Maternity Care - Cover Page

Last Updated: 9/9/2026 **Last Reviewed:** 9/9/2026 **Originally Effective:** 1/1/2000
Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No
If yes, Texas Last Update Effective Date: n/a
Policy #: RPM020-A

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)
Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)
Provider Contract Status: Any
Claim Dates: All

Select the Correct Version of Reimbursement Guidelines

Select the correct version of this policy based on the date delivery or conclusion of the pregnancy occurs:

Maternity Care Policy for when delivery occurs on or before December 31, 2026.

Maternity care Policy for when the patient begins antepartum care during 2026 and delivers on or after January 1, 2027.

Maternity Care Policy for when pregnancy is identified on or after January 1, 2027.

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
9/9/2026	This cover sheet is created to allow selection of the correct version of this policy for use based on date of delivery & more cleanly address the significant changes to Maternity coding effective for DOS 1/1/2027 and following.
1/1/2000	Original Effective Date (with or without formal documentation). Policy based on AMA/CPT guidelines.