Connecticut Medical Assistance Program Provider Bulletin 2026-44
Policy Transmittal 2026-27 August 2026

Andrea Barton Reeves, J.D., Commissioner

Effective Date: September 1, 2026
Contact: See Responsible Unit Section

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse-Midwives, Family Planning Clinics and Federally Qualified Health Centers, Outpatient Hospitals

RE: Maternity Care Service Billing Guidance: Antepartum Care

In anticipation of the upcoming 2027 Common Procedural Terminology (CPT) maternity care coding update, the Department of Social Services (DSS) is providing guidance for billing maternity care services. This update is necessary due to the upcoming maternity care services coding changes including, but not limited to, the end dating of the global maternity care procedure codes.

The billing guidance updates will happen in two phases:

- Phase 1: Effective for dates of service September 1, 2026 and forward, with a delivery date anticipated after December 31, 2026, all antepartum visits must be billed with the appropriate evaluation/management (E/M) procedure code.
  Please note: *For Phase 1, providers who participate in the maternity bundle program should continue to bill as instructed in PB 2025-66 "Maternity Bundle Payment Program – Performance Year 2".*

- Phase 2: Effective for dates of service January 1, 2027 and forward, new procedure codes for labor management and delivery care will be added to appliable fee schedules. DSS will issue more information related to these services in a future provider bulletin.

Phase 1: Antepartum Care Evaluation/ Management Visits Billed as Part of Maternity Care:

Effective for dates of service September 1, 2026 and forward, for maternity care episodes where the delivery date is anticipated after December 31, 2026, each **antepartum visit** should be billed with the appropriate evaluation and management (E/M) procedure code based on the location at the time of service. Starting in September, antepartum care will be billed with one of the applicable E/M codes for all deliveries that are anticipated to occur prior to December 31, 2026:

CPT Code Range	Description
98000-98003	New patient synchronous audio-video visit
98004-98013	Established patient synchronous audio-video visit
99202-99205	New patient office or other outpatient visit
99211-99215	Established patient office or other outpatient visit
99221-99223	Initial hospital care with medical decision making
99231-99233	Subsequent hospital care with medical decision making
99234-99236	Hospital inpatient or observation care
99291-99292	Critical care
99341-99345	Residence visit for new patient
99347-99350	Residence visit for established patient

Providers are encouraged to review the section of the CPT manual providing guidance on E/M

services to determine the appropriate procedure code to be billed.

Modifier TH:

Effective for dates of service September 1, 2026 and forward, modifier TH- *obstetrical treatment/services, prenatal or postpartum* must be listed on the detail line for the antepartum service on the claim.

Maternity care providers will continue to bill existing procedure codes for the actual labor and delivery and postpartum care for maternity episodes where the delivery occurs prior to January 1, 2027. Additional guidance and billing updates for new labor and delivery care services will be posted in a future provider bulletin.

Federally Qualified Health Centers (FQHCs):

There are no changes to the billing of antepartum encounter visits performed by a FQHC. FQHCs will continue to bill with the appropriate antepartum procedure code along with the T1015 Clinic visit/encounter, all-inclusive procedure code through December 31, 2026. Additional guidance will be forthcoming for dates of service January 1, 2027 and forward.

Family Planning Clinics:

There are no changes to the billing of antepartum care visits performed by family planning clinics. Family planning clinics will continue to bill with the appropriate antepartum procedure code that is listed on the family planning clinic fee schedule through December 31, 2026. Additional guidance will be forthcoming for dates of service January 1, 2027 and forward.

Outpatient Hospitals:

There are no changes for outpatient hospitals and outpatient hospital providers must continue to refer to addendum B for the list of services that are eligible for reimbursement to outpatient hospitals.

Telehealth:

All services rendered via telehealth must comply with current CMAP Telehealth policies. All procedure codes eligible for telehealth can be found on the CMAP Telehealth Table located on www.ctdssmap.com Web page by selecting "Telehealth Information".

For further guidance on CMAP telehealth policies, please refer to Provider Bulletin PB 2023-38 *REVISED Guidance for Services Rendered via Telehealth* as well as the Telehealth Frequently Asked Questions (FAQs) .

Phase 2: New Procedure Codes for Maternity Care Services

DSS will publish additional billing guidance pertaining to the upcoming new procedure codes for maternity care services in a future provider bulletin once the final information is published and DSS has an opportunity to review.

Accessing CMAP Addendum B:

CMAP's Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the "Hospital Modernization" Web page. CMAP's Addendum B (Excel) is located under "Important Messages – Connecticut Hospital Modernization".

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded from the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I Accept" button and proceed to click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance

Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit:

Physician Services and FQHC-Medical Services: DSS, Division of Health Services, Medical Policy Section; Dana Robinson-Rush, Medical Policy Consultant, email at dana.robinson-rush@ct.gov.

Hospital-Medical (facility only): DSS, Division of Health Services, Medical Policy Section: Colleen Johnson, Medical Policy Consultant at colleen.johnson@ct.gov.

Family Planning Clinics: DSS, Division of Health Services, Medical Policy Consultant at catherine.holt@ct.gov.