2027 Antepartum Codes and Guidelines: What's Changing?

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June 4, 2026

Some rules will change.

Some long-standing questions will finally be clarified.

And some guidance stays the same.

Introduction

The CPT Maternity Services section will be significantly restructured in 2027. These changes affect antepartum, delivery, and postpartum services and reflect how maternity care is delivered today. The current framework dates back to 1990 and has not been substantially updated since. It was built around a model in which one physician managed the patient throughout the maternity period, with relatively few referrals or special tests. Today, obstetric care is more complex, more collaborative, and more individualized. The era of one-size-fits-all maternity coding is over.

I am beginning with antepartum coding because these changes cannot wait until the new year. They will shape coding, billing, and provider documentation for patients who become pregnant from mid-June through December 2026 and have due dates beginning in January and February 2027. This article is Part 1 of a series on the 2027 antepartum CPT changes. In the weeks ahead, I will take a closer look at the codes themselves, the documentation they require, and the billing strategies they demand. For now, the focus is on what is changing, what is being clarified, and what remains the same.

The Changes

How Will Antepartum Care Be Coded?

Now: Antepartum care is part of the global obstetric package, which includes routine prenatal care, delivery, and postpartum care. It is typically reported using a global delivery code, with the claim

held back until after the delivery and initiation of postpartum care. The antepartum-only codes from the Maternity Services section (CPT 59425 and 59426) are used only when the global package must be split. E&M codes are reported only when there are three or fewer routine visits.

2027: Antepartum care is reported with the appropriate evaluation and management (E/M) code for the setting and service provided. This may include office or outpatient visits, telemedicine, virtual check-ins, home visits, hospital inpatient or observation services, and critical care, as appropriate.

What is Included in Antepartum Care?

Now: Antepartum care includes the initial prenatal history and physical, follow-up prenatal history and physical exams, recording weight, blood pressure, fetal heart tones, routine chemical urinalysis, and the standard visit schedule: monthly through 28 weeks, every two weeks through 36 weeks, and weekly until delivery. Other visits or services during this time are coded separately.

2027: Standard E&M coding rules apply. Separate procedures should be reported separately. If the E&M service is distinct from the procedure, it may also be billed, with modifier 25 when appropriate. Point-of-care diagnostic tests, including routine in-office urine testing, are now separately billable.

How should routine care be coded when physicians, insurance, or pregnancy outcome differ?

Now: If all or part of antepartum and/or postpartum care is provided but delivery is not, such as after pregnancy termination or referral to another physician for delivery, antepartum and postpartum care codes 59425, 59426, and 59430 may be used.

2027: Antepartum billing is no longer tied to delivery codes. Report the appropriate E&M code for each visit, regardless of physician, timing, location, insurance, or pregnancy outcome.

How are the sections and code ranges changing?

Now: The section is titled *Antepartum and Fetal Invasive Services for Maternity Care and Delivery* and includes CPT codes 59000–59076.

2027: The section becomes *Antepartum Procedures and Fetal Invasive Services* and expands to CPT codes 59000–59871. Antepartum-only codes 59425 and 59426 are removed. Some services previously listed elsewhere move into this section. Fetal scalp monitoring moves out because it is considered part of labor management, not antepartum care.

Can a physician bill for an antepartum office visit and a hospital admission on the same day?

Now: Both services are usually included in the global obstetric package, or only one E&M service may be reported if the visit falls outside the package.

2027: If a pregnant patient is seen in one setting, such as the office or emergency department, and then admitted to the hospital for something other than labor management on the same day, both services may be reported separately. Modifier 25 may be appended to the initial E&M service to unbundle it from the hospital care. In practical terms, if the physician sees the patient in the office and later performs the hospital admission that same day, both E&M services may be billed, with modifier 25 on the office visit.

Clarifications

What is the CPT definition of "antepartum"?

Now: The CPT guidance does not clearly define the term.

2027: Antepartum care is defined as the management of pregnancy before the onset of labor.

Can diagnostic imaging be billed separately?

Now: This appears to be allowed, but it is not stated clearly.

2027: Yes. Antepartum and fetal invasive procedures may be reported separately from antepartum E&M visits. Diagnostic imaging services, including obstetrical ultrasound and fetal MRI, may also be billed in addition to the antepartum E&M service.

How should services be coded when a QHP (NP, PA, etc.) cannot report E&M services?

Now: The CPT guidance does not address this directly.

2027: When care is provided by a nonphysician qualified health care professional who cannot report E&M services, report the specific service instead, such as genetic counseling (96041) or medical nutrition therapy (97802–97804).

Stays the Same

The following coding guidance remains unchanged.

How should confirmation of pregnancy be coded?

Now: Pregnancy confirmation during a problem-oriented or preventive visit is not part of antepartum care and should be reported with the appropriate E&M code for that encounter.

2027: Pregnancy confirmation during any encounter is still reported with the appropriate E&M code for that setting. What changes is the framework: there is no longer a concept of the "start of the OB package" or an "initial antepartum visit" in CPT.

How should procedures for pregnancy complications be coded?

Now: Surgical complications of pregnancy, such as appendectomy, hernia, ovarian cyst, or Bartholin cyst, are reported from the Surgery section.

2027: This guidance remains the same: report surgical complications of pregnancy from the Surgery section.

Where Can I Find the New 2027 Guidelines and Codes?

You can download the 2027 guidelines and codes from the AMA's maternity care page: ama-assn.org/cpt-maternity-care. The AMA also offers additional resources there if you want a deeper dive into the changes.

Sources

- *CPT 2026 Professional Edition*
- CPT 2027 Official Maternity Services Guidelines
- AMA Webinar "A Coding Primer: Previewing the CPT® 2027 Restructure for Maternity Care Services Codes," June 2, 2026.

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