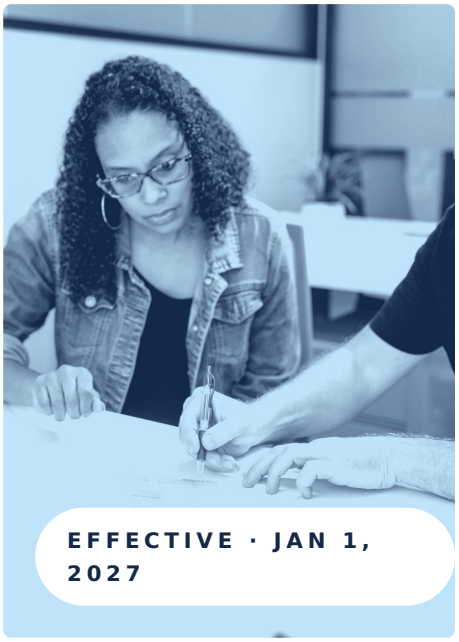
Labor Management Daily Note.



EFFECTIVE · JAN 1, 2027

One template, four codes. Complete once per calendar date of labor management.

EFFECTIVE	BILLING	CODES	PAIRS WITH
January 1, 2027	Per calendar day	59080 to 59083	OB CPT Reference

New in 2027: labor management is billed daily. Each day of active labor management requires its own code and its own supporting documentation. This template walks you through the two decisions that pick the code.

The complexity checklist inside guides you to the correct code, and gives you the documentation to support it. Print it, tape it in the workroom, or copy-paste the fields into your EMR.

Two steps | Day type | Complexity | Encounter note | Complexity documentation

SECTION 01 · HOW THIS TEMPLATE WORKS

Two steps to the right code.

Two decisions pick the code. Step one identifies whether this is the first day of labor management or a subsequent day. Step two decides whether the encounter is straightforward or complex.

01 Day type

Initial day **59080** or **59081**, versus subsequent day **59082** or **59083**. Initial day rules apply when this is the first calendar date of labor management, when the provider or same group has not previously performed labor management during this admission, when the patient transferred in from another facility, or when a provider of a different specialty is assuming care for medical necessity (not covering call).

02 Complexity

Straightforward requires all six criteria met. If any single one is not met, the encounter is complex. **The reimbursement difference between 59080 and 59081 is roughly $49 per day.** Multiply by every complex labor day you undercode, and the annual number matters.

FOUNDATION

Labor management bills per calendar day. Each day needs its own note. A single admission note does not support billing complex codes on subsequent days.

SECTION 02 · STEP 1

Select day type.

Initial day (**59080** or **59081**) or subsequent day (**59082** or **59083**).

INITIAL DAY · CHECK IF ANY OF THESE APPLY

- ☐ First calendar date patient requires labor management or induction begins
- ☐ Provider or same group has not previously performed labor management during this admission
- ☐ Patient transferred from another facility where labor management was already performed
- ☐ Provider of a different specialty or subspecialty assuming care for medical necessity (not covering call)

If none of the above apply, use subsequent day codes (59082 or 59083).

DAY TYPE SELECTED

☐ Initial day ☐ Subsequent day

SECTION 03 · STEP 2

Select complexity.

Straightforward requires all six. Any single miss makes it complex.

STRAIGHTFORWARD · 59080 OR 59082 · ALL SIX MUST BE MET

- [ ] Singleton vertex presentation
- [ ] Routine maternal/fetal monitoring, no physician intervention required on this date
- [ ] Fetal heart rate monitoring did NOT require physician or QHP intervention on this date
- [ ] Normal labor progression OR routine induction/augmentation without complication
- [ ] Stable medical conditions, no additional management required during labor on this date
- [ ] No prior cesarean delivery

IF ALL SIX ARE CHECKED

Code 59080 (initial) or 59082 (subsequent).

COMPLEX · 59081 OR 59083

Per AMA CPT 2027: complex is defined as any labor management that is not explicitly defined as straightforward. If any single straightforward criterion is not met, the encounter is complex. Common triggers listed below.

- [ ] Non-vertex or malpresentation (breech, transverse, compound) COMPLEX
- [ ] Fetal heart rate abnormality requiring physician / QHP intervention (category II or III tracing) COMPLEX
- [ ] Labor dystocia, failure to progress, arrest of active phase or descent COMPLEX
- [ ] Preeclampsia / hypertensive disorder with active management COMPLEX

☐ Gestational or pregestational diabetes with active management during labor	COMPLEX
☐ Prior cesarean, TOLAC / VBAC patient	COMPLEX
☐ Multiple gestation (twins or higher order)	COMPLEX
☐ Abnormal placentation, previa, accreta, abruption	COMPLEX
☐ Maternal cardiac, neurological, or pulmonary condition requiring active management	COMPLEX
☐ Prolonged labor diagnosis, formally documented	COMPLEX
☐ Chorioamnionitis / fever requiring antibiotic management	COMPLEX
☐ Cord prolapse or other acute fetal emergency requiring immediate intervention	COMPLEX
☐ Meconium-stained amniotic fluid requiring monitoring or intervention	COMPLEX
☐ Shoulder dystocia, documented management	COMPLEX
☐ Other complicating condition (specify): _____	COMPLEX

Duration of labor alone does not establish complexity unless prolonged labor is formally diagnosed (AMA CPT 2027).

CODE SELECTED THIS DATE

☐ 59080 ☐ 59081 ☐ 59082 ☐ 59083

Date of service: _____

SECTION 04 · DOCUMENT THE ENCOUNTER

Daily labor management note.

Complete this note for each calendar date a physician or QHP performs labor management. Each note must stand on its own for the day it covers.

PATIENT AND ADMISSION INFORMATION

Patient name _____ **DOB** _____

MRN _____ **GA at admission** _____

Provider _____ **Admission date** _____

Group / service _____ **Note date** _____

PRESENTATION AND LABOR STATUS

Fetal presentation: ☐ Vertex ☐ Breech ☐ Transverse ☐ Compound ☐ Other: _____

Gestation: ☐ Singleton ☐ Twins ☐ Higher order

Prior cesarean: ☐ Yes (TOLAC / VBAC) ☐ No

Labor onset (spontaneous / induction / augmentation):

Cervical exam at time of note:

Stage of labor:

Membranes (intact / ruptured / date):

MATERNAL MONITORING THIS DATE

BP range _____ **Pulse range** _____

Pain management:

Active medical conditions requiring management today:

FETAL MONITORING THIS DATE

FHR tracing: ☐ Category I (routine) ☐ Category II ☐ Category III

Physician / QHP intervention required for FHR on this date? ☐ Yes ☐ No

If yes, describe intervention:

ASSESSMENT AND PLAN FOR THIS DATE

Labor progression:

Interventions this date:

Plan for next 24 hours:

COMPLEXITY DOCUMENTATION · FOR 59081 OR 59083

If complex code selected, document specifically:

Complicating diagnoses present today:

MDM data sources reviewed today:

Additional monitoring or intervention beyond standard:

Multi-provider coordination this date (if applicable):

FOR SUBSEQUENT COMPLEX DAYS (59083)

Complexity must be re-established in the note for EACH subsequent day billed at this level. A single admission note is not sufficient.

Provider signature _____

Date and time of note _____

A CLOSING THOUGHT

One note per day. Complexity established that day.

NOTE

01

Each calendar day of active labor management needs its own note. A single admission note does not support subsequent-day billing.

ESTABLISH

02

Complexity must be established that day, not carried forward. Complicating diagnoses, MDM data sources, additional monitoring, or multi-provider coordination.

AUDIT

03

Weekly L&D chart audit for the first 60 days after Jan 1. Look for 59081 or 59083 claims where the note reads generic.

PAIRS WITH

The 2027 OB CPT Reference	documentation kit
Prenatal Note Templates	documentation kit
OB Revenue Calculator	eligibility.natrevmd.com/ob-revenue-calculator

SOURCES

AMA CPT 2027 Manual	Maternity Care section
AMA/RUC RVU Recommendations	Feb 2026
ACOG Payment for OB Services FAQ	2026 edition

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