



Last Updated: 09/16/2026

## Forthcoming Changes to Maternity Care Billing and Coding Structure and Changes to Billing for Prenatal Care

The purpose of this bulletin is to notify enrolled providers in fee-for-service and managed care of forthcoming changes to maternity care coding and billing requirements associated with revisions to the American Medical Association (AMA) Current Procedural Terminology (CPT®) code set for maternity care services.

Effective January 1, 2027, DMAS will be transitioning to a new coding structure for maternity care services. To prepare for this change, DMAS is recommending providers begin billing Evaluation and Management (E/M) CPT codes 99202-99215 which must be used in conjunction with a -TH modifier, pregnancy-related O or Z series ICD-10 diagnostic codes for all prenatal visits, and the Category II CPT code 0500F on all initial prenatal visits — for members with an estimated due date on or after January 1<sup>st</sup>, 2027.

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| Estimated Due Date (EDD) | Billing Structure to Use                                                     | Applicable Dates of Service                                |
|--------------------------|------------------------------------------------------------------------------|------------------------------------------------------------|
| Before Jan 1, 2027       | <b>Current bundled</b> CPT codes 59400, 59425, 59426, 59510, 59610 and 59618 | Through Dec 31, 2026                                       |
| On or after Jan 1, 2027  | <b>New structure</b> E&M codes with defined modifiers                        | Mandatory for all dates of service on or after Jan 1, 2027 |

The following bundled/global CPT codes will be deleted and unavailable when service dates include dates on or after January 1, 2027:

| CPT Code | CPT Description                                                                           |
|----------|-------------------------------------------------------------------------------------------|
| 59400    | Vaginal Delivery with Antepartum and Postpartum Care                                      |
| 59425    | Antepartum Care Only; 4-6 Visits                                                          |
| 59426    | Antepartum Care Only; 7 or More Visits                                                    |
| 59510    | Cesarean Delivery with Antepartum and Postpartum Care Vaginal Birth after Cesarean (VBAC) |
| 59610    | Delivery with Antepartum and Postpartum Care                                              |
| 59618    | Cesarean Delivery After Attempted Vaginal Delivery with Antepartum and Postpartum Care    |



## Provider Action Items

Prior to January 1, 2027, providers should begin preparing for implementation by:

1. Reviewing the new CPT maternity care codes released by the AMA
2. Informing and educating staff on the forthcoming changes
3. Training coding and billing staff on new billing requirements
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6. Monitoring communications from Virginia Medicaid and health plans regarding implementation requirements

## Support and Guidance

Additional provider bulletins and implementation guidance will be issued prior to January 1, 2027, as DMAS and its contracted MCOs finalize the system changes to support the implementation of this new maternity care coding rule. DMAS will be issuing additional guidance to provide additional details on this coding change.

Providers should continue following all existing Virginia Medicaid documentation and billing requirements until additional implementation guidance is issued.

## Additional Resources

1. American College of Obstetricians and Gynecologists Statement, Payment for Obstetric Services: [acog.org/practice-management/coding/coding-library/payment-for-obstetric-services](https://acog.org/practice-management/coding/coding-library/payment-for-obstetric-services)
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### **PROVIDER CONTACT INFORMATION & RESOURCES**



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

# MEDICAID BULLETIN

## Virginia Medicaid

### Web Portal

#### Automated Response System (ARS)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

<https://vamedicaid.dmas.virginia.gov/>

#### Medicall (Audio Response System)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

1-800-884-9730 or 1-800-772-9996

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1-800-552-8627

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Call Provider Services: 1-800-901-0020 TTY: 711

Fax medical prior authorization request forms to:

Inpatient fax: 1-866-920-4095

Outpatient fax: 1-800-964-3627

LTSS fax: 1-844-864-7853



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## Humana Healthy Horizons

Provider Services Call Center

<https://provider.humana.com/medicaid/virginia-medicaid>

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Fax complete form to:

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<https://vamedicaid.dmas.virginia.gov/sa>

1-804-622-8900

## Acentra Health

Behavioral Health and Medical Service Authorizations

## Dental Provider

1-888-912-3456

DentaQuest

## Fee-for-Service (POS)

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Prime Therapeutics

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