

The American Medical Association (AMA) and American College of Obstetricians and Gynecologists (ACOG) have announced significant changes to maternity care billing and coding that will take effect January 1, 2027. In order to help providers, Managed Care Organizations (MCOs), and other stakeholders prepare for and stay informed about this transition, AHCCCS has compiled the below frequently asked questions:

Q1: What is changing regarding maternity care billing?

A1: Currently, maternity care services are commonly reported and reimbursed using global maternity care codes that bundle prenatal care, labor and delivery, and postpartum care into a single payment. Effective January 1, 2027, the AMA will replace current global maternity care codes with new and revised codes that separately identify prenatal care, labor management, delivery, and postpartum care.

Q2: Why is this changing?

A2: ACOG has advocated for these changes to better reflect current recommendations for individualized maternity care, improve data quality, and account for the fact that multiple providers are often involved in a single patient's maternity care.

Q3: Is this change specific to AHCCCS?

A3: No. This change to coding structure is happening at a national level and will apply to all payers and providers across the country.

Q4: Are OB/GYNs the only type of providers this change applies to?

A4: No. Although this transition is sometimes referred to as "OB unbundling", these changes apply to any provider who furnishes maternity care services, including obstetricians, midwives, and family practice providers. They will not apply to non-medical complementary services such as doula care. For Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs), the new codes will be billed along with the T1015 when providing OB services.

Q5: Will this affect MCO capitation rates?

A5: In the short term (i.e., for Contract Year Ending (CYE) 27), there will be no impact to MCO capitation rates for this change. Options for how to incorporate the unbundled code set into future capitation rate development are still being reviewed and analyzed, and further information will be forthcoming before CYE 28.

Q6: What should maternity care providers expect financially?

A6: Because maternity care services will no longer be reimbursed through a single bundled payment, provider reimbursement will depend on the specific services furnished to the member, including number of prenatal and postpartum visits, the level of complexity involved in labor management, and the mode of delivery. While reimbursement will be structured differently and may vary among patients, AHCCCS intends to implement the overall transition in a cost-neutral manner.

Q7: What are the new codes?

A7: The AMA has released preliminary information regarding the new maternity care codes, along with other information regarding the change, on [its website](#). Readers should note that the code set remains subject to change until finalized later in 2026.

Q8: What are the reimbursement rates for the new codes?

A8: The Centers for Medicare and Medicaid Services (CMS) will release Relative Value Units (RVUs) for the new codes later in 2026. Following the release of the RVUs, AHCCCS will develop and publish fee-for-service reimbursement rates for the new maternity care codes.

Q9: How should providers currently be billing for prenatal care services if the delivery is not expected to occur until 2027 when the bundled codes are no longer available?

A9: To facilitate the transition to the 2027 maternity care coding requirements, AHCCCS has issued interim billing guidance. For prenatal care services furnished during calendar year 2026 for pregnancies with expected delivery dates on or after January 1, 2027, providers shall bill the following codes:

- **CPT 59425 for 4–6 prenatal visits**
- **CPT 59426 for 7 or more prenatal visits**
- **For fewer than four prenatal visits, continue to follow current CPT coding guidance.**

The table below summarizes applicable billing requirements during the transition period:

Scenario	Billing Guidance
Delivery expected before January 1, 2027	Bill maternity care in accordance with current AHCCCS and national guidance, including applicable global maternity care codes.
Prenatal care provided during 2026; delivery expected on or after January 1, 2027	Bill 2026 prenatal care services using 59425 (4-6 visits) or 59426 (7+ visits), as applicable.
Any maternity care service furnished on or after January 1, 2027	Bill using 2027 maternity care coding requirements.

Q10: Where can I find more information?

A10: [The AMA CPT 2027 Maternity Care Services code changes](#) webpage provides additional information about the upcoming changes, including a preliminary code set that may be used for planning purposes and is subject to change before final implementation. Additionally, ACOG hosted a town hall series earlier this summer to help maternity care providers prepare for the new coding framework. Recordings of these sessions can be found on the [ACOG website](#).