

# IHCP *bulletin*

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## IHCP announces updates to maternity codes due to nationally recognized changes

The Indiana Health Coverage Programs (IHCP) is informing providers of significant national changes to maternity Current Procedural Terminology (CPT®<sup>1</sup>) codes that will take effect Jan. 1, 2027. These changes are mandated by the American Medical Association (AMA), which maintains the CPT code set used across Medicare, Medicaid and commercial payers nationwide. Providers must ensure they are prepared for the transition to the restructured maternity code set, as the current codes will no longer be valid for dates of service (DOS) on or after Jan. 1, 2027.

### Overview of national CPT code revisions

Beginning Jan. 1, 2027, the AMA is revising maternity care CPT codes to reflect current obstetric practice and improve transparency and accuracy in reporting maternity services.

Key national changes include:

- End-dating longstanding maternity codes, including obstetrical care payment bundles (“global” codes) (see [Table 1](#) and [Table 2](#))
- Elimination of “global” maternity billing, including bundled codes for prenatal, delivery and postpartum services
- Creation of new procedure codes (see [Table 3](#)) that divide maternity care into distinct service categories
- Modernization of labor management coding, establishing new codes for initial and subsequent labor management days
- Transition of prenatal and postpartum care to evaluation and management (E/M) codes (see [Table 4](#) and [Table 6](#)), with maternity-specific modifiers
- Improved national visibility into pregnancy-related outcomes and quality data



These changes apply to all U.S. payers and must be adopted by Medicaid programs, including Indiana Medicaid.

*Table 1 – Maternity codes currently covered by the IHCP that will be nationally end-dated for DOS on or after Jan. 1, 2027*

| Procedure code | Code description                                       |
|----------------|--------------------------------------------------------|
| 59409          | Vaginal delivery                                       |
| 59425          | Antepartum care, 4-6 visits                            |
| 59426          | Antepartum care, 7 or more visits                      |
| 59430          | Postpartum care only                                   |
| 59514          | Cesarean delivery only                                 |
| 59525          | Subtotal or total hysterectomy after cesarean delivery |

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*Table 1 – Maternity codes currently covered by the IHCP that will be nationally end-dated for DOS on or after Jan. 1, 2027*

| Procedure code | Code description                                                                              |
|----------------|-----------------------------------------------------------------------------------------------|
| 59612          | Vaginal delivery after previous cesarean delivery (with or without episiotomy and/or forceps) |
| 59620          | Cesarean delivery following vaginal delivery attempt after previous cesarean delivery         |

*Table 2 – “Global” maternity codes currently covered by the IHCP as secondary payer only that will be nationally end-dated for DOS on or after Jan. 1, 2027*

| Procedure code | Code description                                                                                                                                                |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 59400          | Vaginal delivery with care before and after delivery                                                                                                            |
| 59410          | Vaginal delivery with postpartum care                                                                                                                           |
| 59510          | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care                                                                        |
| 59515          | Cesarean delivery with postpartum care                                                                                                                          |
| 59610          | Routine obstetric care including antepartum care, vaginal delivery                                                                                              |
| 59614          | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care                                  |
| 59618          | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery |
| 59622          | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care                                        |

*Table 3 – New maternity codes, effective for DOS on or after Jan. 1, 2027*

| Procedure code | Code description                                                                                   |
|----------------|----------------------------------------------------------------------------------------------------|
| 59080          | Initial day labor management; straightforward, per day                                             |
| 59081          | Initial day labor management; complex, per day                                                     |
| 59082          | Subsequent day labor management; straightforward, per day                                          |
| 59083          | Subsequent day labor management; complex, per day                                                  |
| 59431          | Vaginal delivery, with or without episiotomy                                                       |
| 59432          | Vaginal delivery, with or without episiotomy; after previous cesarean delivery                     |
| 59433          | Repair of episiotomy or laceration; third-degree laceration                                        |
| 59434          | Repair of episiotomy or laceration; fourth-degree laceration                                       |
| 59502          | Cesarean delivery; primary                                                                         |
| 59503          | Cesarean delivery; repeat                                                                          |
| 59504          | Subtotal or total hysterectomy performed after or during the same encounter as a cesarean delivery |
| 59623          | Uterine tamponade (eg, balloon, catheter, vacuum, packing material)                                |

## **IHCP implementation of CPT code changes**

The IHCP will fully implement the revised CPT maternity codes for DOS on or after Jan. 1, 2027. These updates impact fee-for-service and managed care billing.

## **Key billing changes effective Jan. 1, 2027**

The items in this section provide information of the billing changes that will be effective for DOS on or after Jan. 1, 2027.

### **Prenatal care billing**

Prenatal care will be billed using E/M codes 99202–99215 and 99341–99350 accompanied by two maternity-specific modifiers:

- Modifier TH – Obstetrical treatment/services, prenatal or postpartum
- The appropriate trimester modifier:
  - ⇒ U1 – Trimester one – 0 through 14 weeks, 0 days
  - ⇒ U2 – Trimester two – 14 weeks, 1 day through 28 weeks, 0 days
  - ⇒ U3 – Trimester three – 28 weeks, 1 day through delivery

The IHCP will no longer accept CPT codes 59425 or 59426 for DOS on or after Jan. 1, 2027. These codes will be nationally deleted.

Providers must select the appropriate E/M code level based on visit complexity. The IHCP would also like to remind providers that an established patient visit should be billed if the member has been seen by the practice within 36 months, even if it is the first obstetrical visit for the pregnancy.

For claims with DOS on or after **Oct. 1, 2026**, the IHCP began accepting prenatal services billed using the appropriate E/M code and modifiers.

*Table 4 – Crosswalk for prenatal care codes that are being discontinued for DOS on or after Jan. 1, 2027*

| Discontinued procedure code | Code description                   | E/M codes to use instead                                                |
|-----------------------------|------------------------------------|-------------------------------------------------------------------------|
| 59425                       | Predelivery care, 4-6 visits       | 99202–99215, 99341–99350<br>(Billed with modifiers TH and U1, U2 or U3) |
| 59426                       | Predelivery care, 7 or more visits | 99202–99215, 99341–99350<br>(Billed with modifiers TH and U1, U2 or U3) |

*Note: Notification of Pregnancy (NOP) procedures **remain unchanged**. Providers will continue to bill procedure code G9997 – Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter with modifier TH to the appropriate managed care organization. See the [Obstetrical and Gynecological Services](#) provider reference module for more information on NOP billing, forms and other instructions.*

### **Labor management codes**

New CPT codes will be allowed for labor management. Providers will report:

- Initial day labor management – straightforward (59080) or complex (59081)
- Subsequent day labor management – straightforward (59082) or complex (59083)

These codes (included in Table 3) distinguish the professional services provided during labor prior to delivery. Do not bill labor management for planned or scheduled Cesarean deliveries, per national coding guidelines.

### **Delivery codes**

All existing delivery-only and global delivery codes will be discontinued starting Jan. 1, 2027. See Table 5 for a crosswalk from the deleted delivery-only codes to the new codes to use instead. (Information about deleted global delivery codes appears later in this bulletin.)

Professional claims for obstetrical deliveries will continue to require one of the following modifiers:

- UA – Nonmedically necessary delivery before 39 weeks
- UB – Medically necessary delivery prior to 39 weeks of gestation
- UC – Delivery at 39 weeks of gestation or later

*Table 5 – Crosswalk for Medicaid-covered (nonglobal) labor and delivery codes that are being discontinued for DOS on or after Jan. 1, 2027*

| Discontinued procedure code | Code description                                                                      | New procedure codes to use instead                                                                                                                                   |
|-----------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 59409                       | Vaginal delivery                                                                      | For vaginal delivery: 59431<br>For vaginal delivery after previous Cesarean delivery: 59432<br>For postpartum care: Appropriate E/M codes                            |
| 59514                       | Cesarean delivery                                                                     | For a primary Cesarean delivery: 59502<br>For a repeat Cesarean delivery: 59503<br>For postpartum care: Appropriate E/M codes                                        |
| 59525                       | Cesarean delivery with removal of uterus                                              | 59504                                                                                                                                                                |
| 59612                       | Vaginal delivery after previous Cesarean delivery                                     | 59432<br>For postpartum care: Appropriate E/M codes                                                                                                                  |
| 59620                       | Cesarean delivery following vaginal delivery attempt after previous cesarean delivery | For labor management: 59080–59083<br>For cesarean delivery after trial of labor with previous cesarean delivery: 59503<br>For postpartum care: Appropriate E/M codes |

### **Postpartum care billing**

Postpartum visits must be billed using the appropriate E/M code with modifier TH and modifier U4. The U4 modifier is important to distinguish the E/M code as a distinct postpartum visit, as opposed to a prenatal care visit. The same E/M codes for prenatal care may be used for postpartum care.

Postpartum care CPT code 59430 will be discontinued Dec. 31, 2026 (see [Table 1](#)). Table 6 provides a crosswalk for the discontinued code.

*Table 6 – Crosswalk for the postpartum care code that is being discontinued*

| Discontinued procedure code | Code description   | E/M codes to use instead                                                                |
|-----------------------------|--------------------|-----------------------------------------------------------------------------------------|
| 59430                       | Post delivery care | 99202–99215, 99221–99223, 99231–99233, 99341–99350<br>(Billed with modifiers TH and U4) |

**Elimination of “global” maternity billing**

“Global” obstetrical codes will no longer be valid CPT codes. Currently, the IHCP accepts these global codes only in situations where they are billed to the IHCP as a secondary payer, after the services have been paid (in part or whole) by the primary payer. However, effective for DOS on or after Jan. 1, 2027, the IHCP will not accept global (or bundled) maternity billing on any claims, including when billed as secondary. Providers must bill prenatal care, labor management, delivery and postpartum care **separately** using the appropriate codes for each phase of care.

*Table 7 – Crosswalk for “global” labor and delivery codes  
(currently covered as secondary only) that are being discontinued*

| Discontinued procedure code | Code description                                                                                                           | New procedure codes to use instead                                                                                                                                                                                             |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 59400                       | Vaginal delivery with care before and after delivery                                                                       | 59431 or 59432                                                                                                                                                                                                                 |
| 59410                       | Vaginal delivery with post delivery care                                                                                   | <i>Vaginal delivery:</i> 59431 or 59432<br><i>Postpartum care:</i> Appropriate E/M codes                                                                                                                                       |
| 59510                       | Cesarean delivery with care before and after delivery                                                                      | <i>Antepartum care:</i> Appropriate E/M codes<br><i>Labor management:</i> 59080–59083<br><i>Cesarean delivery:</i> 59502 or 59503<br><i>Postpartum care:</i> Appropriate E/M codes                                             |
| 59515                       | Cesarean delivery with care after delivery                                                                                 | <i>Cesarean delivery:</i> 59502 or 59503<br><i>Postpartum care:</i> Use appropriate E/M codes                                                                                                                                  |
| 59610                       | Vaginal delivery and care before and after delivery after previous cesarean delivery                                       | <i>Antepartum care:</i> Appropriate E/M codes<br><i>Labor management:</i> 59080–59083<br><i>Vaginal delivery after previous Cesarean delivery:</i> 59432<br><i>Postpartum care:</i> Appropriate E/M codes                      |
| 59614                       | Vaginal delivery and care after delivery after prior cesarean delivery                                                     | <i>Vaginal delivery after previous Cesarean delivery:</i> 59432<br><i>Postpartum care:</i> Appropriate E/M codes                                                                                                               |
| 59618                       | Cesarean delivery and care before and after delivery following attempted vaginal delivery after previous cesarean delivery | <i>Antepartum care:</i> Appropriate E/M codes<br><i>Labor management:</i> 59080–59083<br><i>Cesarean delivery after trial of labor with previous Cesarean delivery:</i> 59503<br><i>Postpartum care:</i> Appropriate E/M codes |
| 59622                       | Cesarean delivery with care after delivery following vaginal delivery attempt after previous cesarean delivery             | <i>Labor management:</i> 59080–59083<br><i>Cesarean delivery after trial of labor with previous Cesarean delivery:</i> 59503<br><i>Postpartum care:</i> Appropriate E/M codes                                                  |

### **Additional billing policy changes**

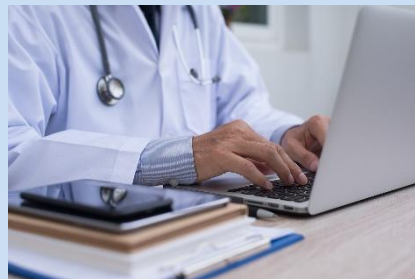
The following are additional maternity billing policy changes:

- Prenatal and postpartum billing requirements:
  - ⇒ For DOS on or after Jan. 1, 2027, all E/M codes billed with the TH modifier but without an applicable U modifier, will be denied.
  - ⇒ All prenatal and postpartum services billed as an E/M service must be billed with modifier TH to designate it is a maternity service.
  - ⇒ When modifier TH is billed with one of the E/M visit codes (see Table 4), providers are also required to bill the applicable modifier indicating the prenatal trimester or postpartum visit:
    - U1 – First trimester
    - U2 – Second trimester
    - U3 – Third trimester
    - U4 – Postpartum visit
- High-risk pregnancy:
  - ⇒ The IHCP will discontinue the \$10 add-on for high-risk prenatal care visits. Providers must instead bill E/M codes that reflect the appropriate level of complexity of the visit.
  - ⇒ In accordance with IHCP policy, the IHCP reimburses up to 14 visits for prenatal care during a normal pregnancy. The IHCP will continue to allow reimbursement for additional prenatal visits, exceeding the 14 visits allowed for a normal pregnancy, when the pregnancy is high-risk, as indicated on the claim by the inclusion of a diagnosis code from the *ICD-10 Diagnosis Codes for High-Risk Pregnancy* table in *Obstetrical and Gynecological Services Codes*, accessible from the [Code Sets](#) webpage at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers). For more information on high-risk pregnancy, see the [Obstetrical and Gynecological Services](#) provider reference module.
- **Concurrent medical conditions:** Providers must bill a **single E/M code** to reflect the total complexity of a visit. Separate E/M billing for concurrent conditions during the same episode of care will no longer be permitted.
- **Drug administration:** The IHCP will maintain current policy that providers should not bill a drug/vaccine administration procedure code separately on the same DOS as a maternity E/M visit. See the [Injections, Vaccines and Other Physician Administered Drugs](#) provider reference module for more information.

### **Provider action steps**

Providers should complete the following actions to prepare for the transition on Jan. 1, 2027:

- Review updated CPT guidance on the AMA website and from the American College of Obstetricians and Gynecologists (ACOG).
- Update billing systems and workflows to remove discontinued maternity CPT codes.
- Train clinical and billing teams on new labor management and delivery codes.
- Implement use of TH and other modifiers for prenatal and postpartum E/M visits.
- Adjust internal documentation templates to support the new coding structure.
- Monitor [IHCP provider bulletins](#) for additional policy updates.



## More information

The IHCP will publish additional guidance, provider training material and updated provider reference modules as needed and as system and policy updates are completed.

For detailed national coding information, providers should consult the [AMA CPT 2027 Maternity Care Services Code Changes](#) resource available at [ama-assn.org](http://ama-assn.org)

Providers may also consult the [ACOG website](#), including their virtual townhall series, for more information regarding these changes.

## QUESTIONS

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