

APA WF #26-12 Obstetrical Unbundling Rule Impact Statement (2026)

A. Purpose of the proposed rule and legal authority (75 OS 253(B)(2)(b)(1), 75 OS 303(D)(2)(a))

The purpose of the proposed rule changes is to comply with federal regulation. The American Medical Association (AMA) had proposed substantial changes to the Current Procedural Terminology (CPT) codes used to bill for obstetric services. CMS requires states to use CPT codes for billing in Medicaid and sets rates for services based on those codes. OHCA policy changes are necessary to adopt the new obstetric billing structure.

The legal authority for this proposed rule is 63 O.S. §5007(C)(2). Federal regulations formally mandating this policy change are expected to be promulgated in November 2026 and be effective January 1, 2027.

B. Brief description of the proposed rule (75 OS 253(B)(2)(b)(3))

The proposed policy changes revise billing policy for obstetric services to align with upcoming changes to the Current Procedural Terminology (CPT) codes. CPT codes, which are maintained by the American Medical Association (AMA), are the foundation of claims-based billing used in fee-for-service healthcare delivery. The AMA has proposed comprehensive changes to the way maternity and obstetric services are billed. Currently, obstetric services are billed and reimbursed using bundled codes. The bundled codes will be discontinued on January 1, 2027. The AMA is developing and revising codes to report each obstetric service separately. The proposed policy changes update OHCA billing guidance to reflect the new obstetric billing structure.

C. Classification of proposed rule (75 OS 253(B)(2)(b)(2))

Classification: Major

Justification: The proposed changes are expected to have an annual cost of \$1,147,942. The proposed changes do not create coverage for new services; they change how covered services are billed.

Total annual implementation and compliance costs: \$1,146,942 in state share.

Methodology used to calculate costs (75 OS 253(B)(2)(b)(7)): Estimated the utilization of unbundled services from those that were bundled. Estimated some new rates from CMS with some data they provided. Final rates will not be available from CMS until November or December.

D. Description of affected classes of persons most likely to be impacted by the proposed rule (75 OS 253(B)(2)(b)(4), 75 OS 303(D)(2)(b))

Physicians, physician assistants, certified nurse midwives, licensed midwives, Rural Health Centers, Federally Qualified Health Centers, and certain I/T/U facilities will be positively affected by this rule.

E. Description of classes who will benefit from the proposed rule (75 OS 253(B)(2)(b)(5), 75 OS 303(D)(2)(c))

The proposed policy changes will benefit obstetric providers and the OHCA. Obstetric providers will be able to bill and be reimbursed for services as they deliver them. OHCA will be able to track utilization of specific obstetric services and use that data to better address maternal care issues.

- F. Comprehensive economic impact analysis** (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(d)): The proposed changes are expected to have an annual cost of \$1,147,942. The proposed changes do not create coverage for new services; they change how covered services are billed.

Methodology used to calculate costs (75 OS 253(B)(2)(b)(7)): Estimated the utilization of unbundled services from those that were bundled. Estimated some new rates from CMS with some data they provided. Final rates will not be available from CMS until November or December.

- G. Probable costs and benefits to OHCA and other agencies** (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(e))

The only anticipated costs to OHCA are those incurred for one-time systems changes to allow usage of the new and revised obstetric codes. These system changes are necessary to comply with federal regulations. All other implementation considerations, such as provider education and quality oversight, will be absorbed by existing agency capacity. OHCA will benefit from better quality utilization data.

There are no anticipated impacts of the proposed rules on other agencies.

- H. Economic impact on political subdivisions and whether their cooperation is required** (75 OS 253(B)(2)(b)(8), 75 OS 303(D)(2)(f))

There is no anticipated economic impact on any political subdivisions, and their cooperation is not required.

- I. Economic impact on small businesses** (75 OS 253(B)(2)(b)(9), 75 OS 303 (D)(2)(g))

Some obstetric providers may be small businesses. Providers' billing staff may require training on the new codes; however, other payers will likely require unbundled billing as well. The proposed policy changes are likely to benefit those small businesses by aligning billing and reimbursement with services actually provided.

- J. Measures taken to minimize compliance costs and assessment of less costly, less intrusive, or nonregulatory alternatives** (75 OS 253(B)(2)(b)(10), 75 OS 303(D)(2)(h))

To minimize compliance costs, only the minimum necessary changes to obstetric provider rules are proposed here. Current rules require providers to use the obstetric global billing codes. Those codes will not be available in 2027. Policy changes are necessary to ensure providers are not required to use a code that does not exist. Moreover, the unbundling of obstetric codes has been driven by providers.

K. Effect of the rule on public health, safety, and the environment (75 OS 253(B)(2)(b)(11), 75 OS 303(D)(2)(i))

The proposed rule changes are anticipated to have a positive effect on public health and safety in the long term. Unbundling obstetric codes will allow OHCA to better understand obstetric service utilization in Medicaid and provide better data to address maternal health issues.

L. Detrimental effects if the proposed rule is not implemented (75 OS 253(B)(2)(b)(12), 75 OS 303(D)(2)(j))

If the proposed rules are not implemented, obstetric providers will be required to use a billing code that does not exist and OHCA will not be compliant with federal regulation.

M. Summary of and preliminary comparison to existing or proposed federal regulations (75 OS 303(D)(2)(n))

The proposed changes are aligned with anticipated federal regulations obstetric billing. The American Medical Association (AMA) maintains the Current Procedural Terminology (CPT) codes, which are the foundation of claims-based billing in the fee-for-service delivery system. CMS requires claims-based billing in Medicaid by adopting the CPT codes and using them to set rates for healthcare services. CMS does this annually. OHCA expects CMS to formally adopt the AMA revisions to obstetric codes and release rates in November 2026 to be effective January 1, 2027. Rulemaking is necessary now to ensure compliance with the anticipated federal implementation date of unbundled obstetric codes.

N. Analysis of alternatives to adopting the proposed rule (75 OS 303(D)(2)(l))

If the proposed rules are not adopted, obstetric providers will be required to use a billing code that does not exist and OHCA will not be compliant with federal regulations.

O. Estimates of internal OHCA employee time and other resources used to develop the proposed rule (75 OS 303(D)(2)(m))

Policy staff time: 30 hours
 Finance staff time: 50 hours
 Medical staff time: 100 hours
 Provider engagement and education staff time: 30 hours
 Systems staff time: 50 hours
 SoonerSelect operations staff time: 15 hours
 Communications staff time: 15 hours
 Legal staff time: 10 hours

P. Date statement prepared or modified (75 OS 253(B)(2)(b)(13), 75 OS 303(D)(2)(k))

Prepared: July 22, 2026

Modified: August 6, 2026; September 16, 2026; October 15, 2026