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CPT 2027 Maternity Coding Readiness Checklist

A Scored Self-Assessment for Health Plans

Why we built this

CPT 2027 replaces the single global maternity billing code with four distinct phases of care: antepartum, labor management, delivery, and postpartum. It takes effect January 1, 2027, and it touches nearly every function inside a health plan, from claims and clinical policy to provider relations and member experience.

This checklist is a fast way to see where your organization actually stands. Score yourself honestly across five core functions, then use the summary grid at the end to see the real picture – not just whether you're "ready," but where the gaps are concentrated and how much exposure you're carrying into January 1.

How to score this checklist

Score every item 0, 1, or 2: 0 for not started, 1 for in progress, 2 for fully in place. Add up each section for a score out of 10, then carry all five section scores into the summary grid at the end for a total out of 50.

1. Payment Integrity & Claims Operations

The unit of payment is moving from one bundled claim to four. That means new edit logic, new claim volume, and new decisions about what bills separately.

- ☐ Bundling, mutually exclusive, and add-on logic updated for the new four-phase structure. (0, 1, 2)
- ☐ Edit logic in place for concurrent billing across multiple clinicians. (0, 1, 2)
- ☐ Adjudication rules defined for pregnancies spanning 2026 and 2027. (0, 1, 2)
- ☐ A monitoring plan is active for claim volume and cost shifts after go-live. (0, 1, 2)
- ☐ A clear internal standard for when a service bills separately versus bundles into another service. (0, 1, 2)

Section 1 Score: ____ / 10

2. Clinical Policy & Medical Necessity

The hardest CPT 2027 questions are clinical, not financial: what counts as complex, and which pregnancies justify more intensive care.

- ☐ Clinical guardrails exist for straightforward versus complex labor management. (0, 1, 2)
- ☐ High-risk conditions warranting greater service intensity have been identified. (0, 1, 2)
- ☐ Payment policy reflects realistic care pathways, not just historical billing. (0, 1, 2)
- ☐ Clinically defensible rationale is documented to support policy under appeal. (0, 1, 2)
- ☐ Clinical policy has formally signed off on the new coding logic. (0, 1, 2)

Section 2 Score: ____ / 10

3. Provider & Network Readiness

ACOG and the AMA led this change, but the practices billing under it are the ones who have to operationalize it, the same day you're adjudicating under it.

- ☐ The provider network has been notified of new coding and billing expectations. (0, 1, 2)
- ☐ Education materials exist on documentation, modifiers, and comanagement. (0, 1, 2)
- ☐ High-volume maternity providers have been flagged for early outreach. (0, 1, 2)
- ☐ Peer benchmarking can separate normal variation from true outliers. (0, 1, 2)
- ☐ An escalation path exists for recurring billing disputes. (0, 1, 2)

Section 3 Score: ____ / 10

4. Member & Benefit Experience

A member used to seeing one claim for their pregnancy is about to see several, and employer clients will notice the shift too.

- ☐ Cost-sharing impact of unbundled billing has been modeled. (0, 1, 2)
- ☐ Prenatal, delivery, and postpartum benefit language has been updated. (0, 1, 2)
- ☐ Call-center and front-line teams are prepared for maternity billing questions. (0, 1, 2)
- ☐ Member education explains why more line items may appear on explanation of benefits. (0, 1, 2)
- ☐ ASO and employer clients have been briefed on expected claim changes. (0, 1, 2)

Section 4 Score: ____ / 10

5. Data, Quality & Outcomes

More granular data is only an advantage if your team can actually act on it.

- ☐ Baseline maternity cost and utilization data has been captured before go-live. (0, 1, 2)
- ☐ Episode groupers span all four new phases of care. (0, 1, 2)
- ☐ Postpartum engagement and cesarean quality measures are ready to track. (0, 1, 2)
- ☐ Provider- and market-level variation can be compared after implementation. (0, 1, 2)
- ☐ Dashboards connect payment, quality, outcomes, and provider signals in one place. (0, 1, 2)

Section 5 Score: ____ / 10

Your readiness summary

Bring your five section scores together here for the full picture.

Function	Score
1. Payment Integrity & Claims Operations	____ / 10
2. Clinical Policy & Medical Necessity	____ / 10
3. Provider & Network Readiness	____ / 10
4. Member & Benefit Experience	____ / 10
5. Data, Quality & Outcomes	____ / 10
Total	____ / 50

What your score means

40–50: On track

- Focus your remaining effort on your two weakest sections. You're in a position to refine, not rebuild.

25–39: Partial readiness

- You have a Q4 compression risk. Enough is unfinished that closing the gap in the last stretch before January 1 will strain more than one team at once.

Below 25: Material exposure

- Multiple functions are unprepared for January 1. This is the profile most likely to see billing disputes, member confusion, and provider friction in Q1 2027.

Where to go from here

Where you land on this checklist is the starting point, not the finish line. Once you know where the gaps are, the next question is how to close them, and that's exactly what our white paper, "Preparing for CPT 2027: From OB Global Billing Disruption to Maternal Health Decision Intelligence," is built to help with. It walks through the clinical line between straightforward and complex labor management, the adjudication logic for pregnancies that straddle two calendar years, and a full roadmap for turning this new data into a maternal health strategy instead of a compliance exercise.

If your score above left you with more questions than confidence, especially in payment integrity or clinical policy, the white paper works through those exact questions in more depth. Read it before you finalize your 2026 readiness plan: [download our white paper](#).

About Lyric

Lyric is the trusted leader in healthcare decision intelligence. Built on more than 35 years of proven results, Lyric combines responsible AI with clinical, payment, regulatory and policy expertise to deliver transparent, auditable insights in milliseconds across real-time claims workflows. Lyric augments human decision-making so health plans can make faster, more accurate payments while maintaining full control. Today, Lyric supports 200 million lives, with nine of the top 10 U.S. health plans relying on its platform to reduce waste, improve efficiency, and support accurate payments.

To learn more, visit lyric.ai.

Source

This checklist is adapted from Lyric's white paper, "Preparing for CPT 2027: From OB Global Billing Disruption to Maternal Health Decision Intelligence" (2026). Clinical quality references include measure specifications from the National Committee for Quality Assurance (NCQA), The Joint Commission, and the Centers for Disease Control and Prevention (CDC), as cited in that white paper.

Contact
sales@lyric.ai | lyric.ai