

PATIENT PROTECTION COMMISSION

Status of NVHA Maternal Health Payment Rate Strategy Activities and Discussion

Nevada Medicaid



April 17, 2026



Agenda and Speakers

Agenda

- Overview of Nevada Health Authority (NVHA) maternity payment strategy approach
- American Medical Association CPT® 2027 Maternity Care Updates
- Medicaid Maternity Care Payment Incentives State Scan
- Patient Protection Commission feedback

Speakers

NVHA

- Jeremy Hays, Rates Chief, Nevada Medicaid

Milliman, Inc.

Contractor supporting NVHA

- Christine Bredfeldt, Senior Health Care Consultant
- Gwyn Volk, Principal and Senior Health Care Consultant
- Marie Zimmerman, Senior Health Care Consultant



Overview – NVHA Maternal Health Activities

Short Term

Reimbursement Review

- Evaluate freestanding birth center reimbursement, including consideration for transfer payments
- Evaluate current professional billing and payment rates for maternity services

Professional Maternity Services

Evaluate and assess payment rates for maternity services across antepartum, delivery, and postpartum care which include:

- Exploration of enhanced payments to incentivize prenatal and postpartum care
- Incorporating anticipated American Medical Association (AMA) changes to Current Procedural Terminology (CPT) codes related to discontinuing global billing

Long Term

Develop alternative payment models

Monitor maternal health outcomes and utilization of prenatal and postpartum care over time and assess where additional changes may be needed

Data Analysis to Support Decision Making



American Medical Association CPT® 2027 Maternity Care Services Updates

The AMA CPT® Editorial Panel has approved the **restructuring of the current maternity care service codes**. The changes aim to improve the tracking of reported services, enhance transparency, and support quality and evidence-based practice.

The primary change is the deletion of all global/bundled codes for maternity care to be replaced by service-specific billing

- The AMA code updates take effect **January 1, 2027**.
- CMS is in the process of setting relative values for Medicare payment purposes.
 - Proposed relative values to be published July 2026.
 - Final weights to be published in November 2026 after a 60 day public comment period.
- NVHA plans to transition to the updated codes January 1, 2027.
 - Antepartum, delivery and postpartum visit rates are currently being assessed.

Sources:

A Health Plan Premier: Previewing the CPT © 2027 Restructure for Maternity Care Services. AMA. March 2, 2026. Accessed online from: <https://www.ama-assn.org/system/files/cpt-webinar-maternity-care.pdf>
American Medical Association. AMA/Specialty Society RVS Update Process, RUC Recommendations for CPT 2027. January 2026. Accessed online from: <https://www.ama-assn.org/system/files/feb-2026-ruc-recommendations.pdf>



AMA CPT® 2027 Maternity Care Services Updates

The AMA's restructuring of codes identifies four maternity care phases:

Identified Maternity Care Phases	Key Changes
Phase 1: Antepartum care	▪ Encounters to be coded using evaluation and management codes (E/M codes) with varying levels based on visit duration and complexity. ▪ Codes will be specific to normal and abnormal pregnancy with use of TH modifier.
Phase 2: Labor management	▪ No longer included under bundled full global maternity care or part of delivery codes. ▪ To be billed separately using labor management codes with separate codes for straightforward and complex labor and initial and subsequent days.
Phase 3: Delivery care	▪ Delivery-specific codes updated to be independent of service provider type ▪ Four new codes added for cesarean and vaginal deliveries (2 each).
Phase 4: Postpartum care	▪ Encounters to be coded using evaluation and management codes (E/M codes) with varying levels based on visit duration and complexity.



AMA CPT® 2027 Maternity Care Services Updates

All global obstetric codes (17) including full global billing and bundled prenatal visits will be discontinued

Section	CPT Code	Descriptor
Antepartum and Fetal Invasive Services	59050	Fetal monitoring during labor by consulting physician ... xx
Vaginal Delivery, Antepartum and Postpartum Care	59400	Routine obstetric care including antepartum care, vaginal delivery and postpartum care
	59409	Vaginal delivery only
	59410	Including postpartum care
	59425	Antepartum care only; 4-6 visits
	59426	Antepartum care only; 7 or more visits
	59430	Postpartum care only (separate procedure)
Cesarean Delivery	59510	Routine obstetric care including antepartum care, cesarean delivery and postpartum care
	59514	Cesarean delivery only
	59515	Cesarean delivery including postpartum care
	+59525	Subtotal or total hysterectomy after cesarean deliveryxx
Delivery After Previous Cesarean Delivery	59610	Routine obstetric care including antepartum care, vaginal delivery and postpartum care
	59612	Vaginal delivery only after previous cesarean delivery
	59614	Including postpartum care
	59618	Routine obstetric care including antepartum care, cesarean delivery and postpartum care
	59620	Cesarean delivery only
	59622	Including postpartum care



AMA CPT® 2027 Maternity Care Services Updates

New Codes (Twelve new maternity care codes have been introduced)	
Antepartum care	No new codes
Labor management	59XX1-Initial day labor management; straightforward, per day 59XX2-complex, per day 59XX3-Subsequent day labor management ; straightforward, per day 59XX4-complex, per day
Delivery care	Vaginal Delivery 59XX5-Vaginal delivery, with or without episiotomy 59XX6-after previous cesarean delivery 59X11-Repair of episiotomy or laceration; third-degree laceration 59X12-fourth-degree laceration Cesarean Delivery 59XX7-Cesarean delivery; primary 59XX8-repeat 59XX9-Subtotal or total hysterectomy after cesarean delivery
Postpartum care	59X10-Uterine tamponade (e.g., balloon, catheter, vacuum, packing material)

Revised codes: six procedure-specific codes such as fetal monitoring, delivery of placenta and repair of episiotomy



Medicaid Maternity Care Payment Incentives State Scan

Purpose:

Provide examples of state Medicaid payment approaches to incentivizing maternity care service delivery and outcomes. The state scan includes information related to:

- Service delivery approach – fee-for-service and managed care
- Service being incentivized
- Type of incentive

Examples of State Incentives Offered by State Medicaid Agencies and/or Managed Care Organizations	
Provider Incentives	Patient Incentives
Includes one-time payments, uniform rate increases, and payments for reaching a specific amount of services	Includes monetary gift cards, one-time payments, gifted items such as a baby carrier

States Included in the Research

- North Carolina
- Illinois
- Texas
- Mississippi
- Pennsylvania
- South Carolina
- West Virginia
- Missouri
- New Mexico
- Tennessee

Attachment A provides a description of incentives by state.



Feedback and Questions?

Questions:

- Are there specific barriers in terms of reimbursement, billing, access or other areas NVHA should be aware of as we develop rate options?
- Are there specific models locally or from other states that are of particular interest?

Feedback or Questions from PPC:

- Other questions or points for discussion?



Acronyms

AMA: American Medical Association

CMS: Centers for Medicare & Medicaid Services

CPT: Current Procedural Terminology

E/M: Evaluation and Management

NVHA: Nevada Health Authority

PPC: Patient Protection Commission



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