

The following information provides CPT Editorial Panel-approved codes and guidelines for maternity care services to be effective Jan. 1, 2027 as part of the Current Procedural Terminology (CPT®) 2027 code set, unless noted otherwise.

It is being published early to assist CPT users in preparing for the significant revisions to this section of the CPT code set. Since minor refinements may occur during copyediting, users should consult the AMA's *CPT® 2027 Professional Edition* codebook, when available, for final language.

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## ► Maternity Care Services ◀

► Maternity care includes outpatient and inpatient antepartum care, labor management, delivery care, and inpatient and outpatient postpartum care.

Pregnancy confirmation during any encounter may be reported with the appropriate evaluation and management (E/M) code for that setting (eg, office or other outpatient E/M, preventive medicine service).

For care provided by a nonphysician qualified health care professional who may not report E/M services (eg, genetic counselors, dietitians), refer to the specific service (eg, genetic counseling [96041], medical nutrition therapy [97802, 97803, 97804]).

For surgical complications of pregnancy (eg, appendectomy, hernia, ovarian cyst, Bartholin cyst), see the **Surgery** section.

For care provided to the newborn, see inpatient newborn care services, such as normal newborn care services (99460, 99461, 99462, 99463), delivery/birthing room attendance and resuscitation services (99464, 99465), pediatric critical care patient transport (99466, 99467, 99485, 99486), inpatient neonatal critical care (99468, 99469), or initial and continuing intensive care services (99477, 99478, 99479, 99480). ◀

## ► Antepartum Care ◀

► Antepartum care includes the management of pregnancy prior to the onset of labor. Antepartum care is reported with the appropriate evaluation and management (E/M) codes (eg, office or other outpatient services [99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215], telemedicine services [98000-98015], virtual check-in [98016], home or residence services [99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350], initial or subsequent hospital inpatient or observation services [99221, 99222, 99223, 99231, 99232, 99233], hospital inpatient or observation care services [including admission and discharge services] [99234, 99235, 99236], critical care services [99291, 99292]).

When the pregnant person is admitted to the hospital for other than labor management, as an inpatient or to observation status in the course of an encounter in another (initial) site of service (eg, hospital emergency department, office), the services in the initial site may be separately reported. Modifier 25 may be added to the other E/M service to indicate a significant, separately identifiable service by the same physician or other qualified health care professional was performed on the same calendar date. ◀

## ▶ Antepartum Procedures and Fetal Invasive Services ◀

▶ Antepartum and fetal invasive procedures may be separately reported from antepartum evaluation and management (E/M) visits. Any diagnostic imaging services (eg, obstetrical ultrasound evaluation of the fetus[es] including maternal pelvis and placenta [76801-76828], fetal magnetic resonance imaging [74712, 74713]) may be separately reported in addition to antepartum E/M visits. ◀

(For fetal intrauterine transfusion, use 36460)

(For unlisted fetal invasive procedure, use 59897)

**59000** Amniocentesis; diagnostic

(For radiological supervision and interpretation, use 76946)

**59001** therapeutic amniotic fluid reduction (includes ultrasound guidance)

**59012** Cordocentesis (intrauterine), any method

(For radiological supervision and interpretation, use 76941)

**59015** Chorionic villus sampling, any method

(For radiological supervision and interpretation, use 76945)

**59020** Fetal contraction stress test

**59025** Fetal non-stress test

▶ (59050 has been deleted. For interpretation and report of fetal heart tracing, use 59051. If a consultation is requested for parturient or fetal well-being other than fetal heart monitoring, see the appropriate E/M codes) ◀

**59070** Transabdominal amnioinfusion, including ultrasound guidance

**59072** Fetal umbilical cord occlusion, including ultrasound guidance

**59074** Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance

- 59076** Fetal shunt placement, including ultrasound guidance
- # **59320** Cerclage of cervix, during pregnancy; vaginal
- # **59325** abdominal
- #▲ **59412** External cephalic version
- # **59866** Multifetal pregnancy reduction(s) (MPR)
- # **59871** Removal of cerclage suture under anesthesia (other than local)

## ► Labor Management ◀

► Labor management involves integrated decision making to assess, support, and balance the well-being of the parturient (ie, pregnant person who is in labor or preparing for birth) and fetus(es), including managing medical conditions or complications (eg, cardiac or neurological conditions, diabetes, hypertension, preeclampsia, abnormal fetal heart tracings, labor dystocia). The goal of labor management is to optimize parturient and fetal well-being to achieve the delivery of the fetus(es).

Interim physical examinations and collection and interpretation of physiologic data (eg, partograms, tocometric data, vital signs, pulse oximetry [94760, 94761, 94762]), and induction/augmentation of labor (eg, mechanical cervical dilation/ripening methods, prostaglandins, oxytocin, amniotomy) are included in labor management and are not separately reported.

Labor management codes are used to report initial and subsequent day labor management services for the parturient admitted to the facility (eg, hospital, birthing center). Guidelines for use of labor management codes are similar to evaluation and management (E/M) services, such that:

- the codes require a face-to-face encounter with the parturient;
- the codes are reported once per calendar date;
- multiple visits occurring by the same physician or other qualified health care professional (QHP) or same group practice over the course of a single calendar date in the same setting are reported as a single labor management service;
- a continuous visit (ie, requiring continuous personal physician or other QHP attendance at bedside or elsewhere on the floor or unit focused on a single parturient) that spans the transition of two calendar dates is a single service and is reported as a single service on one of the two calendar dates.

When a physician or other QHP, regardless of specialty or group, is on call for or covering for another physician or other QHP, the patient's encounter will be classified as it would have been by the physician or other QHP who is not available.

When advanced practice nurses (eg, certified nurse midwives) and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

Initial day labor management (59080, 59081) includes the E/M work for admission to the facility. Initial day labor management may only be reported once per setting using the highest level (ie, straightforward or complex) of labor management provided on that calendar date. Initial labor management may only be reported when one of the following criteria is met:

- the first calendar date the parturient requires labor management services or induction begins;
- the physician or other QHP or same group practice has not previously performed labor management services during the same facility admission and stay;
- the parturient is transferred to a new facility after receiving labor management services at the previous facility; or
- a physician or other QHP of a different specialty or subspecialty assumes care for reasons other than covering for another physician or other QHP (eg, escalation of care for medical necessity).

If no criterion above is met, subsequent day labor management (59082, 59083) is reported. When the parturient is admitted to the facility (eg, hospital, birthing center) for labor management in the course of an encounter in another (initial) site of service (eg, hospital emergency department, office), the E/M service in the initial site may be separately reported. Modifier 25 may be added to the E/M service to indicate a significant, separately identifiable service by the same physician or other QHP was performed on the same calendar date as initial day labor management.

Subsequent day labor management (59082, 59083) may be provided on multiple calendar dates, provided the treatment by the physician or other QHP is intended to result in delivery. Subsequent labor management may be reported once per calendar date using the highest level (ie, straightforward or complex) of labor management services provided on:

- each calendar date subsequent to the initial day labor management service calendar date that the parturient receives labor management services, and the encounter does not meet one of the criteria for reporting initial day labor management services;
- the calendar date of delivery, provided that labor management services are performed.

Subsequent day labor management may not be reported on a calendar date when the initial day labor management service begins.

Labor complexity consists of two levels of labor management: straightforward and complex. For reporting purposes, the level of labor management is based on the condition of the parturient and fetus(es) and the complexity of medically necessary medical decision making and associated services. The duration of labor does not indicate the complexity of labor management, unless prolonged labor is diagnosed.

Report the highest level of labor management performed once per calendar date. For example, if labor management begins as straightforward, but during the same calendar date transitions to complex labor management, report only complex labor management for that calendar date. Straightforward and complex labor management are classified as follows:

<b>Levels of Labor Management</b>	
<b>Straightforward</b>	<b>Complex</b>
If <b>all</b> of the following are not met, refer to complex labor management:	Any labor management that is not explicitly defined as straightforward in this table.
<ul style="list-style-type: none"> <li>■ Singleton vertex presentation</li> <li>■ Routine maternal/fetal monitoring</li> <li>■ Fetal monitoring (eg, heart rate) not requiring physician or other QHP intervention</li> <li>■ Normal progression of labor or routine labor induction or augmentation</li> <li>■ Stable medical conditions (eg, well-controlled hypertension, diet-controlled diabetes) not requiring additional management during labor</li> <li>■ No previous cesarean delivery</li> </ul>	<p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>■ More than one fetus</li> <li>■ Fetal monitoring (eg, heart rate) abnormalities requiring a change in management requiring physician or other QHP intervention</li> <li>■ Prolonged first or second stage of labor</li> <li>■ Labor complications (eg, intraamniotic infection and/or inflammation, preeclampsia)</li> <li>■ One or more severe maternal morbidity indicator(s) (eg, acute renal failure, eclampsia)</li> <li>■ Maternal medical conditions (eg, hypertension, diabetes, morbid obesity) requiring additional medical management during labor</li> <li>■ Previous cesarean delivery</li> </ul>

When the physician or other QHP is consulted during labor management but does not assume care for the parturient or fetus(es), the consultant may report their services with E/M codes, such as synchronous audio-video E/M (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), initial hospital inpatient or observation care (99221, 99222, 99223), inpatient or observation consultation (99252, 99253, 99254), or interprofessional telephone/internet/electronic health record (99446, 99447, 99448, 99449, 99451).

When a patient presents for a scheduled or planned cesarean delivery and is not in labor, a labor management code is not reported.

When labor begins or when an induction is planned during a current hospitalization, report initial day labor management (59080, 59081) for the calendar date labor or induction begins. Do not report hospital inpatient and observation care services (99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236) on the same calendar date as labor management when the same physician or other QHP or another physician or other QHP in the same group practice is managing both the hospital care and labor.

For labor management of multiple gestations, labor management is only reported once per calendar date, regardless of the number of fetuses. ◀

- **59080** Initial day labor management; straightforward, per day
  - ▶ (Do not report 59080 in conjunction with 59081, for the same calendar date) ◀
- **59081** complex, per day
  - ▶ (Do not report 59080, 59081 in conjunction with 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236) ◀
- **59082** Subsequent day labor management; straightforward, per day
  - ▶ (Do not report 59082 in conjunction with 59083, for the same calendar date) ◀
- **59083** complex, per day
  - ▶ (Do not report 59082, 59083 in conjunction with 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236) ◀

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## ▶ Labor Procedures ◀

- # **59030** Fetal scalp blood sampling
  - (For repeat fetal scalp blood sampling, use 59030 and see modifiers 76 and 77)
- #▲ **59051** Fetal monitoring during labor by consulting physician (ie, non-attending physician) or other qualified health care professional, with interpretation and report

## Vaginal Delivery, Antepartum and Postpartum Care

▶ (59400 has been deleted. For antepartum care, see the appropriate E/M code[s]. For labor management, see 59080, 59081, 59082, 59083. For vaginal delivery, see 59431, 59432. For postpartum care, see the appropriate E/M code[s]) ◀

▶ (59409, 59410 have been deleted. For vaginal delivery, see 59431, 59432. For postpartum care, see the appropriate E/M code[s]) ◀

▶ (59425, 59426 have been deleted. For antepartum care, see the appropriate E/M code[s]) ◀

▶ (59430 has been deleted. For postpartum care, see the appropriate E/M code[s]) ◀

### ▶ Delivery Care ◀

▶ Delivery care begins when labor is complete (presenting part of the fetus is visible and firmly rimmed by the vaginal introitus) or interrupted (eg, arrest of labor is diagnosed and a subsequent decision for cesarean delivery is made). Delivery care includes management of the parturient and fetus(es).

Immediate (same calendar date) postpartum care is considered part of delivery care services and may not be separately reported. When a patient is discharged on the same calendar date as delivery care, do not separately report hospital inpatient or observation discharge day management (99238, 99239).

When postpartum care takes place on a calendar date subsequent to the date of reported delivery care services, report the appropriate E/M code.

Vaginal and cesarean delivery care do not include the work of labor management. ◀

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### ▶ Vaginal Delivery ◀

▶ Vaginal delivery begins when the presenting part of the fetus is visible and firmly rimmed by the vaginal introitus and includes delivery of the fetus and placenta, and repair of first- or second-degree episiotomy or spontaneous lacerations. If a vaginal delivery is attempted and a cesarean delivery occurs, report only the appropriate cesarean delivery code.

A breech vaginal delivery may be reported with a vaginal delivery code (59431, 59432) with modifier 22.

For successful vaginal delivery after a previous cesarean delivery (ie, VBAC), report 59432. If the vaginal delivery attempt is unsuccessful and repeat cesarean delivery is performed, report 59503.

For vaginal delivery of multiple gestations, report one delivery code per fetus. To report a fetus(es) delivered vaginally and a fetus(es) delivered via cesarean delivery for the same parturient, use the appropriate vaginal delivery code (59431, 59432) per fetus delivered vaginally and the appropriate cesarean delivery code (59502, 59503) once regardless of the number of fetuses delivered via cesarean delivery. Labor management is only reported once per calendar date, regardless of the number of fetuses present in a parturient.

First- or second-degree episiotomy or laceration (tear) repair is included in the vaginal delivery care codes (59431, 59432). Repair of a first- or second-degree laceration or episiotomy performed by a physician or other qualified health care professional (QHP) not performing the vaginal delivery may be reported with 59300. Do not report 59300 if a vaginal delivery code is also being reported by a physician or other QHP of the exact same specialty and subspecialty who belongs to the same group practice. Repair of third- or fourth-degree episiotomy or laceration is not included in 59431, 59432, and may be separately reported with 59433, 59434.

For vaginal deliveries, report delivery of placenta (59414) when performed by a physician or other QHP not performing the vaginal delivery. Do not report delivery of placenta if a vaginal delivery code is also being reported by a physician or other QHP of the exact same specialty and subspecialty who belongs to the same group practice. ◀

- **59431** Vaginal delivery, with or without episiotomy;
- **59432** after previous cesarean delivery
- #▲ **59414** Delivery of placenta only (separate procedure)
  - ▶ (Do not report 59414 in conjunction with 59431, 59432) ◀
- #▲ **59300** Repair of first or second-degree episiotomy or laceration, by other than attending physician or other qualified health care professional performing vaginal delivery care (separate procedure)
  - ▶ (Do not report 59300 in conjunction with 59431, 59432) ◀
- **59433** Repair of episiotomy or laceration; third-degree laceration
- **59434** fourth-degree laceration
  - ▶ (For repair of third- or fourth-degree episiotomy or laceration, use 59433, 59434 in conjunction with 59431, 59432, when performed at the time of vaginal delivery) ◀

## ► Cesarean Delivery ◀

► Cesarean deliveries include delivery of the fetus(es) and placenta(s) through the incised abdominal wall and uterus, and closure of the uterine and abdominal incisions. A primary cesarean delivery (59502) is reported for a parturient who has not previously had a cesarean delivery. A repeat cesarean delivery (59503) is reported for a parturient who has previously had a cesarean delivery.

An unscheduled or unplanned cesarean delivery (primary or repeat) in a laboring parturient (ie, expected vaginal delivery) begins at the decision for cesarean delivery, and may be reported in conjunction with labor management (59081, 59083). When a patient presents for a scheduled or planned cesarean delivery and is not in labor, a labor management code is not reported.

A primary cesarean delivery (59502) is typically an unplanned event following labor. When a primary cesarean delivery (59502) is scheduled or planned, and labor does not occur, a labor management code is not separately reported. For any planned or scheduled primary cesarean delivery (59502) that occurs without labor, an evaluation and management service, such as initial or subsequent hospital inpatient or observation care service (99221, 99222, 99223, 99231, 99232, 99233) may be separately reported on the same calendar date when performed.

A repeat cesarean delivery (59503) is typically a planned event without labor, and as such, initial or subsequent hospital inpatient or observation care services (99221, 99222, 99223, 99231, 99232, 99233) are included and may not be separately reported on the same calendar date as a repeat cesarean delivery.

For cesarean delivery of multiple gestations, report only one cesarean delivery code (59502, 59503). To report a fetus(es) delivered vaginally and a fetus(es) delivered via cesarean delivery for the same parturient, use the appropriate delivery code (59431, 59432) per fetus delivered vaginally and the appropriate cesarean delivery code (59502, 59503) once, regardless of the number of fetuses delivered via cesarean delivery. Labor management is only reported once per calendar date, regardless of the number of fetuses present in a parturient.

When a subtotal or total hysterectomy is performed during the same operative session as a cesarean delivery, use 59504. The hysterectomy may be performed by the same or different physician performing the cesarean delivery. ◀

● **59502** Cesarean delivery; primary

● **59503** repeat

► (For ligation or transection of fallopian tube[s] when done at the time of cesarean delivery, use 58611) ◀

► (For subtotal or total hysterectomy performed during the same operative session as the cesarean delivery, use 59504) ◀

- **59504** Subtotal or total hysterectomy after cesarean delivery
  - ▶ (When the same physician performs both the cesarean delivery and hysterectomy, report 59504 with modifier 51) ◀
  - ▶ (For ligation or transection of fallopian tube[s] performed at the time of subtotal or total hysterectomy, use 58611) ◀
  - ▶ (For subtotal or total hysterectomy performed during the same operative session as the cesarean delivery, use 59504) ◀
  - ▶ (59510 has been deleted. For antepartum care, see the appropriate E/M code[s]. For labor management, see 59080, 59081, 59082, 59083. For cesarean delivery, see 59502, 59503. For postpartum care, see the appropriate E/M code[s]) ◀
  - ▶ (59514, 59515 have been deleted. For cesarean delivery services, see 59502, 59503. For postpartum care, see the appropriate E/M code[s]) ◀
  - ▶ (59525 has been deleted. To report, use 59504) ◀

## Delivery After Previous Cesarean Delivery

- ▶ (59610 has been deleted. For antepartum care, see the appropriate E/M code[s]. For labor management, see 59080, 59081, 59082, 59083. For vaginal delivery after previous cesarean delivery, use 59432. For postpartum care, see the appropriate E/M code[s]) ◀
- ▶ (59612, 59614 have been deleted. For vaginal delivery after previous cesarean delivery, use 59432. For postpartum care, see the appropriate E/M code[s]) ◀
- ▶ (59618 has been deleted. For antepartum care, see the appropriate E/M code[s]. For labor management, see 59080, 59081, 59082, 59083. For cesarean delivery after trial of labor with previous cesarean delivery, use 59503. For postpartum care, see the appropriate E/M code[s]) ◀
- ▶ (59620, 59622 have been deleted. For labor management, see 59080, 59081, 59082, 59083. For cesarean delivery after trial of labor with previous cesarean delivery, use 59503. For postpartum care, see the appropriate E/M code[s]) ◀

## ▶ Maternal Postpartum Care ◀

- ▶ Maternal postpartum care includes ongoing assessments tailored to the individual patient. Postpartum care is reported as an evaluation and management (E/M) service.

Immediate (same calendar date) postpartum care is included in vaginal and cesarean delivery care.

Inpatient maternal postpartum care on a calendar date other than the delivery date, may be reported with an E/M service, such as subsequent hospital inpatient or observation care service (99231, 99232, 99233), hospital inpatient or observation discharge service (99238, 99239), or critical care service (99291, 99292). Do not report subsequent hospital inpatient or observation care service (99231, 99232, 99233), hospital inpatient or observation care service (including admission and discharge services) (99234, 99235, 99236), or hospital inpatient or observation discharge service (99238, 99239) for maternal postpartum care on the same calendar date as delivery care.

For outpatient postpartum care on a calendar date subsequent to delivery care, report the appropriate E/M service (eg, office or other outpatient service [99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215], telemedicine service [98000-98015], virtual check-in [98016], home or residence service [99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350]).

For inpatient services provided to the newborn, see 99460, 99461, 99462, 99463, 99468, 99469, 99477, 99478, 99479, 99480. ◀

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## ▶ Postpartum Procedures ◀

- **59623** Uterine tamponade (eg, balloon, catheter, vacuum, packing material)
  - ▶ (Do not report 59623 for pharmacologic management of hemorrhage) ◀
- # **59160** Curettage, postpartum
- # **59350** Hysterorrhaphy of ruptured uterus

## Excision

- # **59100** Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
  - (When tubal ligation is performed at the same time as hysterotomy, use 58611 in addition to 59100)
- # **59120** Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
- # **59121** tubal or ovarian, without salpingectomy and/or oophorectomy
- # **59130** abdominal pregnancy
- # **59136** interstitial, uterine pregnancy with partial resection of uterus

- # **59140** cervical, with evacuation
- # **59150** Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
- # **59151** with salpingectomy and/or oophorectomy

## Introduction

(For introduction of hypertonic solution and/or prostaglandins to initiate labor, see 59850-59857)

- # **59200** Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)

## Abortion

(For medical treatment of spontaneous complete abortion, any trimester, see E/M codes 98000-98015, 99202-99233)

(For surgical treatment of spontaneous abortion, use 59812)

- 59812** Treatment of incomplete abortion, any trimester, completed surgically
- 59820** Treatment of missed abortion, completed surgically; first trimester
- 59821** second trimester
- 59830** Treatment of septic abortion, completed surgically
- 59840** Induced abortion, by dilation and curettage
- 59841** Induced abortion, by dilation and evacuation
- 59850** Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
- 59851** with dilation and curettage and/or evacuation
- 59852** with hysterotomy (failed intra-amniotic injection)

(For insertion of cervical dilator, use 59200)

**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;

**59856** with dilation and curettage and/or evacuation

**59857** with hysterotomy (failed medical evacuation)

# **59870** Uterine evacuation and curettage for hydatidiform mole

## Other Procedures

**59897** Unlisted fetal invasive procedure, including ultrasound guidance, when performed

▲ **59898** Unlisted laparoscopy procedure, maternity care services

▲ **59899** Unlisted procedure, maternity care services