



September 25, 2026

Changes to Maternity CPT Coding effective January 1, 2027 Questions and Answers for Maternity Care Healthcare Providers

Background

In alignment with the American Medical Association (AMA) CPT® maternity care coding restructure, effective January 1, 2027, Blue Shield of California will require maternity services to be billed in accordance with current AMA CPT coding guidelines, to be reported using a phase-of-care methodology rather than a global obstetrical package.

The new requirements will appear in Blue Shield's January 1, 2027 *Independent Physician and Provider Manual* and the contractually required advance notification letter outlining the changes to the manual will be mailed to provider network participants on October 16, 2026. For your convenience, they are also included on page 2 of this document.

As we continue to prepare our claims processing systems to accommodate the current AMA CPT coding guidelines, we are providing the information below to advise how your practice can collaborate with Blue Shield in executing accurate and timely processing of maternity service claims submitted for dates of service between September 1, 2026 and December 31, 2026.¹

Frequently Asked Questions

- 1. How should claims for maternity services be submitted for eligible Blue Shield plan members who have completed only one to three visits for pregnancy care by September 1, 2026 (the patient is delivering on or after January 1, 2027)?**

For patients who have completed one to three antepartum care visits with your practice by September 1, 2026, we request that you begin billing E&M codes for your patient's continuing antepartum visits which are anticipated to continue past January 1, 2027:

- Refer to the AMA CPT guide for E&M codes for visits 4-6
- Refer to the AMA CPT guide for E&M codes for 7+ visits

- 2. How should maternity services be coded for eligible Blue Shield plan members who have completed four or more visits for pregnancy care by September 1, 2026 (the patient is delivering on or before December 31, 2026)?**

For patients who have completed four or more visits as of September 1, 2026, Blue Shield advises your practice to continue billing under the Global CPT structure for patients delivering by to 12-31-2026, which will remain in effect for the patients who give birth during the 2026 calendar year. For patients who are delivering after 1-1-2027, the provider should refer to the new AMA Maternity guidelines for billing the appropriate procedure codes.

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¹ The recommendations above apply only to those network provider organizations whose terms in their existing Provider Agreement with Blue Shield does not conflict with the information provided.

3. What changed requirements will appear in the January 1, 2027 Independent Physician and Provider Manual reflecting the AMA CPT coding guidelines for Maternity Services?

Under *Special Billing Situations* in Section 4 of the *Manual*, the following new content has been added.

Maternity Billing

In alignment with the American Medical Association (AMA) CPT maternity care coding restructure, effective January 1, 2027, Blue Shield requires maternity services to be billed in accordance with current AMA CPT coding guidelines. Maternity care services must be reported using a phase-of-care methodology rather than a global obstetrical package.

Key requirements include:

Procedure Coding

- Antepartum (Prenatal) Care – Report prenatal services using the appropriate Evaluation and Management (E/M) code(s) based on the service rendered and documentation supporting the visit.
- Labor Management – Report labor management services using the applicable CPT code(s) in accordance with AMA CPT guidelines.
- Delivery Care – Report delivery services separately using the appropriate CPT delivery code. Only the provider who performs the delivery may bill for delivery services.
- Postpartum Care – Report postpartum services using the appropriate E/M code(s) based on the services rendered and documented.

Primary Diagnosis

- Maternity services must be billed with appropriate maternity-related diagnosis code(s) that accurately reflects the member's condition and supports the services rendered.

Modifier TH

- Blue Shield recommends appending Modifier TH to eligible claims to identify services related to obstetrical treatment, prenatal care, or postpartum care, consistent with applicable AMA CPT, HCPCS, and Blue Shield billing requirements.

Providers must submit claims that accurately reflect the services furnished and maintain documentation that supports the reported service(s). When multiple providers participate in a member's maternity care, each provider must bill only for the services they personally rendered.

Blue Shield may apply claims editing and reimbursement methodologies consistent with AMA CPT guidelines, industry standard coding practices, applicable regulatory requirements, and Blue Shield payment policies. Claims submitted with obsolete global maternity package codes for dates of service on or after January 1, 2027, may be denied or processed in accordance with Blue Shield reimbursement policies.

4. Who can my practice contact with questions about maternity care billing for Blue Shield plan members?

If you have questions regarding billing during and/or after the CPT coding transition for maternity care for eligible members, please call Blue Shield Provider Services at (800) 541-6652, between 6 a.m. and 6:30 p.m.PT, Monday through Friday.