ACUVANCE | Coker

Current Billing Practice vs. Expected Attribution Change

Episode Phase	Service Component	Typical Performing Provider(s)	Billing & Attribution Through 2026 (Global OB Framework)	Expected Billing & Attribution Beginning 2027 (Discrete Framework)	Cesarean-Specific Considerations	Compensation / FMV Relevance
Presentation & triage	Initial labor evaluation and admission decision	Laborist, OB physician, APP, midwife	Often embedded within global OB care or subject to payer-specific E/M billing rules; professional credit typically attributed to prenatal care provider	Expected to be separately recognizable evaluation and management service attributed to performing clinician	No difference	Establishes inpatient attribution where work historically went uncredited
Intrapartum management	Ongoing labor management prior to delivery	Laborist, OB physician, midwife	Embedded within global OB billing with limited billing and productivity visibility to performing clinician	Anticipated discrete intrapartum management services attributed to performing clinician	Continues until decision for operative delivery	Drives measurable inpatient effort and pooled productivity reconsideration
Escalation decision	Decision to proceed with operative delivery	Laborist, OB physician	Embedded within global OB framework with no distinct billing or attribution	Recognized as part of intrapartum or preoperative management attributed to performing clinician	Applies only to cesarean cases	Reflects higher acuity and physician intensity
Delivery event	Delivery of infant	Laborist, OB physician, midwife	Delivery-only CPTs (e.g., 59409 vaginal; 59514 cesarean) when permitted, or included in global obstetric codes (59400 / 59510), with attribution typically assigned to prenatal care provider	Expected separately recognized delivery service attributed to performing clinician	Operative delivery introduces higher intensity	Central productivity and FMV driver

For further information, please contact:

Hunter Wolfel | Vice President
hwolfel@cokergroup.com | (470) 758–4943

cokergroup.com
info@cokergroup.com

ACUVANCE | Coker

Current Billing Practice vs. Expected Attribution Change

Episode Phase	Service Component	Typical Performing Provider(s)	Billing & Attribution Through 2026 (Global OB Framework)	Expected Billing & Attribution Beginning 2027 (Discrete Framework)	Cesarean-Specific Considerations	Compensation / FMV Relevance
Post-delivery management	Immediate post-delivery or postoperative management	OB physician, APP	Included in obstetric or surgical global period with bundled attribution	Expected separately recognizable postoperative or inpatient management attributed to performing clinician	Additional postoperative care for cesarean cases	Clarifies incremental workload
Inpatient postpartum	Routine inpatient postpartum management	OB physician, APP, midwife	Included in global OB construct with limited attribution granularity	Expected separately recognizable postpartum services attributed to performing clinician	May follow postoperative phase	Defines inpatient scope and staffing burden
Attribution outcome (economic result)	Professional billing and productivity credit	—	Frequently attributed to prenatal care provider regardless of inpatient services performed	Attributed to clinician performing each service component	No difference	

- There are proposed changes for labor and delivery care that would transition from the legacy global framework to service-level CPT codes.
- The change will impact care models in place for labor and delivery units, given the shift in hour work is attributed to the labor and delivery care teams.
- Emphasis should be focused on employment compensation models and financial support models with laborist groups.

For further information, please contact:

Hunter Wolfel | Vice President
hwolfel@cokergroup.com | (470) 758-4943

cokergroup.com
info@cokergroup.com