient (Admission /Discharge)
99202 -99205	99221- 99223	98000 - 98002 and 98004 - 98006	99234 -99236
99211 - 99215	99231 - 99233	98008 - 98010 and 98012 - 98014	

Levels of Care

The complexity of MDM is dependent on:

- Number and complexity of problems that are addressed during a visit
- Amount and/or complexity

There are four possible levels of service: Straightforward, Low, Moderate, and High.

Service Level	New Patient	Established Patient
Straightforward	99202	99212
Low	99203	99213
Moderate	99204	99214
High	99205	99215

NOTE: There has been some discussion how to classify pregnancy as it is not a "condition" in the traditional sense. At the AMA CPT® and RBRVS 2024 Annual Symposium Evaluation & Management Q&A presentation, the following was noted:

Even though pregnancy is not an illness, it is a "condition"… A normal pregnancy is not an acute uncomplicated illness and even an uncomplicated antepartum visit does not seem comparable to common examples such as the ones used by CMS in the Table of Risk and CPT in 2021: cystitis, allergic rhinitis or a simple sprain…While normal pregnancy does not last a year or more, the patient or the fetus's condition may not be "stable" and it probably best fits into the moderate category of a "chronic illness with exacerbation, progression or side effects of treatment." (Slide 11)[1]

Note that this does not translate to every visit being a moderate level visit; however, it is reasonable that the condition category of the E/M table may be considered moderate by the provider, especially if the pregnancy is complicated. Documentation for the E/M number and complexity of problems support the change and challenges of the pregnancy as experienced by the parturient and the fetus. Documentation for the E/M number and complexity of problems support the change and challenges of the pregnancy as experienced by the parturient and the fetus. Documentation for Data and Risk categories should also be consistent with CPT E/M guidelines.

Modifiers

The HCPCS modifier "TH" should be appended to the E/M code to differentiate the visit as related to the prenatal or postpartum visit. The TH modifier may be used with existing codes that recognize the complexity of medical decision-making specific to obstetrics care and the evaluation and management (E/M) of two unique patients. Using the TH modifier will flag maternity services. No prior authorization is required for maternity services.

Labor and Delivery

Use the following delivery-only codes for the delivery and inpatient hospital postpartum visits.

Code	Description
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59514	Cesarean delivery only
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps (VBAC)
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

Additional Resources

- American College of Obstetricians and Gynecologists "Payment for Obstetric Services" webpage
- American Medical Association "CPT® 2027 Maternity Care Services code changes" webpage
- Download the AMA CPT 2027 codes and guidelines for Maternity Care Services

- Download the AMA CPT Maternity Care Services Education Brief: Antepartum Transition Reporting
- CPT webinar: "A coding primer: Previewing the CPT 2027 restructure for maternity care services

Contact

Information about ODM's services and programs may be accessed through the main ODM web page, http://www.medicaid.ohio.gov.

Questions pertaining to this letter should be directed to:
Ohio Department of Medicaid
P.O. Box 182709 Columbus, OH 43218-2709
noninstitutional_policy@medicaid.ohio.gov
(800) 686-1516

Please report coding questions or issues with payers to ACOG's Payment Advocacy and Policy Portal: https://acogcoding.freshdesk.com. ACOG's Payment Advocacy and Policy Portal is a free service for ACOG members and physicians and their staff. Registration is required and ACOG recommends that staff create their own accounts so that they can enjoy the benefits and information. Once you register, you'll have immediate access to the latest updates for coding and billing policies, including a library of specific instructions for various procedures and situations. You'll also be able to get your questions answered by certified medical coders, practice managers, physicians, and ACOG professionals with the most knowledge about topics relevant to you.

i. American Medical Association. CPT Workgroups and Committees. American Medical Association https://www.ama-assn.org/about/cpt-editorial-panel/cpt-workgroups-and-committees. Accessed December 31, 2025.
ii. American Medical Association. CPT® Editorial Summary of Panel Actions: September 2025. American Medical Association; September 2025. https://www.ama-assn.org/system/files/sept-2025-summary-ofpanel-actions.pdf. Accessed December 31, 2025.