

Maternity Billing CPT Coding Changes Effective January 1, 2027

To align with updated CMS guidance, CPT coding used to support reporting of the Prenatal and Postpartum Care (PPC) measure is being updated. Beginning January 1, 2027, bundled prenatal and postpartum CPT codes will be retired and replaced with revised and new phase-specific codes.

What's Changing? The update deletes 17 codes, adds 12 codes, and revises six codes. It also introduces new subsections, updates guidelines, and relocates certain existing codes.

Retired: Existing bundled prenatal/postpartum CPT codes will no longer be used.

Revised: Certain CPT codes have updated descriptions and reporting requirements.

New: New phase-specific CPT codes have been established for prenatal and postpartum care reporting.

Providers should coordinate with billing, coding, and EHR vendors to ensure systems are updated before January 1, 2027.

RETIRED CPT CODES

The following bundled CPT codes will be retired and should not be reported for dates of service on or after January 1, 2027.

Retired CPT Code	Description
59050, 59400, 59409, 59410, 59425, 59426, 59430, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622	Codes deleted/retired effective January 1, 2027.

REVISED CPT CODES

The following CPT codes have revised descriptions or reporting requirements.

Revised CPT Code	Updated Description
59412, 59051, 59414, 59300, 59898, 59899	Codes revised effective January 1, 2027.

NEW CPT CODES

The following new CPT codes support phase-specific reporting of prenatal and postpartum care services.

New CPT Code	Description
59080, 59081, 59082, 59083, 59431, 59432, 59433, 59434, 59502, 59503, 59504, 59623	New codes effective January 1, 2027.

Transition Period: Starting September 1, 2026

To support a smooth transition, beginning September 1, 2026, NC Medicaid Direct and NC Medicaid Managed Care providers are encouraged to use Evaluation and Management codes (E/M 99202-99215) with the TH modifier, to indicate prenatal or postpartum care. These codes should be used for:

- All claims and documentation for beneficiaries presenting for their first prenatal visit after confirmation
- Antepartum visits where the delivery and/or the postpartum visit is anticipated to occur after January 1, 2027.

In addition to the E/M codes, the appropriate ICD-10-CM code should be recorded including the weeks of gestation for verification. Documentation must support medical decision making or time consistent with Current Procedural Terminology (CPT) guidelines.

Additional Information

- [AMA: Maternity Care Services](#)
- [AMA: Maternity Care CPT Code Set Updates](#)
- [AMA: CPT Education Brief - Maternity Care Services 2027](#)
- [AMA: Health Plan Primer - Previewing the CPT 2027 Restructure for Maternity Care Service](#)
- [ACOG: Payment for Obstetric Services](#)
- [ACOG New Obstetric Billing Codes - A Virtual Town Hall Webinar Series](#)

Questions

For questions, please refer to the [North Carolina Department of Health and Human Services Medicaid Bulletin](#) or contact your [Provider Account Executive](#).