

Maternity Billing Codes

Update Regarding Global Maternity Billing: Any services rendered after March 1, 2026 billed with global codes as follows: Postpartum Bundled Services CPT codes- 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, Prenatal Bundled Services CPT codes- 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005. will be rejected/denied on your remittance advice with code 272 “Coverage/program guidelines were not met.”

This change in policy is made to comprehensively gather all individual services rendered as well as be in alignment with ACOG anticipated guidelines.

Medicaid Providers must bill for maternity services claims using individual service codes rather than global maternity codes that bundle multiple services.

Please use the approved individual codes listed below when billing maternity services per date of service:

Florida Medicaid Individual Maternity Codes	
Code	Code Description
Delivery	
59409	Vaginal delivery only (with or without episiotomy and/or forceps) without postpartum care.
59260	Cesarean Delivery Only After Attempted VBAC (Delivery-Only Global)
59612	Vaginal delivery only after previous cesarean delivery.
59514	Cesarean delivery only without postpartum care.
Prenatal Care	
CPT: 99202-99205, 99211-99215, 99242-99245, 99457, 99458, 99483	Prenatal Visits
Postpartum Care	
CPT: 57170, 58300, 59430, 99202-99205, 99211-99215	Postpartum Care

Thank you for your attention to this matter and for your continued commitment to Molina Members.

Should you have any questions, please contact your Provider Relations Representative or Provider Services at (855) 322-4076.