

# TOWN HALLS: NEW OBSTETRIC CODES

ACOG COMMITTEE ON HEALTH ECONOMICS & CODING

ACOG HEALTH & PAYMENT POLICY TEAM

June 2026



American College of  
Obstetricians & Gynecologists

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# Part 1: E/M for Antepartum Care

June 2, 2026

# Failings of the Obstetric Global Code

Multiple surveys and messages from ACOG members requested that the OB global codes “go away.” The CHEC and ACOG acknowledged the needs of the members and responded.

OB global inconsistencies with ACOG clinical guidance

Work performed that was not accounted for with, nor separately billable from, the OB global codes

The one-provider assumption: all the work in the entire antepartum period, labor, delivery, and postpartum period

Limited data available to assist in calculating risk adjustment for alternative payment models or maternal/birth outcomes

Complex pregnancies are paid the same rate as an uncomplicated pregnancy

Inconsistent application of cost sharing by health plans using the OB global codes

Transfers of care during labor/delivery result in lost funds

Placenta accreta and/or hysterectomy after cesarean is not billable by another surgeon

Multiple postpartum visits are often not paid

# New Codes Starting January 1, 2027

## Antepartum Care

- E/M for every visit

## Labor Management

- Reported daily
- Initial or Subsequent; Straightforward or Complex

## Delivery

- Vaginal or VBAC
- Primary or Repeat Cesarean

## Postpartum Care

- Hysterectomy; 3<sup>rd</sup>/4<sup>th</sup> repair; Uterine tamponade
- E/M for inpatient and outpatient

# Codes Deleted as of January 1, 2027

## Global Codes

- Routine obstetric care including antepartum care, delivery, and postpartum care

## Delivery + Postpartum

- Delivery only, including postpartum care

## Delivery-Only

- Delivery only

## Other Deletions

- Antepartum care only (4-6 visits, 7+ visits)
- Postpartum care only



# **CODING PRENATAL VISITS WITH E/M**

# Prenatal Visits – Medical Decision Making

| <b>MDM LEVEL</b>                       | <b>DIAGNOSIS</b> | <b>DATA</b> | <b>RISK</b> |
|--|------------------|-------------|-------------|
| <b>Straightforward<br/>99202/99212</b> | Minimal          | Minimal     | Minimal     |
| <b>Low<br/>99203/99213</b>             | Low              | Limited     | Low         |
| <b>Moderate<br/>99204/99214</b>        | Moderate         | Moderate    | Moderate    |
| <b>High<br/>99205/99215</b>            | High             | Extensive   | High        |

# DIAGNOSES / PROBLEMS ADDRESSED

## Minimal

- 1 minor problem

## Low

- 2 minor problems
- 1 chronic stable
- 1 acute uncomplicated

## Moderate

- Exacerbated chronic
- 2+ chronic stable
- 1 uncertain prognosis
- 1 acute complicated

## High

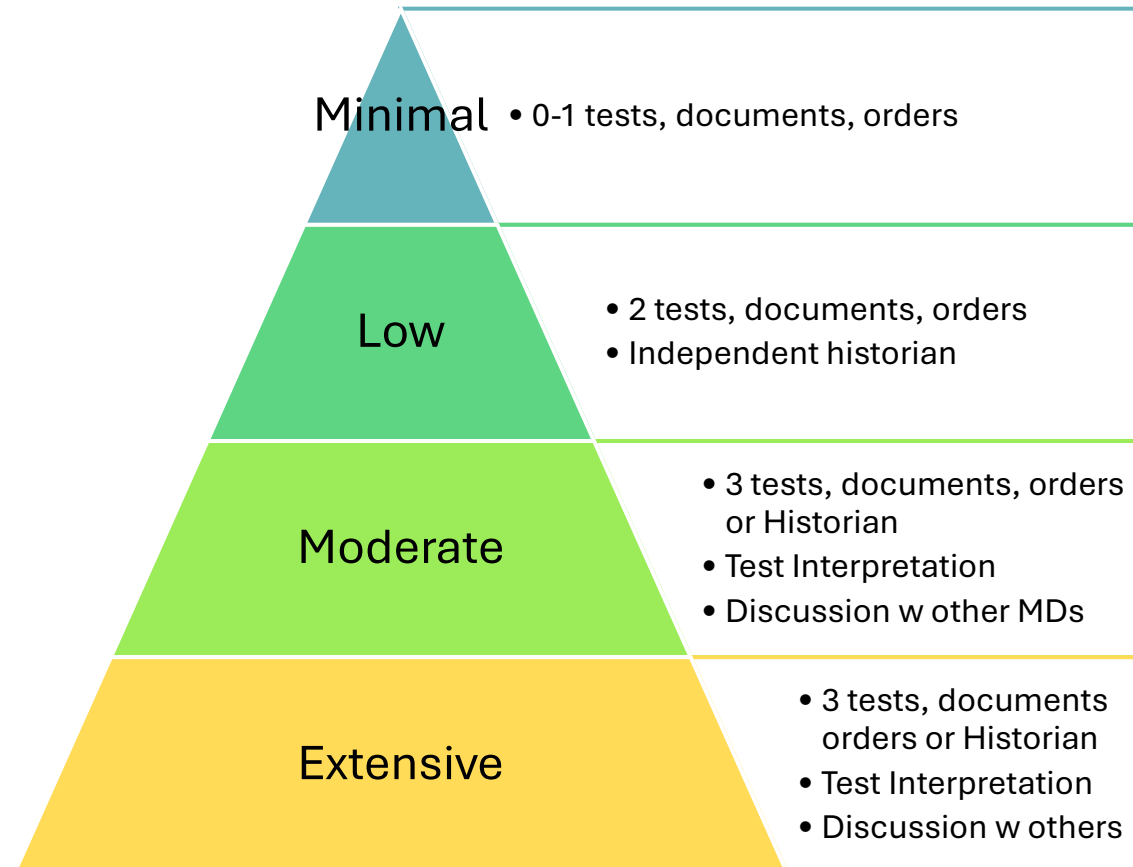
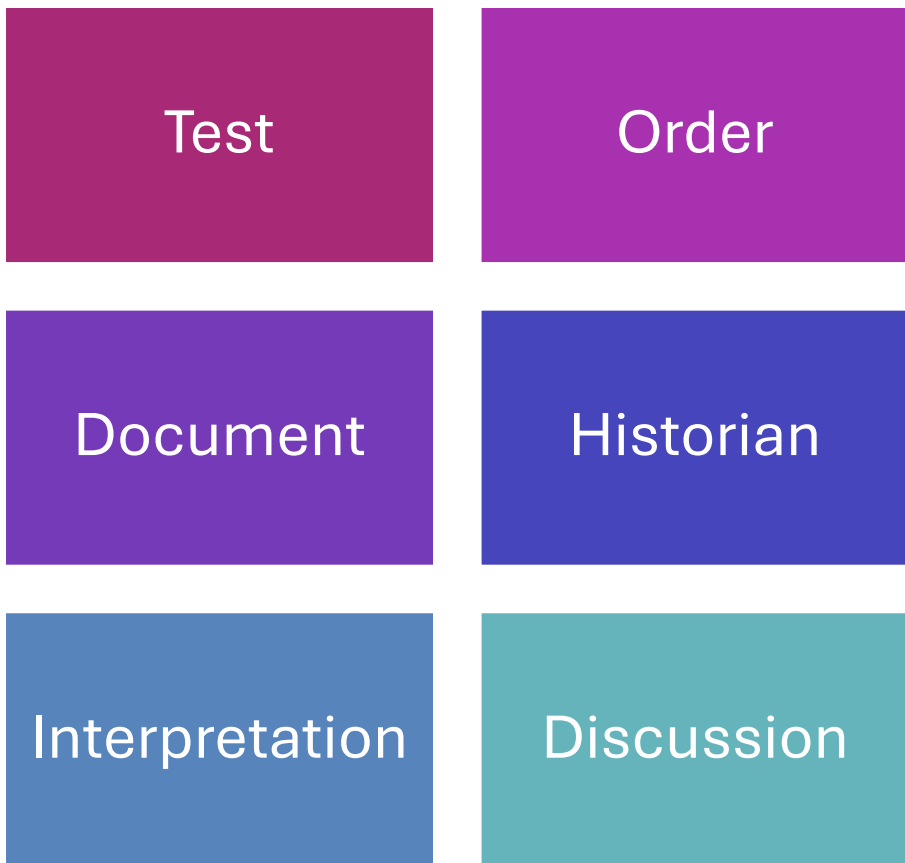
- Severely exacerbated chronic
- Condition poses threat to life or bodily function



# At the AMA CPT and RBRVS 2024 Annual Symposium the following was noted:

- *Even though pregnancy is not an illness, it is a “condition.” For the purposes of E/M reporting to those payers who require unbundling the global package, normal pregnancy may be reported with an E/M as a “problem” addressed. Further, when individual prenatal visits are reported (based on payer requirements) using E/M codes, the level may be chosen by time or medical decision-making as for any other encounter. Recall that only 2 of 3 elements are required to achieve a particular level. A normal pregnancy is not an acute uncomplicated illness and even an uncomplicated antepartum visit does not seem comparable to common examples such as the ones used by CMS in the Table of Risk and CPT in 2021: cystitis, allergic rhinitis or a simple sprain.*
- *While normal pregnancy does not last a year or more, the patient or the fetus’s condition may not be “stable” and **it probably best fits into the moderate category of a “chronic illness with exacerbation, progression or side effects of treatment.”** (Evaluation & Management Q&A, Slide 11)*

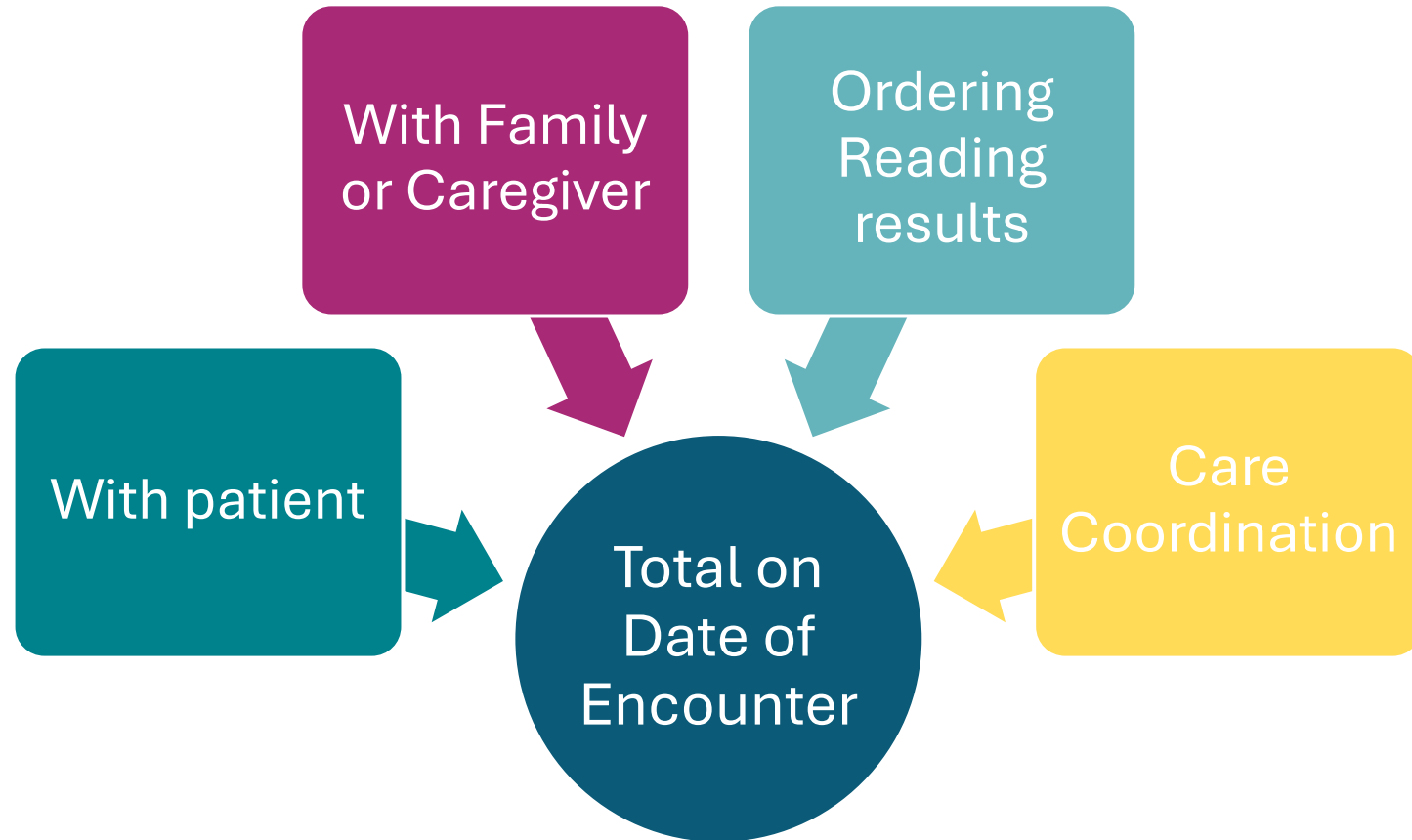
# DATA



# RISK AT THE VISIT

| Risk of Management | Examples  |
|--------------------|---|
| Minimal            | Rest<br>Bandages<br>Superficial dressings   |
| Low                | OTC drugs<br>Minor surgery<br>Physical Therapy / Occupational Therapy<br>IV fluids without additives  |
| Moderate           | Prescription drug management<br>Minor surgery with patient- or procedure-specific risk factors<br>Elective major surgery<br>Social determinants of health                                 |
| High               | Drug therapy with monitoring for toxicity<br>Elective major surgery with risk factors<br>Emergency major surgery<br>Hospitalization<br>Do not resuscitate or decision to de-escalate care |

# CODING USING TIME: HOW MUCH TIME DID I SPEND?



# TOTAL TIME DOCUMENTED

New Patients

Established Patients



# TH Modifier

**ACOG recommends use of the TH modifier in conjunction with E/M codes for prenatal and postpartum visits.**

**Modifier TH: Obstetrical treatment/services, prenatal or postpartum**

**It signals to payers that the service being billed is part of maternal care, distinguishing it from general medical services that may use the same CPT codes (99201-99215, 99341-99350) for evaluation and management (E/M) visits.**



# RESOURCES



Purpose driven. Patient focused.

# RESOURCES



ACOG.org [Payment for Obstetric Services](#)



Courses at every ADM [www.acog.org/education-and-events/annual-district-meetings](http://www.acog.org/education-and-events/annual-district-meetings)



Course in Las Vegas Sept 3 – info to come!



Course in New Orleans Nov 7 [www.acog.org/education-and-events/meetings/payment-in-practice-in-person](http://www.acog.org/education-and-events/meetings/payment-in-practice-in-person)



Future podcast episodes [www.acog.org/practice-management/coding/coding-library/payment-in-practice-podcast](http://www.acog.org/practice-management/coding/coding-library/payment-in-practice-podcast)



New [Clinical Coding on Demand](#) anticipated Nov 2026



AMA-assn.org [CPT Maternity Care Services Codes and Guidelines | AMA](#)

**Explore more ACOG resources to stay ahead of the changes to 2027 obstetric codes.**



**[acog.org/obcodes](https://acog.org/obcodes)**



## **Payment in Practice—In Person!**

**New Orleans, Louisiana | November 7**

Join us in for more details on the new obstetric codes, and other new coding and billing policies for the year.



# Consider Switchover by September 1, 2026



- Current Globals due dates in 2026
- Gray area due dates Dec/Jan
- 59426-7 visits or more due dates Jan/Feb
- 59425-4-6 visits due dates March/ April
- E/M-3 visits or less

# ACOG.ORG

[www.acog.org/education-and-events/webinars/new-ob-codes-virtual-town-hall-series](http://www.acog.org/education-and-events/webinars/new-ob-codes-virtual-town-hall-series)

**June 16, 2026** Registered

**Tue 5:30 PM PDT**

📍 Web

**Townhall: Labor Management & Delivery**

🕒 *Duration 1H 0M*    👤 *Seats Available*

*Part of Townhall: Labor Managem...*

**June 30, 2026** Registered

**Tue 5:30 PM PDT**

📍 Web

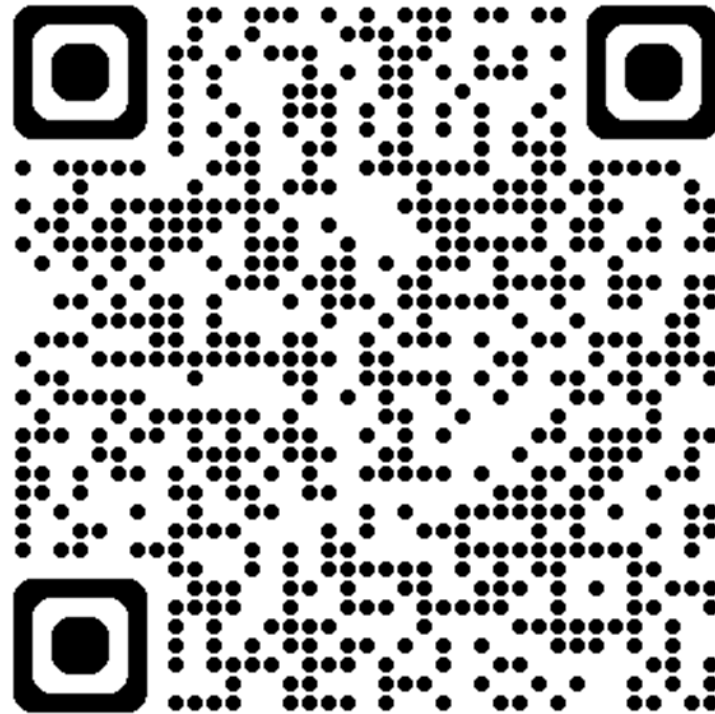
**Townhall: Procedures & Postpartum**

🕒 *Duration 1H 0M*    👤 *Seats Available*

*Part of Townhall: Procedures & P...*

# SUBMIT YOUR CODING QUESTIONS

## Payment Advocacy and Policy Portal



**THANK YOU!**