Health Plan Advisory 26-12

NEBRASKA
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To:	Nebraska Medicaid Managed Care Plans
From:	Jeremy Brunssen, Interim Director
Date:	September 3, 2026
Re:	Maternity Service Unbundling

The purpose of this health plan advisory is to inform the Nebraska Medicaid managed care plans of the upcoming changes to maternal care billing practices. In accordance with changes from the American Medical Association (AMA) and Centers for Medicaid Services (CMS), billing for maternal care will no longer utilize global billing codes **effective January 1, 2027**.

For antepartum visits for any maternal patient where the anticipated delivery is on or after January 1, 2027, the provider must wait to complete their billing for the service until after the delivery occurs.

Starting January 1, 2027, providers should utilize the appropriate evaluation and management code from the code set 99202-99499 and utilize the TH modifier to indicate maternity care. Because these dates of service will exceed the standard six-month timely filing limit in some cases, Medicaid will grant a limited exception to timely filing. For antepartum visits that occurred prior to January 1, 2027, billed on or after January 1 (using the TH modifier), Nebraska Medicaid will count January 1 as day one of their timely filing limit. Please note this limited exception to timely filing is only applicable for maternity care related to deliveries occurring on or after January 1, 2027.

The following global maternity codes will **be retired for dates of service on and after January 1st, 2027,** and will no longer be covered:

- 59400- Routine maternity care, delivery, and postpartum care
- 59409- Vaginal delivery only
- 59410- Vaginal delivery and postpartum care
- 59425- Ante-partum care 4-6 visits
- 59426- Ante-partum care 7+ visits
- 59430- Post-partum care only
- 59510- Routine maternity care, C-section and post-partum care
- 59514- Cesarean only
- 59515- Cesarean and post-partum care
- 59525- Total hysterectomy after cesarean
- 59610- Previous cesarean, bundled routine maternity care, vaginal delivery and post-partum care.
- 59612- Vaginal delivery only after previous cesarean
- 59614- Vaginal delivery only after previous caesarean and post-partum care
- 59618- Maternity care, caesarean delivery after attempted vaginal delivery post previous cesarean, postpartum and pre-natal care
- 59620- Cesarean delivery only post attempted vaginal delivery after previous caesarean
- 59622- Cesarean delivery post attempted vaginal delivery after previous caesarean including postpartum care.

New codes will be added effective January 1, 2027, for labor management and delivery. Please anticipate further information about these codes in December 2026.

For any patient who gives birth prior to January 1, 2027, providers should utilize existing global maternity codes.

Patients with Primary Payer Coverage

For patients with a primary payer (commercial insurance or Medicare), providers will be expected to follow the primary payer's guidelines for maternity service billing. Where possible, the provider is expected to follow the guidance in this bulletin when submitting claims to the primary payer to ensure alignment in secondary claim processing. However, Medicaid acknowledges primary payers may have alternative timely filing requirements to Medicaid.

Consequently, given the direction from Medicaid for any maternity care services for expected deliveries on/after 1/1/2027 to be delayed in billing until January 2027, it is permissible for providers to submit maternity care claims to the primary payer prior to January 2027.

Medicare crossover claims for maternity care utilizing the unbundled billing methodology will be rejected through the automatic Coordination of Benefits Agreement (COBA) process and will need to be resubmitted on/after 1/1/2027.

Patients Served through a Rural Health Clinic, Federally Qualified Health Center, or Indian Health Services Provider

For patients served through a Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or Indian Health Services (IHS) provider, providers shall follow the same billing requirements as stated above.

Medicaid will release further information about the new billing codes that will replace these bundled codes in the coming months.

Resources

If you have questions regarding this bulletin, please contact at DHHS.mltcmaternalhealth@nebraska.gov and DHHS.ratesreimbursement@nebraska.gov. Health plans should also copy their contract manager.

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