



Maternity Care Current Procedural Terminology (CPT)[®] Code Set Updates

Modernizing to Improve Maternity Care

Maternity care has fundamentally evolved:

- It is not uncommon for care to be provided by multiple clinicians in different health systems and practices throughout the pregnancy. This includes transfers from rural facilities to those equipped for higher-acuity care.
- Managing a pregnancy has become much more intense and complex. There is now increased surveillance for issues such as hemorrhage, cardiac conditions, and mental health.

The new codes address this evolution:

- This will enable payers and policymakers to reliably assess quality, risk, and birthing outcomes throughout the roughly ten months of care.
- This increased granularity will improve the ability of all parties to analyze care patterns, understand drivers of maternal morbidity and mortality, and design payment models that reward high-quality care.

What the AMA is doing

Beginning January 1, 2027, the CPT code set will be updated to comprehensively revise the maternity care codes, reflecting modern obstetric practice. The update was developed by a multi-specialty stakeholder workgroup convened by the CPT Editorial Panel, bringing together practicing physicians, care team providers, and payers to ensure diverse perspectives were incorporated. The updates were made with the following principles in mind:

<p>Reflects Modern, Team-Based Obstetric Care</p> <p>Physicians can accurately document their care, while payers gain visibility into real-world care delivery.</p> <ul style="list-style-type: none"> • Distinguishes antepartum, labor, delivery, and postpartum services. • Enables reporting across different clinicians and health systems, including rural and cross-facility transfers. 	<p>Improves Transparency, Data Quality and Measurement</p> <p>Creates reliable tracking for quality improvement, risk adjustment and population-level analysis.</p> <ul style="list-style-type: none"> • Enables real-time, trimester-specific data collection. • Facilitates analysis of labor duration, complexity, and outcomes to guide policy and payment design. 	<p>Supports Evidence-Based Labor and Postpartum Care</p> <p>Aligns coding with evidence-based practice and supports appropriate postpartum follow-up and intervention.</p> <ul style="list-style-type: none"> • Recognizes time and intensity of modern labor management, including longer inductions aimed at reducing cesarean delivery rates. • Reflects expanded postpartum monitoring for hemorrhage, cardiac conditions, and mental health.
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Patient Impact

- No expected impact on health plan benefits or increase in cost-sharing.
- Optimized tracking so that the most appropriate patient centered care is delivered.

Supporting a Successful Code Transition

The AMA is committed to ensuring a successful transition to the new codes by:

- Educating physicians and care teams on the new code structure.
- Engaging payers to support timely development of updated coverage and payment policies, claims edits, and episode-of-care triggers.
- Coordinating with EHR vendors and publishing updated authoritative educational guidance to support accurate reporting from day one.
- Working with CMS and other interested parties to ensure implementation guidance is clear and consistent across health plans.
- Collaborating with all payers to develop a coordinated plan for patients whose pregnancies will extend beyond the transition to the new codes.

Valuation & Budget Neutrality

Upon the adoption of the new coding structure the AMA/Specialty Society RVS Update Committee (RUC) analyzed a robust survey of over 650 physicians and nurse midwives to determine the time and intensity of these services.

Using CDC information and payer data, the RUC analyzed its recommendations* and affirmed that, if adopted by CMS, the coding changes are anticipated to be budget neutral.**

*RUC recommendations are publicly available at: ama-assn.org/ruc-recommendations

** Budget Neutral: the relative value units (RVUs) in total for the new codes will not exceed the RVUs of former bundled codes