HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
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Medical Assistance Division, Program and Policy Bureau

Date: May 27, 2026

Subject: Unbundling Global Maternity Services

NM Medicaid Providers,

Thank you for the partnership in providing and supporting maternity services for our Medicaid members. Effective **January 1, 2027**, CMS and AMA will **eliminate all global maternity codes** (e.g., 59400, 59510, 59610, 59425–59426) and replace them with an **unbundled, phase-based structure. In addition, current delivery only, antepartum, and postpartum codes will be deleted and transitioned to existing E/M codes or newly established maternity codes.**

The shift from a **global obstetric package** (prenatal, delivery, and postpartum) to **itemized maternity care codes** is part of a major CPT update effective **January 1, 2027**, with a recommended transition window of **September 1, 2026,** to avoid billing errors and administrative burdens. For any Medicaid member that has a delivery prior to January 1, 2027, please continue billing under the current guidelines. The information below is intended to address services that will be provided to eligible Medicaid members, when the delivery occurs on or after January 1, 2027. Birthing Options Program providers should follow the same recommended itemized maternity care code transition.

For pregnancies with a first 10-week visit until May 15: Use global obstetric codes-bill as currently billing.

For pregnancies with a first 10-week visit between May 15, 2026, to July 14, 2026: Use 59426 (antepartum care only; 7 or more visits) + delivery only.

For pregnancies with a first 10-week visit between July 15, 2026, to August 30, 2026: Use 59425 (antepartum care only; 4 or 6 more visits) + delivery only.

For pregnancies with a first 10-week visit on or after September 1, 2026: Use the existing E/M codes for prenatal/antepartum visits with the TH modifier if they total less than four encounters prior to 2027.

Birth Centers will continue to bill Labor & Delivery and Newborn Facility Charge as per Supplement 25-13, appending the appropriate procedure code between May 15th to December 31st.

The information above is general guidelines and providers should consult their billing and coding staff to ensure the appropriate codes are utilized between May 15th to December 31st based on actual services provided. As always, please reach out to HCA staff for questions or concerns with the guidance.