Blue Cross Blue Shield Blue Care Network of Michigan
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Provider alert
Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠
Category: Billing/claims/coding
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Changes to maternity billing requirements starting Oct. 9, 2026

Effective Jan. 1, 2027, the American Medical Association, or AMA, will discontinue global, bundled payment codes for prenatal, delivery and postpartum care and replace them with individual evaluation and management, or E/M, or designated obstetric procedure codes.

To support a smooth transition and accurate reimbursement of services, we're implementing billing requirement changes starting on **Oct. 9, 2026**. The interim requirements only apply to prenatal visits for Blue Cross Blue Shield of Michigan and Blue Care Network commercial, Medicare Plus Blue and BCN Advantage members expected to deliver on or after Jan. 1, 2027.

What you need to do

Billing requirements depend on when the patient's first prenatal visit occurs.

Billing detail	For patients presenting for their first prenatal visit on or before Oct. 8	For patients presenting for their first prenatal visit on or after Oct. 9
Code	**E/M codes** are required for prenatal claims if the patient has three or fewer visits with the same provider group in 2026. **Use bundled codes** for prenatal claims if the patient has four or more visits with the same provider group in 2026.	**E/M codes** are required for patients presenting for their first prenatal visit on or after Oct. 9. **Exception:** Continue to bill using bundled prenatal codes if the patient has four or more visits with the same provider group in 2026.
Modifier	Use of the TH modifier isn't required.	The use of the TH modifier will be a prerequisite for processing all prenatal claims using the designated E/M codes.

What to expect next

We may require the usage of additional modifiers with the E/M codes starting Jan. 1, 2027. We'll communicate more information in the coming months.

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