Making Sense of New Perinatal Billing and Coding for Midwives

September 17, 2026

AMERICAN COLLEGE of NURSE-MIDWIVES

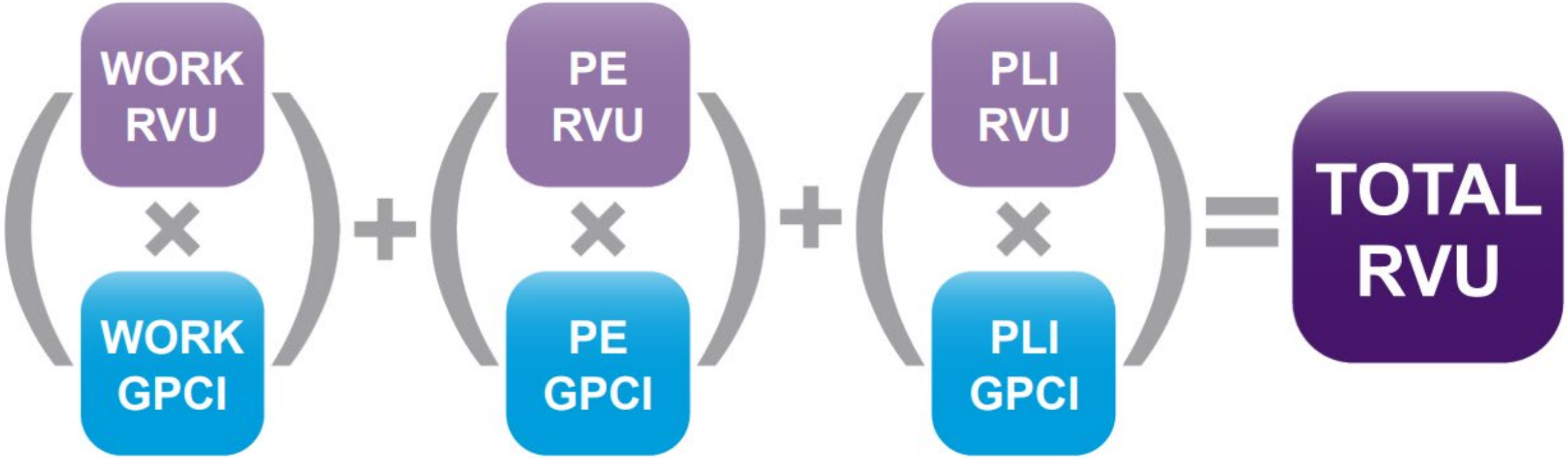
Objectives

- **Describe** the transition from global maternity billing to unbundled obstetric coding and its impact on midwifery practice.
- **Select** appropriate antepartum outpatient E/M codes based on medical decision-making and time.
- **Differentiate** between straightforward and complex labor management and assign the appropriate intrapartum CPT codes by day of care.
- **Apply** correct coding for birth and postpartum care.
- **Implement** documentation practices that support compliant coding, reimbursement, and multi-provider care coordination

Relative Value Scale (RVS)

- Payment system for services provided by physicians, midwives, and other APPs
- Used by Centers for Medicare & Medicaid Services (CMS)
- Based on the resources required to provide a service

AMA, 2026


WORK RVU
×
WORK GPCI
+
PE RVU
×
PE GPCI
+
PLI RVU
×
PLI GPCI
=
TOTAL RVU

RVS Update Committee (RUC)

- Independent group of physicians, nurses, and other clinicians
- Expert panel – 32 physician members; specialty specific and independent of organization
  - Panelists surveyed to review, revise, or develop new CPT codes
  - Members from AMA House of Delegates
- Health Care Professional Advisory Committee (HCPAC) –
  - 13 member organizations
  - Recommend RVU for each CPT code
  - American Nurses Association
    - Role of midwives and influence of midwifery care

What's New…and Why

- Bundled maternity care > > Itemized billing
- Better reflection of the *care actually provided*
  - Labor management
  - Birth
  - Postpartum care
  - Obstetric care procedure
  - Care provided by different clinicians (e.g., midwives, physicians, NPs)
  - Care provided between different settings (e.g., community-birth transfers)

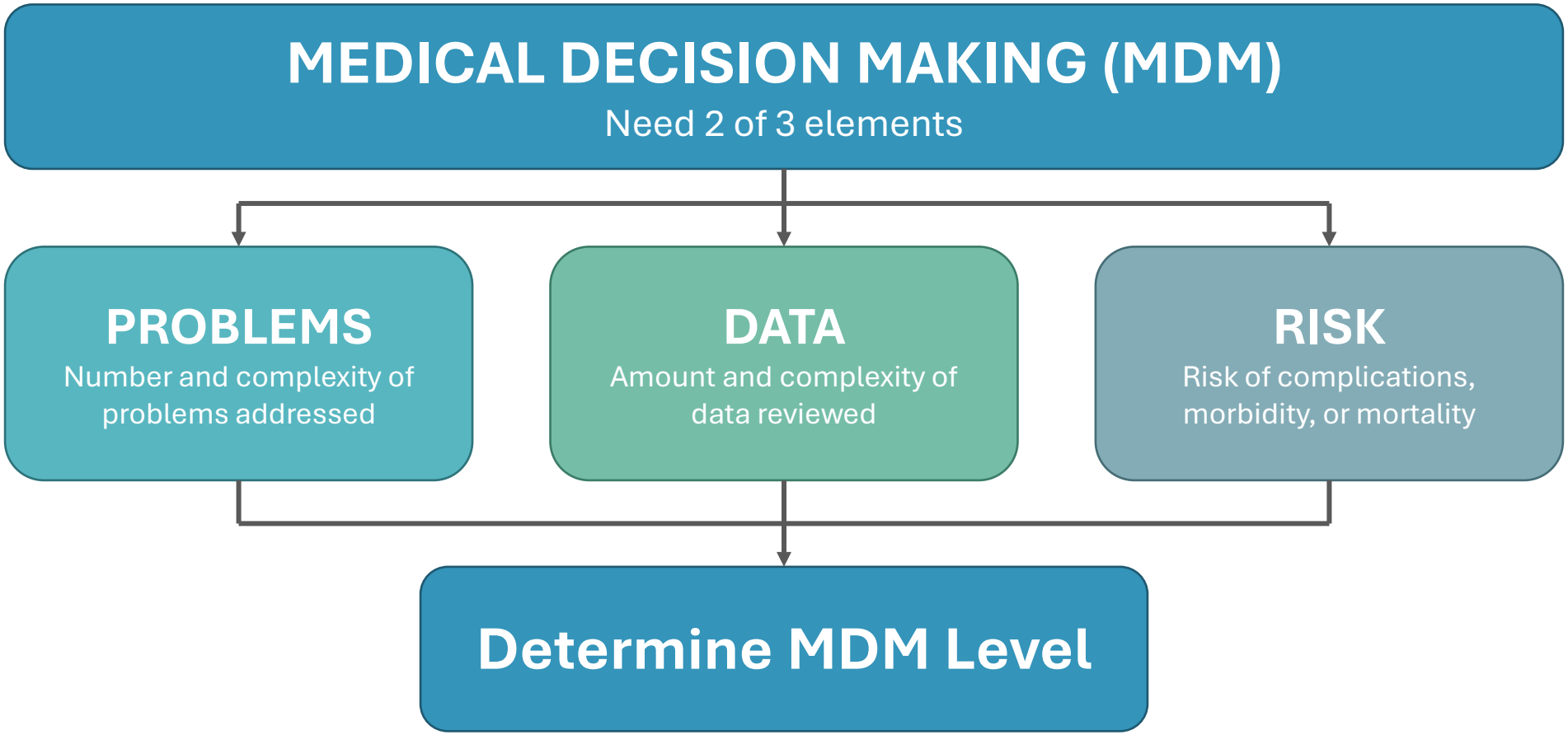
Codes Deleted as of January 1, 2027

Global Codes	Delivery + Postpartum	Delivery-Only	Other Deletions
• Routine obstetric care including antepartum care, delivery, and postpartum care, 59400	• Delivery only, including postpartum care, 59410	• Delivery only, 59409	• Antepartum care only (4-6 visits, 7+ visits), 59425/6 • Postpartum care only, 59430

Prenatal Care

MDM Level	New	Total Time	Established	Total Time	When to use
Straightforward	99202	15-29 min	99212	10-19 min	Initial or routine prenatal visit lasting the indicated time; straightforward problem visit at office or outpatient department at hospital (triage)
Low	99203	30-44 min	99213	20-29 min	Initial or routine prenatal visit lasting the indicated time; low MDM problem visit at office or outpatient department at hospital (triage)
Moderate	99204	45-59 min	99214	30-39 min	Initial or routine prenatal visit lasting the indicated time; Problem visits with moderate MDM at office or outpatient department at hospital (triage)
High	99205	60-74 min	99215	40-54 min	Initial or routine prenatal visit lasting the indicated time; Problem visits with high complexity/MDM at office or outpatient department at hospital (triage)

MDM Level = The Visit Code



MDM Levels of Complexity

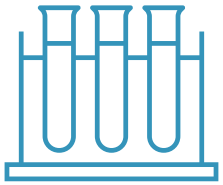
STRAIGHTFORWARD	LOW	MODERATE	HIGH

• 1 minor problem
• Minimal data = <2 or no order/review unique tests or external notes
• Minimal risk plan
	• Stable chronic condition
	  • Uncomplicated acute illness
	• Limited data = 2 category 1 or category 2 (1 of 2)
	• Low risk plan
		• Multiple chronic conditions
		  • Exacerbation of illness
		• Moderate data = 3 from category 1 or category 2 or category 3 (1 of 3)
		• Moderate risk plan
		  • Prescription management, Minor or elective surgery
			• Severe illness or injury
			• Extensive data = 3 from category 1 or category 2 or category 3 (2 of 3)
			• High risk plan
			  • Hospitalization or major intervention

99202 / 99212	**99203 / 99213**	**99204 / 99214**	**99205 / 99215**

Codes shown as new patient / established patient

Amount or Complexity of Data



Category 1: Tests and documents

Review of prior external note(s) from each unique source*;

Review of the result(s) of each unique test*;

Ordering of each unique test*

Category 2: Independent interpretation

Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);

Category 3: Discussion of management or test

Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

Labor Management

Code	Description	When to use
59080	Initial labor management, straightforward	Admission for induction or spontaneous labor; meets ALL straightforward criteria
59081	Initial labor management, complex	Admission for induction or spontaneous labor; does NOT meet ALL straightforward criteria
59082	Subsequent labor management, straightforward	Labor care other than calendar day of admission, meets ALL straightforward criteria
59083	Subsequent labor management, complex	Labor care other than calendar day of admission, meets ALL straightforward criteria

Labor: Straightforward or Complex

Straightforward	Complex
Singleton, vertex presentation	Any labor not defined as straightforward.
Routine maternal/fetal monitoring	
Fetal monitoring not requiring physician or other qualified health provider intervention (e.g., intrauterine resuscitation by someone other than nurse)	
Normal labor progress or routine induction/augmentation	
Stable medical conditions not requiring additional management during labor	
No prior cesarean birth	

Birth

Code	Description	When to use
59431	Vaginal birth	Spontaneous vaginal birth with or without episiotomy, 1st or 2nd degree laceration
59432	Vaginal birth after cesarean (VBAC)	Spontaneous vaginal birth after previous cesarean birth, with or without episiotomy, 1st or 2nd degree laceration
59502	Primary cesarean birth	Cesarean birth, no prior cesarean, scheduled or following labor
59503	Repeat cesarean birth	Repeat cesarean birth, scheduled or following labor
59414	Delivery of placenta only	When delivering placenta for patient who gave birth before arriving at hospital (accidentally or planned), or when delivering placenta for another clinician from a different practice
59300	Repair of first or second-degree laceration or episiotomy by other than primary birth attendant	When completing laceration repair for someone who gave birth outside of hospital or with a clinician from a different practice

Postpartum

Code	Description	Time	When to use
99231	Straightforward or low MDM	25 min	Postpartum care (other than day of birth), uncomplicated
99232	Moderate MDM	35 min	Postpartum care (other than day of birth), moderate complexity
99233	High MDM	50 min	Postpartum care (other than day of birth), high complexity
99238	Hospital discharge	30 minutes or less	For day of discharge care >30 minutes if NOT same day of birth
99239	Hospital discharge	>30 minutes	For day of discharge care <30 minutes if NOT same day of birth
For outpatient postpartum care, use outpatient E/M codes 99212-99215 or telehealth codes 98000-98015			

OB Procedures

Code	Description	When to use
59020	Fetal contraction stress test	To evaluate fetal tolerance of labor-like contractions
59025	Fetal non-stress test	Antenatal fetal surveillance **unrelated to labor**. *In labor, routine fetal monitoring is considered part of labor management codes.
59412	External cephalic version	Manual rotation of fetus from breech or transverse to cephalic presentation
59200	Insert cervical dilator	For cervical ripening prior to induction of labor – laminaria, prostaglandin, cervical ripening balloon
59051	Fetal monitoring by consulting physician or other qualified healthcare provider	If you review another clinician's EFM as part of consultation; most often will be billed by physician when asked to consult or collaboratively manage during labor for abnormal FHR tracing.
59433	Third-degree repair	Repair of 3rd degree perineal laceration
59434	Fourth-degree repair	Repair of 4th degree perineal laceration
59623	Uterine tamponade	Insertion of any uterine device to manage postpartum hemorrhage

Abortion Procedure Codes

Code	Description	When to use
59820	Treatment of missed abortion, completed surgically; first trimester	For manual vacuum aspiration performed by midwives following **missed** abortion
59812	Treatment of incomplete abortion, any trimester, completed surgically	For manual vacuum aspiration performed by midwives following **incomplete** abortion
59841	Induced abortion, by dilation and evacuation	For manual vacuum aspiration performed by midwives for **induced** abortion
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	For care in hospital including induced labor for missed abortion or fetal demise. Does not require D&C/D&E or hysterotomy.
For medical treatment of abortion, use E/M codes (outpatient or telemedicine) as appropriate		

Coding Pearls

- Bill TIME or MDM based on DATA and RISK
  - Time = prep, face-to-face, care coordination, documentation > document exact all components
- ONE labor or postpartum code per GROUP, per CALENDAR DAY
  - Primary clinician providing the service should submit the bill
    - *MD Attending/Admitting in HER or MD consultation does not mean MD gets to bill
- Once labor is labeled complex, it stays complex
- Bill birth AND initial or subsequent day labor management

Coding Pearls

- NEW Modifier
  - -TH modifier for routine prenatal visits (ex: 99213-TH)*
    - *Check w/ your payers.
- Unchanged Modifier to Remember
  - -25 modifier for multiple billable encounters same day
    - Ex: OB seen in office, sent to hospital for eval. Office billed 99213 or 99213-TH, Hospital Triage billed 99214-25
    - Ex: IUD insertion and Routine PP visit same day. 58300 + 99214-25
  - -26 modifier for NST interpretation only; (e.g., when doing NST and you don’t own the machine)
    - Ex: hospital triage E/M visit 9921x-25, NST 59025-26

Coding Practice

Case Scenarios for Group Practice with your Panelists

What's My Code?

Diagnosis = LOW

Data = MODERATE

Risk = LOW

- 26-year-old G1P0 at 24 weeks, routine prenatal
- ICD10: z34.02, z3A.24
- Documented visit findings:
  - Normal fetal movement
  - Reports no concerns, contractions, bleeding, leaking fluid. Sleep and mood are normal
  - BP 112/68. FH = 23cm. FHR normal.
  - Reviewed previous labs – CBC, blood type/screen, A1C/early GCT to guide labs next visit
- Services provided:
  - Pregnancy assessment
  - Education on fetal movement
  - Routine prenatal counseling
  - **25 minutes** of face-to-face, chart review, documentation, and care coordination
  - Follow-up 1 month for routine visit+labs

99213/99203

What's My Code?

Diagnosis = MODERATE

Data = STRAIGHTFORWARD

Risk = MODERATE

- 36-year-old G2P1 at 34 weeks, routine prenatal
- ICD10: O99.613 heartburn 3rd trimester, z34.83, z3A.34
- Visit findings:
  - BP 112/68. FH = 33cm. FHR normal.
  - Reports difficulty falling asleep
  - Heartburn increasing, triggered by certain foods
- Services provided:
  - Reviewed birth preferences
  - Discussed preterm labor signs
  - Prescribe omeprazole
  - Follow-up 2 weeks for routine visit & f/u symptoms

99214/99204

What's My Code?

Diagnosis = MODERATE

Data = MODERATE

Risk = MODERATE

- 29-year-old G1P0 at 32 weeks, routine prenatal
- ICD10:
  - R03.0 Elevated BP without HTN diagnosis, z34.03, z3A.32
  - O13.3 gestational hypertension 3rd trimester, O09.893 supervision other high-risk pregnancy, z3A.32
- Visit findings:
  - BP 146/92 + headache
- Services provided:
  - Labs ordered – CBC, CMP, UPCR
  - Reviews warning signs
  - Plan for outpatient follow-up

99214/99204

What's My Code?

- 29-year-old G1P0 at 36 weeks, routine prenatal
  - previously elevated BP
- ICD10:
  - O13.3 gestational hypertension 3rd trimester, z3A.36
  - O14.x pre-eclampsia, , z3A.36
- Visit findings:
  - BP 146/92 + headache
- Services provided:
  - Labs ordered – CBC, CMP, UPCR
  - Reviews warning signs
  - Refer to the hospital for evaluation and possible labor induction
  - With or without OB consultation

Diagnosis = MODERATE	O13.3 GHTN
Diagnosis = HIGH	O13.3 preE
Data = MODERATE	w/o consult
Data = HIGH	w/ consult
Data = MODERATE	outpatient f/u
Risk = HIGH	Hospital eval

99214/99204 or
99215/99205

What's My Code?

Diagnosis = HIGH

Data = LOW

Risk = MODERATE

- 37 weeks, presents to **hospital triage** with decreased movement
- ICD-10: O36.813 decreased FM 3rd trimester; z3A.37
- Visit findings:
  - Non-Reactive non-stress test
  - Biophysical profile 8/8 (radiology performed/interpreted)
  - In triage x2h and feels movement by end
- Services provided:
  - Non-stress test interpretation
  - Biophysical profile order/review
  - With or without consultation with OB
  - Counseling on fetal movement monitoring and warning signs

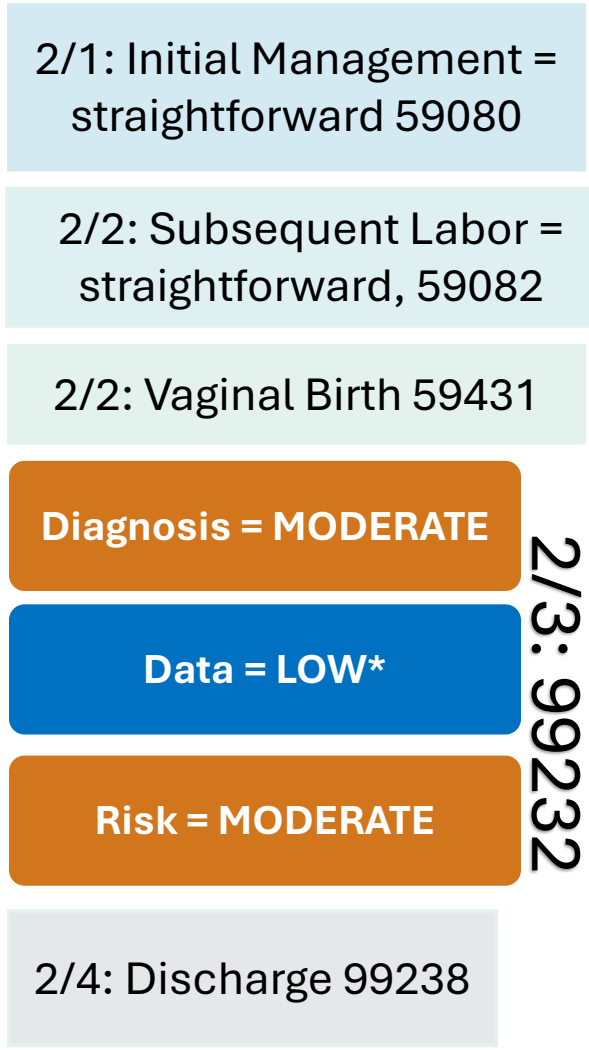
99214/99204

+CPT 59025-26*

*59025 = NST, modifier 26 = interpretation only. Used when you don't own the machine (e.g., hospital triage/OBED); If you own the machine, 92214/99024-25 (for multiple services) + 59025

What's My Code?

- G1P0 at 39 weeks, uncomplicated pregnancy
- Course:
  - Admitted in active labor at 2/1 at 1800
    - 3rd trimester anemia, no symptoms*
    - Physiologic progress [STRAIGHTFORWARD]
  - Vaginal birth at 2/2 at 0130
    - Intact perineum, normal blood loss
  - Postpartum care 2/3
    - Reviewed labs*, Breastfeeding support
    - Anemia, symptomatic > > IV iron
  - Discharged 2/4, 25 min
- ICD10 = O80, O99.03 (prior anemia now PP)*, z3A.39, **z37.0**



What's My Code?

- G1P0 at 39 weeks, uncomplicated pregnancy
- Course:
  - Admitted in active labor at 2/1 at 1800
    - FHR category II requiring intrauterine resuscitation & internal monitoring at 2300
  - Vaginal birth at 2/2 at 0130
    - Partial 3rd degree laceration repaird by MD
  - Postpartum care 2/3
    - With or without additional pain management or peri care
    - Routine care/counseling
  - Discharged 2/4, 28 minutes

- ICD10 = O80, O76, O70.21, z3A.39, **z37.0**

2/1: Initial Management = complex 59081

2/2: Subsequent Labor = Complex, 59083

2/2: Vaginal Birth 59431 (CNM) Repair 59433 (MD)

Diagnosis = MODERATE

Data = LOW*

Risk = Straightforward

2/3: 99231

2/4: Discharge 99238

What's My Code?

- G1P0 at 39 weeks, IOL for gestational HTN
- Course:
  - Admitted for induction at 2/1 at 1000
    - Misoprostol q4h
    - Transcervical catheter placed w/ miso #4
    - No BP treatment
  - Labor care 2/2
    - Prolonged active phase
  - Birth 2/3
    - Vacuum assisted vaginal birth at 0300
    - 2nd degree laceration
    - Uterine atony treated with JADA device; QBL 1100
  - Postpartum care 2/4
    - PO iron for anemia
    - Routine care/counseling
  - Discharged 2/5, 31 minutes
- ICD10 = O80, O13.3, O63, O72.1, D62, z3A.39, **z37.0**

2/1: Initial Management = straightforward, 59080

2/2 & 2/3: Subsequent Labor = Complex, 59083

2/3: Vaginal Birth 59431
Uterine tamponade 59625-25
*CNM or MD

Diagnosis = MODERATE

Data = LOW*

Risk = Straightforward

2/4: 99231

2/5: Discharge 99238

What's My Code?

**Talk to your contracts and billing/coding teams. Could depend on contractual relationship and "coverage".*

- G1P0 at 39 weeks, induction of labor for gestational hypertension
- Course:
  - Admitted for induction at 2/1 at 1000
    - Misoprostol q4h
    - Transcervical catheter placed w/ miso #4
    - No BP treatment
  - Labor care 2/2
    - Prolonged active phase
    - BP severe range > > Magnesium

2/1: Initial Management = straightforward, 59080

2/2: If care transferred to MD SAME PRACTICE*
CNM = no charge
MD = Subsequent Labor Complex, 59083

2/2: If care transferred to MD DIFFERENT PRACTICE*
CNM = 59083
MD = Initial management Labor Complex, 59081

What's My Code?

- G1P0 at 41 weeks, uncomplicated pregnancy
  - Planned community birth
- Course:
  - Admitted in active labor at 2/1 at 1800
    - Physiologic progress
  - Labor 2/2
    - Transfer to hospital to CNM or MD group
    - Epidural
    - Augmentation with amniotomy
  - Vaginal birth at 2/2 at 0130
    - Intact perineum
  - Postpartum care and Discharge 2/3
    - Breastfeeding support; routine care
    - 35 minutes providing care + teaching

2/1: Initial Management = straightforward, 59080

2/2: Subsequent Labor = Complex, 59083

2/2: HOSPITAL TEAM
Initial management Labor = Complex, 59081

2/2: Vaginal Birth 59431

2/3: Discharge 99239

What's My Code?

Admission, Birth, Routine Postpartum Care, Discharge

SAME CALENDAR DAY

- 59080 – initial, straightforward
- 59431 – vaginal birth
- 99239 – discharge > 30 minutes

What about a VBAC?

- Initial + subsequent labor management = COMPLEX
- Birth = 59432

Additional Resources

AMERICAN COLLEGE of NURSE-MIDWIVES

POLICY CENTER FOR Maternal Mental Health™

MBC MIDWIFERY BUSINESS CONSULTATION

Grow Midwives®

ACOG American College of Obstetricians & Gynecologists