Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

All Provider Bulletin 419

DATE: August 2026

TO: All Providers Participating in MassHealth

FROM: Ryan Schwarz, Assistant Secretary for MassHealth

RE: **Transition to Separate Reporting of Maternity Care Services**

Background

MassHealth has been notified that, effective January 1, 2027, the American Medical Association (AMA) will delete the current global maternity care Current Procedural Terminology (CPT) codes: 59050 59400 59409 59410 59425 59426 59430 59510 59514 59415 59525 59610 59612 59614 59618 59620 59622.

The AMA has announced that these CPT codes will be replaced with a new coding structure (the "AMA 2027 Maternity Services Coding Structure"). Under the 2027 Maternity Services Coding Structure, maternity services and procedures represented by these CPT codes are anticipated to be separately reportable rather than billed as part of a global obstetric package.

To support a smooth transition, this bulletin provides billing guidance effective September 1, 2026, for prenatal services furnished before implementation of the AMA 2027 Maternity Services Coding Structure. MassHealth plans to provide additional billing guidance in 2027 for the AMA 2027 Maternity Services Coding Structure.

Documentation and Billing

For services rendered to patients whose first prenatal visit following confirmation of pregnancy occurred before September 1, 2026, providers should continue to bill using CPT code 59425 (Antepartum care only; 4–6 visits) and CPT code 59426 (Antepartum care only; 7 or more visits), when applicable.

For services rendered to patients whose first prenatal visit following confirmation of pregnancy occurred on or after September 1, 2026, providers may report services using the appropriate evaluation and management (E/M) code with modifier TH to indicate the visit is related to prenatal care. Documentation must support the selected E/M

service level based on either medical decision making or total time, consistent with current CPT guidelines.

E/M Codes and TH Modifiers

Here are the E/M codes with the TH modifier that can be used for patients presenting for their first prenatal visit following confirmation of pregnancy on or after September 1, 2026. These codes are based on the setting in which the service is provided, the level of decision making, and whether it is a new patient or established patient.

Office or Other Outpatient Services

- New patients: 99202–99205 + TH
- Established patients: 99211–99215 + TH

Hospital Inpatient (Professional Claims) and Observation

- Initial services: 99221–99223 + TH
- Subsequent services: 99231–99236 + TH

Telemedicine (Audio/Video or Audio-Only)

- 98000–98007 + TH
- 98008–98015 + TH

Table 1. Service Levels and Billing Codes and Modifiers

Service Level	New Patient	Established Patient
Straightforward	99202 + TH	99212 + TH
Low	99203 + TH	99213 + TH
Moderate	99204 + TH	99214 + TH
High	99205 + TH	99215 + TH

The level of medical decision making is determined by

- the number and complexity of problems addressed during the encounter;
- the amount and/or complexity of data reviewed and analyzed; and
- the risk of complications and/or morbidity associated with patient management.

MassHealth Website

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Questions?

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