

## New Coding for Maternity Care to Take Effect in 2027

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### Key Takeaways

- Starting in 2027, the common procedural terminology (CPT) codes for maternity care will change from a bundled global maternity code to multiple itemized codes reflecting individual services.
- As a result of this change, group health plans will no longer be billed a bundled payment for maternity care, instead each individual item and service will be billed separately.
- The coding change may impact plan costs, participant cost-sharing, access, and care.
- Employer plan sponsors should talk with their carriers and/or claims administrators to understand how this change may impact maternity care services for their group health plans.

### Details

Earlier this year, the American Medical Association (AMA) deleted the bundled CPT codes related to global maternity benefits and instead implemented individual CPT codes for distinct items and services provided for maternity care. CPT codes are the codes (i) health care providers use to bill for their services and (ii) health care payers use to determine payments to providers. The AMA is responsible for developing CPT codes.

Historically, payments for maternity services have used a bundled approach with fewer codes covering most services related to maternity care including prenatal visits, delivery, and postpartum care resulting in a single global maternity payment after delivery. Now, each individual service during a pregnancy will have an individual code and will be billed separately.

Physician groups supporting the change contend that individual CPT codes more accurately reflect how maternity services are provided today and differentiate between high-risk and low-risk pregnancies. However, there are concerns that this new approach may (i) increase fragmentation in the system, (ii) impose additional administrative burdens on providers and payers, (iii) increase additional cost variability into the system, and/or (iv) incentivize additional maternity-related services.

The shift to itemized maternity billing also may increase cost-sharing complexity and out-of-pocket costs for plan participants, potentially affecting affordability, predictability of maternity care expenses, and participant understanding of maternity-related bills. At the same time, more granular coding may allow insurance carriers better visibility into maternal risk and create opportunities for earlier identification and intervention for higher-risk pregnancies.

**CPC Comment:** *As noted above, these changes do not go into effect until January 1, 2027. In the meantime, employers should discuss with their insurance carriers and/or claims administrators how*



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*these changes may impact their group health plans and participants, including the following inquiries:*

- *What is the cost impact on maternity charges related to this change based on the group health plan's participant population?*
- *What is the impact of this change on participant cost-sharing?*
- *Will there be an impact on care coordination?*
- *Will this change result in any access issues for lower-risk pregnancies in rural areas or other areas with provider access issues?*
- *Will existing provider contracts between the insurance carrier and providers be impacted?*
- *Will the administrative transition to the new coding impact claims adjudication during the transition period?*

Additional information on this change is expected this year. Please contact Aon's Health CPC team or HTT with any questions.



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