DEPARTMENT OF HUMAN SERVICES

September 8-21, 2026

{Fighting fraud, waste and abuse} {News and updates} {Training and more} {Provider Connect}

News and resources for providers enrolled to serve Minnesota Health Care Programs (MHCP) members. We list the current messages and include links to view older messages. Get provider news and other MHCP updates through our free provider email lists.

Systems announcements

We will update this section with information about MN–ITS availability, technical information and other systems announcements when necessary.

Steps for providers who cannot access new profile requests in MPSE

Some providers who started an MPSE New Profile Request before the June 13, 2026, migration to LoginMN are not seeing their requests in MPSE, or have been unable to log in to MN–ITS using LoginMN.

The Minnesota Provider Screening and Enrollment (MPSE) portal is Minnesota Health Care Programs' secure online tool that lets providers enroll and manage their enrollment records with MHCP.

Scenario A: If you started an MPSE new profile request before June 13, 2026, and cannot see your request in MPSE and are able to log in to MN–ITS through LoginMN:

- Call the **MHCP Provider Resource Center** and ask for a "**portfolio return key**" ticket to be assigned to an MPSE specialist.

Scenario B: If you started an MPSE new profile request before June 13, 2026, and cannot log into LoginMN:

1. Register with LoginMN to create a temporary MPSE account. Follow the Steps for New Enrollers to Register for MPSE to create your temporary account. You must create a separate temporary account for each new profile request you created. **Use the same email address to create each temporary MPSE account**. Each temporary MPSE account can only be assigned one request.
2. Then, call the **MHCP Provider Resource Center** and ask for a **"portfolio return key"** ticket to be assigned to the MPSE specialist. You must request a separate portfolio return key for each new profile request you started in MPSE.

(pub. 8/3/26)

Information for providers who started enrollment requests in MPSE before June 13, 2026

Providers who started an enrollment request in the Minnesota Provider Screening and Enrollment (MPSE) portal before the switch to LoginMN on June 13, 2026, may not be able to see their enrollment request ID when accessing MN–ITS and selecting MPSE. This is a known issue and we are working to restore access. We will post a message on this webpage when this is resolved. Creating additional tickets or emailing to report this issue results in an increased backlog. Additionally, we are working through the current backlog of LoginMN tickets in the order they were received. Thank you for your continued patience while waiting for us to get back to you. (pub. 7/6/26)

A message from Minnesota IT Services regarding LoginMN

MNIT Services moved MN–ITS and MPSE to the new LoginMN sign-in system. Some users have had trouble signing in or getting into these applications since the move.

This is caused by the system move, not by anything related to a provider's account or status.

If you're having trouble accessing the application, please reach out to your MN–ITS site primary administrator first. If they can't fix the issue, they should email the MNIT Services MN–ITS Help Desk at dhs.tier2@state.mn.us with a short subject line describing the problem, such as: email change needed, MFA issues, password problems, registration email needed, or SFTP issues.

Thank you for your patience while we work on this move. MNIT Services is responding to reports as quickly as possible. (pub. 6/22/26)

MN–ITS move to LoginMN Frequently Asked Questions posted

We have posted a MN–ITS move to LoginMN Frequently Asked Questions (PDF). LoginMN is a widescale, all-Minnesota state agency effort to improve security, enhance program integrity and pull all state applications under one sign on. (pub. 6/17/26)

Instructions for accessing MN–ITS through LoginMN

The MN–ITS login moved to LoginMN on June 13, 2026. Minnesota Health Care Programs providers will use the LoginMN website to access MN–ITS. **You will not be able to log into MN–ITS until after your registration with LoginMN is complete.**

We included instructions in this message to assist providers with using this process for the first time. Follow these instructions if you are a current MN–ITS user. Additionally, the Accessing MN–ITS through LoginMN video explains these instructions with screenshots of the process.

Use the following instructions to access MN–ITS through LoginMN for the first time:

1. Locate the email from **noreply_prod@login.mn.gov** sent on June 13, 2026. Make sure to check your spam and junk mail if you do not find the email in your inbox.
   Note: If you cannot locate your email, please email dhs.healthcare-providers@state.mn.us with subject: LoginMN and in the body include the email address you would like the registration email sent. Include all email addresses of all users if you have multiple users who did not receive the registration email.
2. Click the Complete the Registration button to start your LoginMN registration.
3. On the registration page, enter the email address where you received your LoginMN email and click **Send Code**. We will email a verification code to the email address.
4. Locate the verification code and enter it in the **Verification Code** field.
5. Enter the password you want to use for your account in the **New Password** field and then reenter the password in the **Confirm New Password** field.
6. Set up multifactor authentication by selecting your preferred method of authentication. If you are not sure which option to choose, select **Phone**. Then click **Continue**. **Note:** We recommend not using the passkey option as losing your passkey will lock you out of your account. Do not use a phone number with an automatic answering service. You must be able to receive the authentication code by either answering the phone or receiving a text message.
7. Complete your multifactor authentication by following the prompts on your screen. If you selected the **Phone** option, choose either a phone call or a text message to receive your authentication code. If you selected **Authenticator App**, you will need to identify the app you are using and complete the process using that app to receive your authentication code.
8. Enter the authentication code you received in the **Verification Code** field and click **Confirm code**.
9. After confirming your code, you will be taken to the Minnesota Partner Apps website. We recommend bookmarking this website. Select **DHS MN–ITS** on your screen.
10. Agree to the terms and conditions by checking the box and then click **Continue**.

11. If you have access to multiple NPI or UMPIs in MN–ITS, select the NPI/UMPI that you need to be active for this MN–ITS session and then click **Continue**.
12. To choose a different NPI or UMPI, click the **Logout** button at the top of the MN–ITS home page to go back to the Minnesota Partner Apps webpage and select **DHS MN–ITS**. Then agree to the terms and conditions to display the NPI or UMPI selection screen again.

After completing your registration, use your bookmark for the LoginMN website. You will be prompted to log in using your email address and password. Additionally, any links to MN–ITS that you previously saved will automatically redirect you to the LoginMN website. (pub. 6/15/26)

Minnesota Health Care Programs (MHCP) experiencing high call volume

Due to new legislative updates and revalidations, the MHCP Provider Resource Center is experiencing high call volume. You may experience a longer wait time or you will have to call back at a different time.

You may also refer to the following webpages:
- MHCP billing resources webpage for billing resources
- MHCP provider training webpage for free training sessions for specific provider types and services

We will offer free question and answer sessions for the MPSE Portal beginning Feb. 7, 2024. Refer to the Minnesota Provider Screening and Enrollment (MPSE) portal training webpage for more information about the sessions.

Fighting fraud, waste and abuse

The following online resources are updated on a regular basis:
- Frequently asked questions for the **pre-payment review** process announced by Governor Walz on Oct. 29, 2025.
- Provider frequently asked questions and Minnesota Revalidate 2026 for the current **off-cycle revalidation** effort.
- Medicaid program integrity for the department's broader **program integrity** efforts.

(July 23, 2026) Moratorium on enrollment of NEMT providers located in the seven-county metro area extended

The Minnesota Department of Human Services has extended the moratorium on enrolling nonemergency medical transportation (NEMT) providers located in the seven-county metro area which includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

The enrollment moratorium, effective beginning Jan. 27, 2026, is now extended to Jan. 27, 2027. We will not enroll any new NEMT providers located in the seven-county metro area during this time. NEMT providers located in any Minnesota county that is outside the seven-county metro area can enroll.

Email transportation.DHS@state.mn.us with any questions about this message. (pub. 7/23/26)

(July 14, 2026) Clarifying termination dates for providers appealing a revalidation determination on enrollment records with high-risk services

The Minnesota Department of Human Services has received many questions from providers currently appealing a revalidation termination made for their enrollment records with high-risk services, as part of Minnesota Revalidate 2026. Providers currently engaged in the appeals process as part of Minnesota Revalidate 2026 should refer to the following information for clarification on termination dates.

Termination dates

Providers who are working with the Minnesota Department of Human Services through the appeals process will not be terminated – even if their termination date has passed – until an appeal determination is made. Many providers in appeals

currently have an outstanding Request for More Information (RFMI) notice, which requires the provider to respond with the additional information requested within seven business days.

We are working to allow for continued waiver service billing and Service Authorizations to be entered while the appeal is in process.

Help for providers

Providers who need assistance are encouraged to respond to calls from the Minnesota Department of Human Services and letters about their appeal and revalidation, and can connect with our staff by:

- Attending a virtual MPSE portal technical drop-in session, held daily, Monday through Friday, from 1 to 2 p.m.
- Sending appeal materials and questions to: provider.enrollment.appeals.dhs@state.mn.us.
- Sending general questions regarding revalidation to: revalidation.inquiries.dhs@state.mn.us.

If it has been more than 30 days since you submitted your appeal and you have not heard from us via your MN–ITS mailbox, email, U.S. Postal Service or MPSE notes, call the Provider Resource Center (PRC) at 651-431-2700 or 800-366-5411 or use the PRC contact form so we can check the status of your appeal. The PRC is open 8 a.m. to 4:15 p.m. (closed from noon to 12:45 for lunch), Monday through Friday. The contact form is available online 24 hours a day, seven days a week. (pub. 7/14/26)

(July 10, 2026) Temporary moratorium on enrolling high-risk service providers extended

The Centers for Medicare & Medicaid Services has approved our request to extend the temporary moratorium on enrollment of providers of 12 of the 14 high-risk services identified by the Minnesota Department of Human Services (DHS). The extension is effective from July 27, 2026, through Jan. 27, 2027.

DHS will continue to:

- No longer accept new provider enrollment applications for these services.
- Not process any new provider enrollment submissions, including those previously submitted and currently pending in the queue.
- Keep the moratorium in place for at least six months and may extend it if necessary.

A moratorium on enrolling Early Intensive Developmental and Behavioral Intervention providers was previously extended to Oct. 31, 2026. The Housing Stabilization Services program ended Oct. 31, 2025, and we stopped enrolling Housing Stabilization Services providers.

This moratorium does not impact member enrollment. (pub. 7/10/26)

View all fighting fraud waste and abuse messages

View all fighting fraud, waste and abuse messages.

News and updates

(Sept. 16, 2026) Extended rates remediation deadline for some DWRS framework services

The Minnesota Department of Human Services (DHS) has extended the timeline for ongoing rate remediation for some Disability Waiver Rate System (DWRS) framework services. As a result, lead agencies may continue making updates to service agreements beyond the original deadline of May 31, 2026.

The extension will allow lead agencies to continue splitting service agreement lines between June 30, 2026, and July 1, 2026, in the Medicaid Management Information System (MMIS).

Lead agencies can refer to the Disability Services Division (DSD) eList announcement, DHS extends the rates remediation deadline in MMIS for instructions.

Providers with services that are impacted by rate remediation should look for updated service agreements in their MN–ITS mailbox.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 9/16/26)

(Sept. 14, 2026) 2026 Nursing Facility rates information available, claims to be reprocessed

The Minnesota Department of Human Services (DHS) Nursing Facility Rates and Policy division published a new rates document for 2026. You can access the document using the Nursing Facility Portal. DHS will be reprocessing claims going back to Jan. 1, 2026, to pay at the 2026 rate. These rates will apply retroactively in most cases for both medical assistance and private pay. This will also apply to hospice room and board claims with patients living in nursing facilities.

Email Greg Leahy at greg.leahy@state.mn.us for assistance if you:

- do not receive a remittance advice that reflects reprocessing the 2026 claims at the 2026 rates after 30 days from the rate notice publication date, or
- received a remit for the reprocessing of 2026 dates of service that looks incorrect

It may take a couple of remit cycles to get all the 2026 claims reprocessed correctly. Your email to Greg Leahy regarding claims or remits must include:

- your name,
- the name of the nursing facility,
- the NPI or IID number of the facility (both numbers appear on all pages of the rate notices),
- a phone number that DHS can contact you,
- a brief description of your question or concern.

You should encrypt emails containing protected health information (PHI) or exclude PHI from your emails. (pub. 9/14/26)

(Sept. 11, 2026) Elderly Waiver customized living services minimum daily rate adjustment

The 2026 Minnesota Legislature approved changes to the rate floor (minimum daily rate) adjustment for customized living services providers designated as disproportionate share facilities.

To qualify for the rate adjustment, a disproportionate share facility must meet all the following requirements as of Sept. 1, 2026:

- The facility was eligible for the disproportionate share rate adjustment in application year 2023 and received minimum daily rate payments in rate year 2024.
- At least 83.5% of residents are customized living residents using the Elderly Waiver (EW), Brain Injury (BI) or Community Access for Disability Inclusion (CADI) waivers.
- Of the 83.5% of customized living residents using EW, BI or CADI waivers, at least 70% of those customized living residents must use the EW waiver.

The Minnesota Department of Human Services (DHS) is not accepting new disproportionate share facility applications. DHS is only accepting applications from facilities determined eligible for the disproportionate share rate adjustment during the application period in September 2023.

The Minnesota Legislature approved a minimum daily rate adjustment of $141 for calendar year 2027. Eligible facilities will receive an adjustment up to the minimum daily rate on claims for residents who:

- Use the EW waiver, and

- Receive 24-hour customized living services.

The adjustment applies to claims from Jan. 1 through Dec. 31, 2027. It does not apply to BI or CADI waiver claims.

Currently approved and eligible facilities can apply during the Sept. 1–30, 2026, application period using EW Customized Living Services Disproportionate Share Facility Application (DHS-8157) (PDF).

Review the Aug. 25, 2026, eList for additional information. (pub. 9/11/26)

(Sept. 9, 2026) Substance Use Disorder (SUD) nonresidential (outpatient) group counseling and group psychoeducation claims information

Minnesota Health Care Programs has identified claims processing errors that may be impacting the following SUD procedure codes implemented Aug. 1, 2026:

- H0004 U8
- H0005 U8
- H2027 U8
- H2027 U8 HQ
- H2017 U8
- H2017 U8 HQ

We are updating our system and will reprocess claims after the update. Providers do not need to resubmit claims. The claims reprocessing may occur during the next several warrant cycles.

We have reprocessed the following service codes and they may appear on your Sept. 11, 2026, remittance advice:

- H0005 U8 group counseling with modifier GT
- H2027 U8 HQ group psychoeducation with modifier HA

(pub. 9/9/26)

(Sept. 9, 2026) Obstetric (OB) Coding online survey available

The Minnesota Department of Human Services wants to better support obstetric (OB) providers through the upcoming OB coding changes effective Jan. 1, 2027 (refer to CPT 2027 Maternity Care Services code changes for more details).

We invite providers and associated medical billers to take the online 2027 OB Coding Survey to help us learn more about current needs, potential challenges, and opportunities to support billing efforts during this transition. The survey takes about five minutes to complete and ends on **Sept. 30, 2026**. (pub. 9/9/26)

(Sept. 8, 2026) Early Intensive Developmental and Behavioral Intervention (EIDBI) new location enrollment requirements

Minnesota Health Care Programs (MHCP) reminds existing EIDBI agencies who are adding locations that they must apply for a provisional license for each new location before submitting an enrollment record request in the Minnesota Providers Screening and Enrollment (MPSE) portal. Existing EIDBI agencies may complete provisional license applications for new locations using the Provider Hub.

Providers should not submit a new location to MHCP Provider Enrollment and Compliance until they have completed the required licensing process and have an Agency ID for the new location. Additionally, providers must have a background study in NETStudy 2.0 associated with the new location. MHCP will not accept a background study associated with another location operated by the agency.

An EIDBI agency must do the following to add a new location:

- Email eidbi.licensing.dhs@state.mn.us to notify Minnesota Department of Human Services (DHS) EIDBI licensing of the new location request. DHS will unlock the agency's Provider Hub account to allow submission of a new application.
- Submit a provisional license application in the Provider Hub for the new EIDBI location.

- A new Agency ID will be assigned by the Provider Hub when the application has been submitted.
- Licensing will work with NETStudy 2.0 to assign the new Agency ID for the new location.
- Agencies can then complete background studies in NETStudy 2.0 specific to the new location.
- Agencies should include the Agency ID on the Facility/Agency ID page in MPSE when they submit an Enrollment Record request for their new location.

New location applications
EIDBI Licensing will provide the Agency ID for the new location to Provider Enrollment and Compliance after the application is submitted.

Provider Enrollment and Compliance will not create a new provider record for the location until it receives the Agency ID from EIDBI Licensing.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 9/8/26)

(Sept. 2, 2026) CTSS IEP claims incorrectly denying

The Minnesota Department of Human Services is aware that claims for Children's Therapeutic Services and Supports (CTSS) Individualized Education Program (IEP) services in schools are incorrectly denying.

We are working on system update and will automatically reprocess all impacted claims. School districts and providers do not need to take any action or resubmit claims. You may continue to submit new claims as usual, however they will continue to be denied until the system update is complete.

We will post a provider news message with an update on this webpage when available. Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700, option 3, or 800-366-5441, option 3, with questions about this message. (pub. 9/2/26)

(Sept. 1, 2026) Individualized Education Program (IEP) services FY 2025 final and FY 2027 interim rates available

The Minnesota Department of Human Services has sent the IEP Fiscal Year (FY) 2025 final and FY 2027 interim rates to IEP providers via their MN–ITS mailboxes on Aug. 31, 2026.

The document is titled "School NPI #_IEP_20260831_4074_07_FinalFY25_InterimFY27_Rates" and located in the IEP folder. Review the rates and email DHS_RATES_IEP@state.mn.us with questions. (pub. 9/1/26)

(Sept. 1, 2026) 2026 hearing aid volume purchase contract effective Sept. 1, 2026

The 2026 Hearing aid contract, vendors, models, prices, and codes (PDF) became effective Sept. 1, 2026. The 2025 contract expired Aug. 31, 2026.

Providers have a 30-day grace period for dispensing instruments purchased, but not delivered, before the contract expired. You must dispense hearing aids obtained under the 2024 contract before the end of the grace period which is Sept. 30, 2026. This includes hearing aids with approved authorizations.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 9/1/26)

(Aug. 28, 2026) Extended PCA services end Sept. 30, 2026

As part of the current phase of the transition from PCA and CSG to CFSS, members can no longer receive extended personal care assistance (PCA) services after **Sept. 30, 2026**.

Members' case managers or care coordinators are responsible for updating members' extended PCA service authorization lines to end extended PCA on the end date. Providers must not provide extended PCA services beyond Sept. 30, 2026.

Members can continue to receive regular PCA services until they complete the transition to Community First Services and Supports (CFSS).

Refer to the May 12, 2026, eList: Extension to CFSS transition timeline and Aug. 18, 2026, eList: Extended PCA ends Sept. 30, 2026 for more information on these changes. (pub. 8/28/27)

(Aug. 27, 2026) New and renewing CDCS plans must contain unbundled categories by Sept. 1, 2026

The rolling implementation of the Consumer Directed Community Supports (CDCS) unbundling project that began on Feb. 1, 2025, is ending Sept. 1, 2026.

What this means is that starting Sept. 1, 2026:

- Lead agencies must only approve Consumer Directed Community Supports plans developed by the member that use unbundled CDCS service categories.
- The Minnesota Department of Human Services (DHS) will remove the CDCS - Service categories section from the CDCS Policy Manual. We have removed the old version of the CDCS Community Support Plan (DHS-6532) from the DHS Searchable document library (eDocs).
- People receiving CDCS services will submit their CDCS community support plan using unbundled CDCS service categories on the CDCS Community Support Plan (DHS-5788A) (PDF) or using an alternative format containing the same information. Paid CDCS certified support planners must use CDCS Community Support Plan (DHS-5788A) for new and renewing CDCS plans.

Review the Aug. 4, 2026, eList for the full announcement ending the CDCS unbundling project. (pub. 8/27/26)

(Aug. 27, 2026) Billing obstetric services by component transition in progress; new labor and delivery CPT codes available Jan. 1, 2027

The Minnesota Department of Human Services (DHS) will be switching to billing obstetric services by component as recommended by the American College of Obstetricians & Gynecologists (ACOG). The Centers for Medicare & Medicaid Services (CMS) has accepted the new labor and delivery CPT codes into their fee schedule and the new codes will launch Jan. 1, 2027.
Refer to the provider news message "Obstetric coding changes update on recommendations, timeline and resources" posted on July 2 for more information. Additional resources include the following.

- CPT Maternity Care Services Codes and Guidelines | AMA
- New Obstetric Billing Codes: Virtual Town Hall Series | ACOG

Important, CMS is considering implementing HCPCS G-codes that would mimic the current bundled codes and be used instead of the new OB CPT codes if the provider chooses to do so. **DHS reaffirms that we will only accept billing my component (unbundled OB CPT codes) and the G-codes will not be accepted regardless of what is implemented by CMS.** (pub. 8/27/26)

(Aug. 25, 2026) Early Intensive Developmental and Behavioral Intervention (EIDBI) service authorization timeline update

Minnesota Department of Human Services' (DHS) medical review agent Acentra Health is experiencing longer-than-required timelines for EIDBI service authorizations due to an increase in review volume. DHS recognizes the impact on providers and individuals receiving services and appreciates continued patience as Acentra works to return to required timelines.

DHS and Acentra Health are actively increasing review capacity, improving workflow efficiency, and prioritizing cases to reduce the backlog. Acentra Health is prioritizing the following to minimize service disruption:

- Initial Comprehensive Multidisciplinary Evaluations (CMDE) and Individual Treatment Plans (ITP)
- ITPs nearing the end of a service agreement or at risk of an authorization gap

Acentra Health will process incomplete, incorrect, or duplicate cases only after the required corrections are made.

EIDBI provider role in timely review

Timely review depends on accurate routing, complete documentation, and efficient submission practices. The most common causes of avoidable delays include incorrect routing, incomplete submissions and duplicate requests.

Confirm health plan before submission

- Acentra Health reviews and authorizes fee-for-service Medicaid only.
- If the individual is enrolled in a managed care organization (MCO), submit authorization requests directly to the MCO. Acentra Health will reject requests submitted for MCO members and return them to the provider.

Submit complete and accurate CMDEs and ITPs

Complete submissions allow reviewers to process cases without interruption. The following resources support accurate and complete documentation:

- Acentra Health Administrative Submission Checklist_CMDE
- Acentra Health Service Authorization Check_ITP

Incomplete submissions are rejected, denied, or pended and require correction before Acentra Health can continue review.

Avoid duplicate submissions

Duplicate submissions require additional sorting and review, which slows processing for all requests. You should not resubmit cases unless:

- Acentra Health requests resubmission, OR
- You are providing new information

Submit requests early

EIDBI service authorizations may be retroactively approved up to 180 days. Acentra Health cannot retroactively approve authorizations beyond 180 days and will deny the requested dates of service beyond that time. Providers should submit requests at least 30 days before the intended start date to ensure timely review and prevent gaps in authorization. Early submission is especially important for:

- Initial CMDEs and ITPs
- Renewals nearing the end of a service agreement
- Requests at risk of an authorization gap

Incomplete or late submissions may require additional processing time and can further delay review.

Atrezzo review status

Avoid making nonurgent status inquiries so Acentra Health's time may be spent completing service authorization requests. Use the Atrezzo portal for real-time status updates for all requests. (pub. 8/25/26)

(July 2, 2026) Obstetric coding changes update on recommendations, timeline and resources

Minnesota Health Care Programs (MHCP)-enrolled providers can currently bill obstetric services either globally (bundled coding) or by component; however, the American Medical Association (AMA) is eliminating the global CPT codes effective Jan. 1, 2027. Providers have until Dec. 31, 2026, to access the global codes.

Global codes bundle all prenatal visits, delivery, and postpartum care into a single claim. Under the new system, each phase of care — prenatal, labor management, delivery, and postpartum — will be billed separately as services are provided. The Minnesota Department of Human Services will follow updated billing guidance from the American College of Obstetricians & Gynecologists (ACOG).

ACOG recommends providers switch to billing by component for members who begin prenatal care in 2026 and are expected to deliver in 2027.

- For members who begin prenatal care in 2026 and are expected to deliver in 2027, providers should bill each prenatal visit using the appropriate Evaluation and Management (E/M) code (99202–99499); and append the TH modifier to indicate the visit is for obstetric care. ACOG recommends providers begin this by June 1, 2026, and no later than **Sept. 1, 2026.**
- Providers can separately bill services that were previously bundled into the global code, including nutrition counseling and other medically necessary services, in the new coding structure. Bill these using the appropriate codes with the E/M visit and TH modifier.

Timeline

- **June 1, 2026:** Providers are encouraged to begin billing prenatal visits with E/M codes (99202–99499) + TH modifier
- **Sept. 1, 2026:** Providers are encouraged to fully transition to using the appropriate E/M codes (99202-99499) + TH modifier.
- **Jan. 1, 2027:** Global obstetric care services codes are no longer valid. The Minnesota Department of Human Services fully transitions to the new AMA coding methodology.

Refer to ACOG Maternity Care Coding Resources for guidance and tools to support this transition.

For providers who are unable to meet this timeline, ACOG issued the following recommendations for how to continue billing bundled codes in 2026 for pregnant people who are expected to deliver in 2027:

- **May 15 to July 14, 2026:** Use CPT code 59426 with new delivery only codes to account for anticipated 7 or more prenatal visits
- **July 15 to Sept. 1, 2026:** Use CPT code 59425 with new delivery only codes to account for anticipated 4 to 6 prenatal visits
- **Sept. 1, 2026, and onward:** Full transition to Evaluation and Management (E/M) codes as it is likely obstetric providers will only provide 1 to 3 prenatal visits before delivery

Resources

- Webinar video - MHCP Obstetric Coding Changes
- Frequently asked questions: 2027 perinatal billing changes
    - Open Office Hours: We will host open office hours to answer provider questions. Register for the Aug. 13 session from 12:15 to 1 p.m.

Call the MHPC Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 7/2/26)

Check your MN–ITS mailbox regularly

We recommend providers check their MN–ITS mailbox regularly for important correspondence from Minnesota Health Care Programs (MHCP). MHCP delivers the following provider information electronically to each provider's MN–ITS mailbox account.

- Provider news and updates
- Enrollment letters
- Medical, dental and service authorization letters

- Remittance advices

Providers are required to verify member eligibility. Use MN–ITS or call the automated Eligibility Verification System at 651-431-2700 or 800-366-5411 option 1. Review the Verifying MHCP Eligibility in MN–ITS and Understanding Eligibility Results in MN–ITS videos for more information.

Sign up for MHCP Provider Connect weekly provider e-newsletter

The department launched an e-newsletter for providers titled MHCP Provider Connect: A weekly roundup of news, updates and reminders to keep Minnesota Health Care Programs providers informed of developments at the Minnesota Department of Human Services. Our goal is help keep you aware of changes that impact your work and the communities we serve together. Sign up for email alerts on the Email Updates webpage to have these emails sent directly to your inbox.

View more news and updates

View more news and updates.

We keep provider news messages on the Minnesota Department of Human Services website for one year. Refer to the Provider news and updates archive webpage to view archived messages.

Training and more

- Minnesota Provider Screening and Enrollment (MPSE) portal Questions and Answers sessions
- MHCP on-demand video, online MN–ITS training including Provider Basics and more
- MHCP provider policies and procedures
- Latest Manual Revisions
- Grants and requests for proposals

Free online Resources and MN–ITS training available

Minnesota Health Care Programs (MHCP) offers free online training for MHCP-enrolled providers. Go to the MHCP provider training webpage to review the list of available training. (rev. 1/13/26)

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this information.