✓MetroPlusHealth

TO: Obstetricians and Perinatologists
RE: Important Update- Upcoming NYSDOH changes to Global Obstetric Codes for Antepartum Services
IMPACTED LOB's: Medicaid, HARP, HIV-SNP

Dear MetroPlusHealth Provider,

Effective January 1, 2027, the American Medical Association (AMA) and the American College of Obstetricians and Gynecologists (ACOG) will replace global obstetric (OB) codes with itemized, visit-level billing codes. These global obstetric codes will no longer be payable after the effective date. This change aligns with the goal of improving transparency into antepartum, labor, delivery, and postpartum care.

Providers are required to adhere to this change by billing the appropriate non-bundled antepartum, labor, and delivery codes, as applicable. New York Medicaid adopted these coding changes **effective June 1, 2026 for members with an estimated delivery date on or after January 1, 2027**. Providers must bill routine antepartum and postpartum care using the Evaluation and Management (E/M) codes listed below with the **TH modifier** for members with estimated delivery dates **on or after January 1, 2027**. In addition, providers are required to report **Category II CPT Code 0500F** on the claim for the initial antepartum visit.

For members with estimated delivery dates **prior** to January 1, 2027, providers must continue to bill using the existing global OB codes.

MetroPlusHealth will provide additional guidance in 2027, regarding labor management, delivery, and postpartum billing requirements as further information becomes available. We are prepared to support providers throughout the implementation of these changes. Please see the tables below for additional guidance.

TH modifier is required for all antepartum and postpartum visits initiated on or after June 1, 2026 for members with an estimated delivery date of January 1, 2027 forward.	
CPT Code	**CPT Description**
99202	Office Or Other Outpatient Visit for New Patient
99203	Office Or Other Outpatient Visit for New Patient
99204	Office Or Other Outpatient Visit for New Patient
99205	Office Or Other Outpatient Visit for New Patient

99211	Office Or Other Outpatient Visit for Established Patient
99212	Office Or Other Outpatient Visit for Established Patient
99213	Office Or Other Outpatient Visit for Established Patient
99214	Office Or Other Outpatient Visit for Established Patient
99215	Office Or Other Outpatient Visit for Established Patient
99341	Residence Visit For New Patient With Straightforward
99342	Residence Visit For New Patient With Low Level
99344	Residence Visit For New Patient With Moderate Level
99345	Residence Visit For New Patient With High Level
99347	Residence Visit For Established Patient With Straightforward
99348	Residence Visit For Established Patient With Low Level
99349	Residence Visit For Established Patient With Moderate Level
99350	Residence Visit For Established Patient With High Level
99417	Prolonged Outpatient Service, Each 15 Minutes

Bundled/Global CPT codes that will be deleted and *non-payable* when service dates include dates on or after January 1, 2027.	
CPT Code	**CPT Description**
59400	Vaginal delivery with antepartum and postpartum care
59425	Antepartum care only; four to six visits
59426	Antepartum care only; seven or more visits
59510	Cesarean delivery with antepartum and postpartum care
59610	Vaginal birth after cesarean delivery with antepartum and postpartum care
59618	Cesarean delivery after attempted vaginal delivery with antepartum and postpartum care

If you have any questions or require additional clarification, please contact Provider Relations Operations at **providerrelationsops@metroplus.org**.

Thank You,

MetroPlusHealth