

New 2026-2027 Maternity Billing Guide



For 2026, obstetrical billing still utilizes traditional global OB codes, but practices must adopt standard [Evaluation and Management \(E/M\) codes](#) with modifier -TH for prenatal visits starting September 1, 2026, in preparation for the complete unbundling of maternity care taking effect January 1, 2027.

Active 2026 Global & Component Codes

- **59400:** Routine obstetric care including antepartum care, vaginal delivery, and postpartum care.
- **59510:** Routine obstetric care including antepartum care, cesarean delivery, and postpartum care.
- **59610:** Routine obstetric care including antepartum care, vaginal delivery, and postpartum care for successful vaginal birth after cesarean (VBAC).
- **59618:** Routine obstetric care including antepartum care, cesarean delivery, and postpartum care following an attempted VBAC.
- **59425 / 59426:** Antepartum care only codes (used for 4–6 visits or 7+ visits respectively) for care delivered prior to the autumn transition.

The 2026–2027 Transition Rules

- **For antepartum visits occurring in the 2026 calendar year:** Patients with four or more antepartum visits in the 2026 calendar year would have those visits reported using CPT codes 59425 (for 4-6 visits) or 59426 (for 7 or more visits). Patients with three or fewer antepartum visits in the 2026 calendar year should have those visits reported using individual E/M codes, one for each encounter.
- **September 1, 2026 shift:** [ACOG](#) and major payers recommended transitioning prenatal and antepartum visits for new pregnancies to regular E/M codes (99202–99499) appended with HCPCS modifier -TH.
- **Spanning pregnancies:** For pregnancies starting in 2026 and delivering in 2027, early prenatal visits handled in 2026 use current guidelines/E/M with modifier -TH, while the actual labor and delivery events in 2027 will fall under the new unbundled 2027 CPT code structures.
- **Global Elimination (Jan 1, 2027):** Standard bundled codes like 59400 and 59510 will be deleted and replaced entirely by itemized phase-level reporting (separate codes for labor management, distinct delivery types, and individual postpartum E/M visits).

Key Modifiers & Documentation

- **Modifier 25:** Report for a significant, separately identifiable E/M service on the same day as a procedure.
- **Modifier 22:** Append for unusually difficult or complicated deliveries (such as severe adhesions) with an attached operative report.

- **Modifier TH:** Append to standard Evaluation and Management (E/M) or select maternity codes to show that a specific visit or service is directly related to prenatal or postpartum care.

Review comprehensive coding breakdowns with the [MedSole OB/GYN Coding Guide](#).

Review the [AMA's coding primer](#) on the coding restructure, [American Medical Association FAQs](#), [Antepartum Transition Reporting](#), and the [CPT Maternity Care instructions](#).