Department of Medical Assistance Services
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Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID BULLETIN

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 1st, 2027.

Providers serving members who have an estimated due date before January 1, 2027, may continue to bill under current guidance through December 31, 2026. Because the AMA will delete bundled/global codes effective January 1, 2027, all claims with dates of service on or after that date must use the new coding structure — E/M codes 99202–99215 with a -TH modifier, pregnancy-related O or Z ICD-10 codes, and 0500F on initial visits — regardless of when care was initiated.

Estimated Due Date (EDD)	Billing Structure to Use	Applicable Dates of Service
Before Jan 1, 2027	**Current bundled** CPT codes 59400, 59425, 59426, 59510, 59610 and 59618	Through Dec 31, 2026
On or after Jan 1, 2027	**New structure** 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
4. Assessing Electronic Health Records (EHR) workflows and charge capture processes
5. Communicating with payers to understand updated reimbursement policies
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

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2. American Medical Association CPT® 2027 Maternity Care Services code changes: https://www.ama-assn.org/practice-management/cpt/cpt-2027-maternity-care-services-code-changes
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To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the MCO Provider Network Resources webpage and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

PROVIDER CONTACT INFORMATION & RESOURCES

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