TOWN HALLS: NEW OBSTETRIC CODES

ACOG COMMITTEE ON HEALTH ECONOMICS & CODING
ACOG HEALTH & PAYMENT POLICY TEAM

August 4, 2026

ACOG
American College of Obstetricians & Gynecologists

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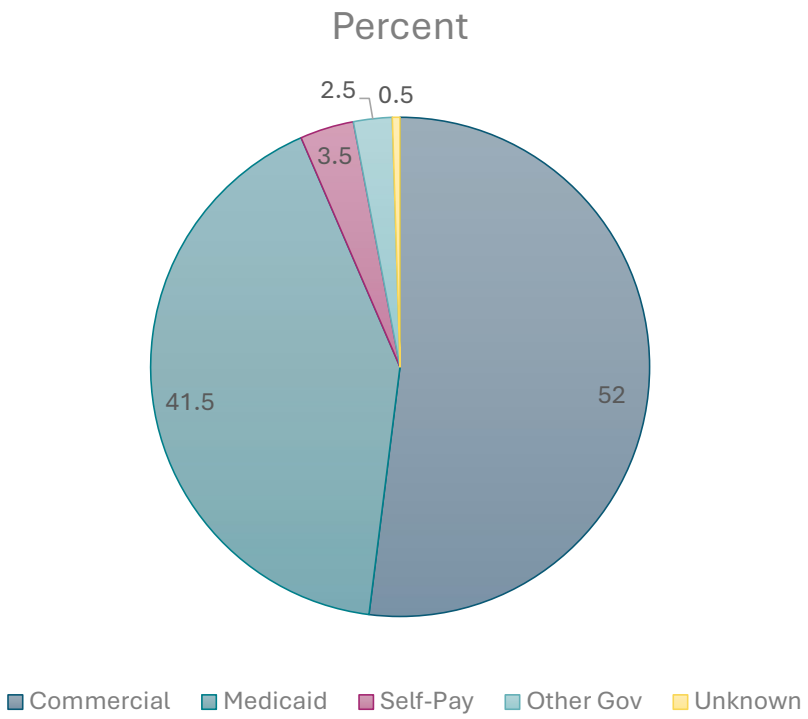
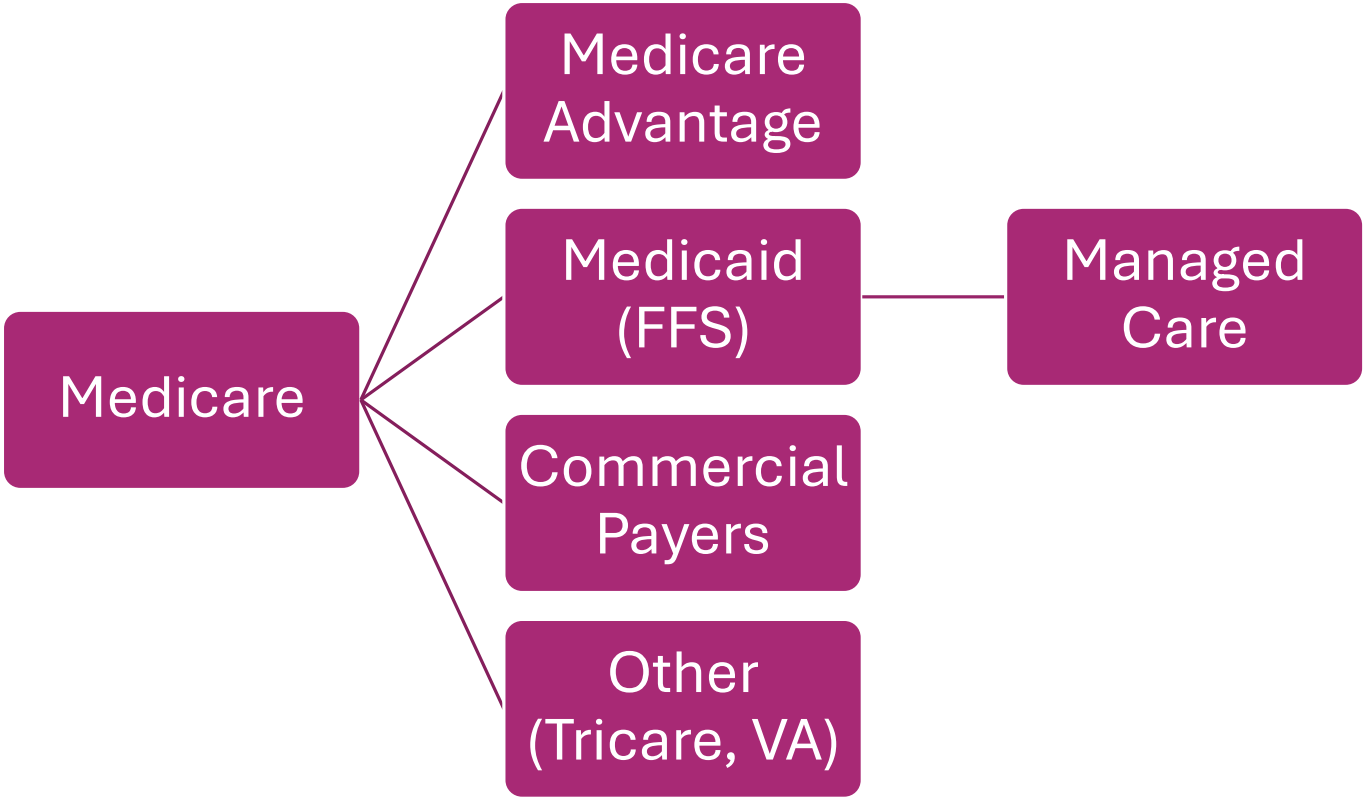
Part 4:
August 4, 2026

Births by Payer Type



Medicare Payment Influences All Payers



2027 Medicare Physician Fee Schedule Proposed Rule

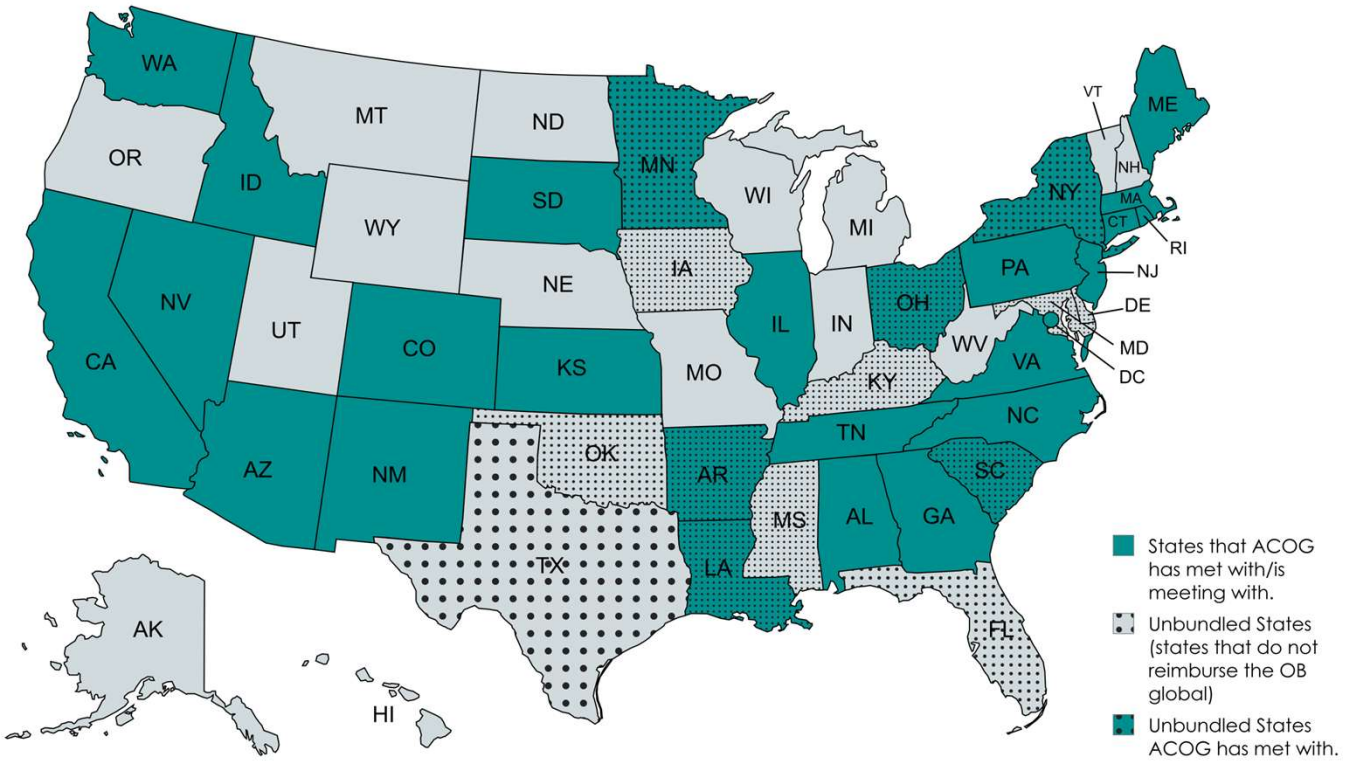
New OB Codes

- CMS is proposing to accept the new obstetric codes for inclusion in the 2027 Medicare Physician Fee Schedule.

HCPCS G-Codes

- CMS is soliciting comments on whether they should create HCPCS G-codes that would maintain the current coding and payment for maternity services.

MEDICAID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MD
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HI
States that ACOG has met with/is meeting with.
Unbundled States (states that do not reimburse the OB global)
Unbundled States ACOG has met with.

Medicaid Education

28 Meetings with State Medicaid Agency Staff

10 Meetings with Various State Partners

Technical Assistance Offered to all states

Joint Webinars and Promotion of Provider Bulletins

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Licensed Health Insurers

- 1,176 (National Association of Insurance Commissioners)
- (2023) 10 largest health insurers by market share were:
  - UnitedHealth Group (16%)
  - Elevance Health (12%)
  - CVS (Aetna) (12%)
  - Cigna (9%)
  - Health Care Service Corp. (8%)
  - Kaiser Permanente (6%)
  - Centene (3%)
  - Blue Cross Blue Shield of Florida (2%),
  - Blue Cross Blue Shield of Michigan (2%),
  - Highmark (2%)

  Blue Cross Blue Shield = commercial market share of 43%.

Commercial Plan Outreach

- Implementation Toolkits on E/M Codes and Labor Management
- 12 Technical Assistance Calls with Large Plans
- Presentations to Payers
- In Person Meetings at AMA CPT/RUC
- External Stakeholder Engagement

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Electronic Medical Records

- ACOG is collaborating with leading EHR platforms to ensure a smooth and seamless transition to new obstetric codes
- ACOG staff is engaging with representatives from Epic and Athenahealth to discuss strategies and resources

Co-Pay or Not?

- **Section 2713 of the Public Health Service Act (PHSA)**, which was added by the Affordable Care Act. It is codified in Title 42 of US Code, Section **§ 300gg-13**.
  - A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum, provide coverage for and shall not impose any cost sharing requirements for-with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph
  - Then we go to the HRSA website and it says;
    - Well-women visits also include prepregnancy, prenatal, postpartum and interpregnancy visits
    - screening pregnant women for gestational diabetes
    - screening for type 2 diabetes in women with a history of gestational diabetes
    - screening for anxiety in adolescent and adult women, including those who are pregnant
    - screening adolescent and adult women for intimate partner and domestic violence
    - comprehensive lactation support services
    - and more…

What does that mean NOW?
MOST should NOT have a Co-Pay

Text

- Plans that existed prior to March 23, 2010 are “grandfathered” plans
- Some “short-term limited-duration” plans may be excluded
  - No more than 3 months, with no more than a 4 month renewal
  - When people leave a job with a break in insurance coverage
- In 2019, 13% of employer-sponsored enrollees were in grandfathered plans
- High-deductible health plans are subject to the preventive rules (including no deductibles)

Citation

- Department of the Treasury, Department of Labor, Department of Health and Human Services. Short-Term, Limited-Duration Insurance and Independent, Noncoordinated Excepted Benefits Coverage. Fed Regist. 2024;89(65):23338-23437. Published April 3, 2024. Accessed August 3, 2026
- KFF, Preventive Services Covered by Private Health Plans under the Affordable Care Act, February 28, 2024

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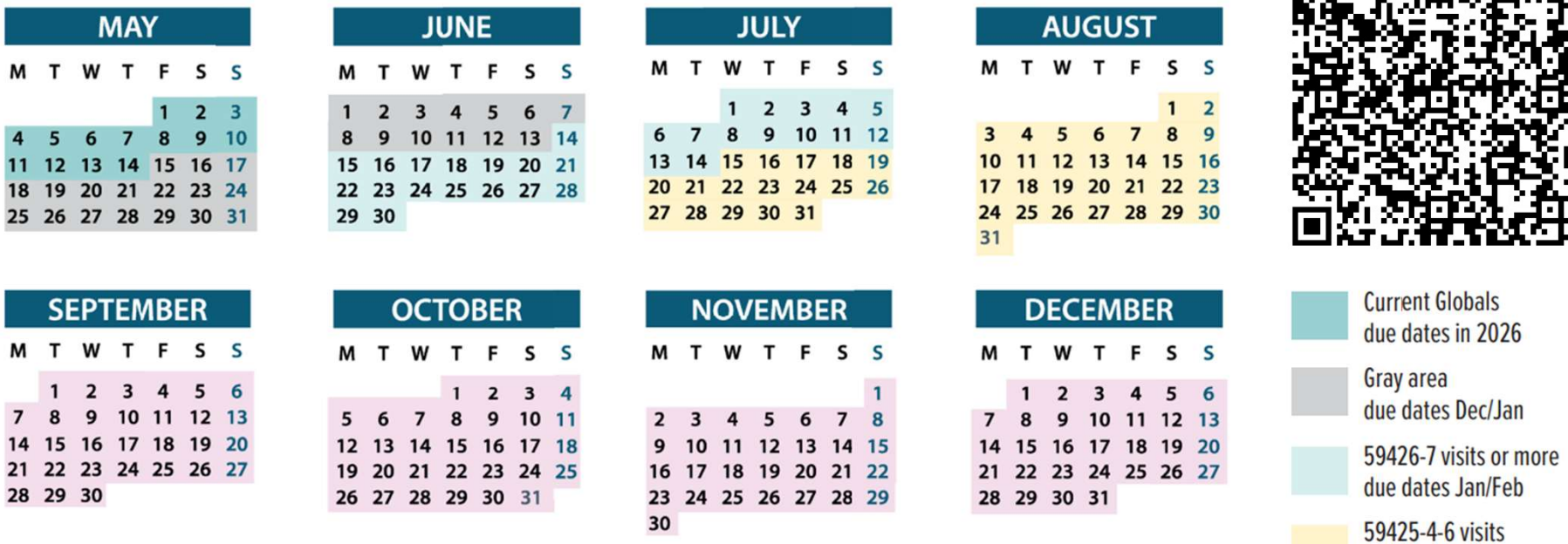
RECOMMENDATIONS:
Consider Switchover by September 1, 2026



RESOURCES

ACOG | Purpose driven. Patient focused.

ADVOCATE FOR NO G-CODES

Thank you for including new maternity care services codes in proposed rule.

Please finalize new codes as proposed.

Please do NOT finalize G-codes.

The G-codes undermine efforts to increase price transparency for patients.

Please do what is best for patients and ob-gyn practices by not implementing the proposed G-codes and move forward toward data collection for improving maternal outcomes and true value-based maternity care.

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RESOURCES

- ACOG.org Payment for Obstetric Services
- Courses at every ADM www.acog.org/education-and-events/annual-district-meetings
- Course in New Orleans Nov 7 www.acog.org/education-and-events/meetings/payment-in-practice-in-person **SOLD OUT**
- Future podcast episodes www.acog.org/practice-management/coding/coding-library/payment-in-practice-podcast
- New Clinical Coding on Demand anticipated Nov 2026
- AMA-assn.org CPT Maternity Care Services Codes and Guidelines | AMA

Explore more ACOG resources to stay ahead of the changes to 2027 obstetric codes.

acog.org/obcodes

Payment in Practice—In Person!

New Orleans, Louisiana | November 7

SOLD OUT

Join us in for more details on the new obstetric codes, and other new coding and billing policies for the year.

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RECORDINGS OF THIS SERIES

SUBMIT YOUR CODING QUESTIONS

THANK YOU!