RB.055.A Maternity Services Billing and Reimbursement Guidelines

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Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans lines of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

The purpose of this claim payment policy is to define billing and reimbursement guidelines for maternity care and delivery services.

Maternity services will be reimbursed as separate components of care consistent with applicable CPT®, HCPCS, CMS, and state billing requirements. Components of maternity care include:

- Antepartum (prenatal) care
- Labor management
- Delivery services
- Postpartum care

Reimbursement is limited to services that are documented, medically necessary, submitted in accordance with applicable coding guidelines, and rendered by the billing provider.

As of November 1, 2026, for new pregnancies, Jefferson Health Plans will no longer accept global maternity codes.

POLICY GUIDELINES

Maternity care services include the following:

- **Antepartum (prenatal) care**: medically necessary prenatal services, including evaluation, management, monitoring, counseling, and treatment, provided prior to the onset of labor and delivery.

- **Labor management**: medically necessary evaluation, monitoring, and management services furnished during labor to assess labor progression, support maternal and fetal health, and facilitate the delivery process.

- **Delivery services**: medically necessary obstetrical services provided during the delivery episode, including vaginal or cesarean delivery and related procedures performed to achieve a safe maternal and neonatal outcome.

- **Postpartum care**: medically necessary evaluation, management, monitoring, counseling, treatment, and follow-up services provided following delivery to assess maternal recovery, promote maternal health, and address postpartum care needs.

Providers must submit claims using the appropriate CPT®, HCPCS, ICD-10-CM, modifiers, and place of service (POS) codes that are in effect on the date of service.

Services should be billed by the provider who rendered the service.

Medical record documentation must support the maternity care component billed.

Duplicate or overlapping maternity services will not be reimbursed.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical

Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

The following information provides CPT Editorial Panel-*approved* codes and guidelines for maternity care services to be effective *Jan. 1, 2027* as part of the Current Procedural Terminology (CPT®) 2027 code set, unless noted otherwise.

CPT Code	Description
59051	Fetal monitoring during labor by consulting physician or other QHP, with interpretation and report
59080	Initial day of labor management; straightforward, per day
59081	Initial day of labor management; complex, per day
59082	Subsequent day of labor management; straightforward, per day
59083	Subsequent day of labor management; complex, per day
59300	Repair by clinician other than clinician performing vaginal delivery care; separate procedure
59320	Cerclage of cervix during pregnancy; vaginal
59325	Cerclage of cervix during pregnancy; abdominal
59412	External cephalic version
59414	Delivery of placenta only; separate procedure
59431	Vaginal delivery, with or without episiotomy
59432	Vaginal delivery after previous Cesarean Delivery
59433	Vaginal delivery requiring repair of third degree episiotomy or laceration

CPT Code	Description
59434	Vaginal delivery requiring repair of fourth degree episiotomy or laceration
59502	Cesarean delivery; primary
59503	Cesarean delivery; repeat
59504	Cesarean delivery with hysterectomy; subtotal or total
59623	Uterine tamponade (e.g. balloon catheter vacuum packing material) for treatment of postpartum hemorrhage

The following CPT® codes related to maternity care services have been *deleted* effective *January 1, 2027*, as part of the CPT® 2027 code set. Providers should refer to the corresponding replacement codes and reporting guidelines, where applicable.

CPT Code	Description
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps);
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only (separate procedure)
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only;
59515	Cesarean delivery only; including postpartum care
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)

CPT Code	Description
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

HCPCS Code	Description
N/A	

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

Maternity care services include medically necessary evaluation, management, monitoring, counseling, treatment, and follow-up services provided throughout

pregnancy, labor and delivery, and the postpartum period. Services addressed under this policy may include antepartum care, labor management, delivery services, and postpartum care.

DEFINITIONS

Antepartum Care
Medically necessary care provided during pregnancy prior to labor and delivery.

Labor Management
Professional services related to the active management of labor and associated clinical decision making.

Delivery Services
Services associated with vaginal, assisted vaginal, or cesarean delivery.

Postpartum Care
Services provided after delivery to evaluate and manage the member's recovery and post-delivery health needs.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New Policy. This will replace: RB.031.A Maternity Billing and Reimbursement Guidelines.	A	10/26/2026

REFERENCES

1. AMA CPT 2027 Maternity Care Services Code Changes: https://www.ama-assn.org/practice-management/cpt/cpt-2027-maternity-care-services-code-changes

2. ACOG Payment for Obstetrical Services: https://www.acog.org/practice-management/coding/coding-library/payment-for-obstetric-services