

Payment Policy CPP_16

Maternity (Including Home Births)

Last Review: October 01, 2026
Next Review: October 01, 2028
Effective Date: January 01, 2027

Policy Statement

Effective January 1, 2027, the American Medical Association (AMA) has adopted substantial revisions that replaces global maternity and delivery care codes with new service-level CPT® codes.

Blue Cross VT will consider payment for the professional component of maternity care and obstetric services when billed appropriately following the new AMA CPT® guidelines and in accordance with this policy.

Starting September 1, 2026, the first prenatal visit after confirmation of pregnancy must be billed with Evaluation and Management (E/M) codes and the appropriate ICD-10-CM codes, including Z34.XX or O00-O9A. Documentation must support medical decision making (MDM) or time element per the current AMA CPT® guidelines.

For members with maternity care services that span year dates of 2026 and 2027, refer to the billing guidelines below.

Service	2026	2027
Vaginal or cesarean delivery in 2026	Use the appropriate current global obstetrics codes	N/A
7 or more antepartum visits in 2026 with delivery in 2027	Use CPT® 59426 Use the most recent date of service as the date of service on the claim when billing	Use 2027 CPT® codes for delivery and the appropriate place of service E/M code appended with modifier -TH for postpartum visits. No additional antepartum visits should be billed in 2027
4-6 antepartum visits in 2026 with delivery in 2027	Use CPT® 59425 Use the most recent date of service as the date of service on the claim when billing	For the seventh and any additional antepartum visits, use the appropriate place of service E/M code appended with modifier -TH <u>and</u> an appropriate Z34.XX or O00-O9A diagnosis code. Use 2027 CPT® codes for delivery

		and the appropriate place of service E/M code appended with modifier - TH for postpartum visits.
3 or fewer antepartum visits in 2026 with delivery in 2027	Use appropriate E/M codes If the first visit after confirmation of pregnancy occurs on or after September 1, 2026 , bill the appropriate place of service E/M code appended with the modifier -TH <u>and</u> an appropriate Z34.XX or O00-09A diagnosis code.	Use 2027 CPT® codes for delivery and the appropriate place of service E/M code appended with modifier - TH for postpartum visits.

Antepartum (Prenatal) Care

Antepartum care is the management of, and medical care provided to, a member during the period from confirmation of pregnancy through the onset of labor. It includes routine and medically necessary evaluation, monitoring, counseling, and management of the pregnancy.

Effective January 1, 2027

All antepartum services must be billed with the appropriate place of service E/M code appended with modifier –TH and an appropriate Z34.XX or O00-09A diagnosis code.

Documentation must support medical decision making (MDM) or time element per the current AMA CPT® guidelines for the E/M level being billed. When time is used as the basis for code selection, providers shall clearly document the services rendered and such documentation shall comply with the guidelines that support selecting the level of service. Consistent billing of higher levels of E/M may trigger Plan requests for medical records and auditing.

Labor Management

Labor management is the management and supervision of a member during active labor through the period immediately preceding delivery, including assessment and treatment necessary to safely manage the progression of labor.

Effective January 1, 2027

New Labor Management Codes

Initial day labor management;	Initial day labor management;	Subsequent day labor management;	Subsequent day labor
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straightforward, per day	complex, per day	straightforward, per day	management; complex, per day
59080	59081	59082	59083

Delivery Care

Delivery care includes the management of care for vaginal or cesarean delivery and same day routine postpartum care; delivery begins if labor management is interrupted or when labor management is complete.

Effective January 1, 2027

New Delivery Care Codes

Vaginal delivery (Includes first or second-degree episiotomy or laceration repair)	Repair of episiotomy or laceration; third-degree laceration and fourth- degree laceration	Cesarean delivery (Primary and repeat)	Subtotal or total hysterectomy after cesarian delivery
59431-59432	59433-59434	59502-59503	59504

Assistant Surgeon During a Cesarean Delivery

Blue Cross VT will pay for medically necessary services provided by an Assistant Surgeon during cesarean (C-Section) delivery when submitted with an appropriate assistant surgeon modifier.

Home Birth

A planned home birth is an elective alternative to delivery in a birthing center or hospital setting. Blue Cross VT will consider payment for a qualified healthcare professional providing home birth (Place of Service 12: Home) for low-risk pregnancies.

Coverage of professional fees for a home birth (i.e., elective, planned delivery in the home setting) is subject to the terms, conditions and limitations of the applicable benefit plan and may be limited based on health care professional certification/licensure requirements¹

Note: Waivers (Informed consent) may be obtained for additional services and supplies related to the home birth delivery, as they are not eligible for payment. This allows the member to be billed if certain steps are followed. (Refer to the Provider Handbook for more information.)

¹ For example, for more information regarding professional standards for midwives, see 26 V.S.A. §§ 4181-4191.

Postpartum Care

Postpartum care is the professional management of the mother following delivery through the postpartum period, including routine assessment, management, counseling, and treatment related to recovery from pregnancy and childbirth.

Effective January 1, 2027

All postpartum services must be billed with the appropriate place of service E/M code appended with modifier -TH.

Immediate (same calendar date) postpartum care is included in the payment for vaginal and cesarean delivery care.

Ultrasounds & Fetal Non-Stress Testing

Blue Cross VT follows American College of Gynecology and Obstetrics (ACOG) guidelines and will consider payment when services are medically necessary according to such guidelines.

Related Policies

Blue Cross VT Corporate Medical Policy: *Medical Nutrition Therapy and Nutritional Counseling*

Blue Cross VT Corporate Payment Policy: *Medical Nutrition Therapy*

Policy Implementation/Update Information

This policy was originally implemented April 2018

Date of Change	Effective Date	Overview of Change
	April 2018	New Policy
October 2019		Included information about changes to insurance during pregnancy and reimbursement for first trimester ultrasound.
October 2020	January 1, 2021	Updated information about ultrasound reimbursement, updated information about prolonged service codes and standby codes, and deleted the diagnosis list.
December 2020	January 1, 2021	Deleted CPT® 99201.

	September 2021	<p>(1) Moved the “document precedence” section to the end of the policy</p> <p>(2) Removed appendices,</p> <p>(3) Added guidance for billing services unrelated to pregnancy and those related to pregnancy complications</p> <p>(4) Clarified antepartum services included in the global package,</p> <p>(5) Clarified billing for initial diagnosis of pregnancy,</p> <p>(6) Clarified when first-trimester ultrasound are indicated</p> <p>(7) Added a reference to the BCBSVT corporate medical policy on nutritional counseling and the Vermont mandate related to coverage of diabetes treatment</p>
February 2026	May 1, 2026	Policy reviewed no changes to policy statements. Minor grammatical refinement for consistency of reading ease. Removed statement ‘For all other nutritional counseling BCBSVT covers up to three outpatient nutritional counseling visits each plan year’ to align with current Corporate Medical Nutritional Counseling Policy.
August 2026	September 1, 2026	Added notice to top of policy regarding compliance with upcoming Maternity coding changes.
October 2026	January 1, 2027	Policy updated to remove references to global billing, provided transitional billing guidance for services spanning 2026-2027, advised of new code sets for labor management and delivery care, as well as expectations for antepartum and postpartum billing. Home Birth policy statement added under delivery section. Removed the following sections - benefit determination guidance, eligible providers, audit information, and document precedence, as they are captured in the Payment Policy Guideline Document.

Approved by:

Tom Weigel, MD

10/15/2026

Tom Weigel, MD
Chief Medical Officer

Date

Margaret Pinello-White 10/15/2026

Margaret Pinello-White
Chief Administrative Officer

Date