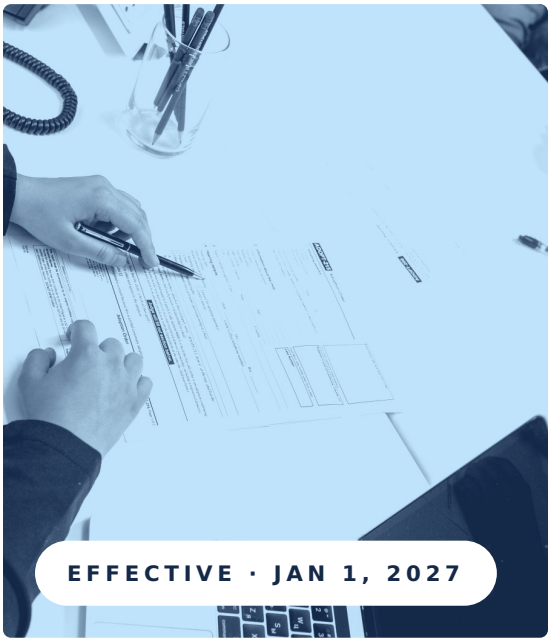
Prenatal Note Templates.



Four antepartum templates, structured for copy-paste into your EMR.

EFFECTIVE	FORMAT	CODES	PAIRS WITH
January 1, 2027	Four EMR templates	99204 to 99215 + modifier TH	OB CPT Reference

Each template documents to the level ACOG guidance supports, with a coding guide at the bottom showing what the note earns. Complexity flags in the Assessment section trigger higher-level coding when documented.

Modifier TH goes on every antepartum and postpartum E/M code, effective January 1, 2027. ACOG recommends beginning use September 1, 2026 for patients whose delivery is expected in 2027.

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SECTION 01 · HOW TO USE THESE TEMPLATES

Four templates, one framework.

Each template is structured for copy/paste into your EMR note. Complete all checkbox items relevant to the visit. The coding guide at the bottom of each template shows the MDM elements that support each E/M level.

FOUNDATION

In the Assessment section of each template, complexity flags trigger higher-level coding when documented. Watch for them.

Template index.

TEMPLATE	VISIT	GESTATIONAL AGE	CPT CODE
Template 1	Initial OB Visit	6 to 10 weeks	**99204** or **99205**
Template 2	First Trimester Routine	10 to 13 weeks	**99213-TH** or **99214-TH**
Template 3	Second Trimester Routine	14 to 27 weeks	**99213-TH** or **99214-TH**
Template 4	Third Trimester Routine	28 to 40 weeks	**99213-TH**, **99214-TH**, or **99215-TH**

MODIFIER TH REMINDER

Modifier TH must be appended to all antepartum and postpartum E/M codes effective January 1, 2027. ACOG recommends beginning use September 1, 2026 for patients whose delivery is expected in 2027.

TEMPLATE 1 · TYPICALLY 6 TO 10 WEEKS GA

Initial OB Visit.

FIRST VISIT, NEW TO PRACTICE

CPT guidance

99204 or 99205 + TH

PATIENT AND VISIT INFORMATION

Patient name _____ **DOB** _____

Date of visit _____ **Provider** _____

EDD _____ **GA at visit** _____

Gravida / Para (G/P) _____ **Insurance / Payer** _____

INITIAL VISIT ONLY · PREGNANCY DATING

LMP _____ **EDD by LMP** _____

EDD by US _____ **US date** _____

Pregnancy type: ☐ Spontaneous ☐ ART / IVF ☐ Unknown

Conception: ☐ Natural ☐ IUI ☐ IVF / ICSI

SUBJECTIVE

Chief complaint / interval history:

Review of systems:

☐ Nausea / vomiting

☐ Vaginal bleeding or spotting

☐ Pelvic pain or cramping

☐ Urinary symptoms

☐ Mood / anxiety concerns

OBJECTIVE

Vital signs:

BP _____ **HR** _____ **Weight** _____

Physical exam:

- [ ] General appearance: NAD
- [ ] Abdomen soft, non-tender
- [ ] Pelvic exam normal
- [ ] Uterine size consistent with dates
- [ ] Fetal heart tones (Doppler / US confirmed / not obtained)

ASSESSMENT

Complexity flags (mark all that apply):

- [ ] Advanced maternal age (≥ 35 at EDD) — COMPLEXITY FLAG
- [ ] Chronic hypertension — COMPLEXITY FLAG
- [ ] Pre-existing diabetes (type 1 or 2) — COMPLEXITY FLAG
- [ ] Thyroid disorder — COMPLEXITY FLAG
- [ ] Prior preterm delivery — COMPLEXITY FLAG
- [ ] Prior stillbirth or recurrent pregnancy loss — COMPLEXITY FLAG
- [ ] Multiple gestation — COMPLEXITY FLAG
- [ ] Mental health condition requiring active management — COMPLEXITY FLAG
- [ ] Substance use disorder — COMPLEXITY FLAG
- [ ] Other: _____ — COMPLEXITY FLAG

PLAN

Initial labs ordered:

- [ ] Prenatal panel (blood type, Rh, antibody, CBC, RPR, HIV, HepB, rubella, varicella)

- [ ] Urine culture
- [ ] Pap smear (if due)
- [ ] Gonorrhea / chlamydia screening
- [ ] Genetic screening discussed and offered
- [ ] Thyroid function (if indicated)

Counseling and education:

- [ ] Prenatal vitamins reviewed
- [ ] Nutrition and weight gain guidance
- [ ] Warning signs reviewed
- [ ] Genetic testing options discussed

Follow-up · return in:

CODING GUIDE

How the note supports each E/M level.

99204	New patient, moderate MDM. Straightforward pregnancy without complicating conditions. Standard for first OB visit.
99205	New patient, high MDM. Requires documented complexity at initial encounter (see complexity flags in Assessment).

TEMPLATE 2 · 10 TO 13 WEEKS GA

First Trimester Routine Visit.

ESTABLISHED PATIENT · ROUTINE

Baseline 99214 per ACOG

99213-TH or 99214-TH

PATIENT AND VISIT INFORMATION

Patient name _____ **DOB** _____

Date of visit _____ **Provider** _____

EDD _____ **GA at visit** _____

Gravida / Para:

SUBJECTIVE

Interval history since last visit:

Symptoms:

- ☐ Nausea / vomiting (managed / persistent)
- ☐ Pelvic pain / cramping
- ☐ Fatigue
- ☐ Urinary symptoms
- ☐ Vaginal bleeding / spotting

OBJECTIVE

BP _____ **Weight** _____ **Weight gain to date** _____

- [ ] Fetal heart tones by Doppler: _____ bpm
- [ ] Uterine size consistent with dates

ASSESSMENT

Pregnancy management (baseline for 99214 per ACOG guidance):

- [x] Ongoing management of pregnancy as a condition requiring monitoring and MDM
- [x] Active problems reviewed, labs interpreted, plan adjusted based on clinical judgment

Additional complexity flags (mark if present):

- [ ] Persistent hyperemesis requiring intervention — COMPLEXITY FLAG
- [ ] First trimester bleeding under evaluation — COMPLEXITY FLAG
- [ ] Abnormal early screening result requiring counseling — COMPLEXITY FLAG
- [ ] Comorbid condition requiring active management this visit — COMPLEXITY FLAG
- [ ] Multiple gestation confirmed — COMPLEXITY FLAG

PLAN

- [ ] First trimester screening / NIPT discussed / ordered
- [ ] Nutrition, exercise, and warning signs reviewed
- [ ] Prenatal vitamins continued

Return in: _____

CODING GUIDE

How the note supports each E/M level.

99213-TH	Routine visit without documented complexity. Represents undercoding per ACOG guidance for routine pregnancy management.
99214-TH	**Standard for routine antepartum visit per ACOG guidance.** Note documents pregnancy management as ongoing condition with MDM.
99215-TH	Requires documented high complexity from the Assessment complexity flags. Cannot be used for routine visits.

TEMPLATE 3 · 14 TO 27 WEEKS GA

Second Trimester Routine Visit.

ESTABLISHED PATIENT · GROWTH & ANATOMY

Baseline 99214 per ACOG

99213-TH or 99214-TH

PATIENT AND VISIT INFORMATION

Patient name _____ **Date of visit** _____

Provider _____ **GA at visit** _____

EDD:

SUBJECTIVE

Interval history:

Symptoms:

- ☐ Fetal movement felt (from ~18-20 weeks)
- ☐ Contractions or pelvic pressure
- ☐ Vaginal bleeding or fluid leak
- ☐ Headache, visual changes, epigastric pain
- ☐ Urinary symptoms

OBJECTIVE

BP _____ **Weight gain since last** _____ **Fundal height (cm)** _____

- [ ] Fetal heart tones by Doppler: _____ bpm
- [ ] Fundal height consistent with GA
- [ ] Anatomy US (18-22 weeks): reviewed / ordered / normal / abnormal findings

ASSESSMENT

Pregnancy management (baseline for 99214 per ACOG guidance):

- [x] Ongoing pregnancy management, fetal growth monitoring, and risk assessment
- [x] MDM reflects data reviewed (anatomy scan, labs, growth) and plan adjustments

Complexity flags (mark if present):

- [ ] Abnormal anatomy scan findings under evaluation — COMPLEXITY FLAG
- [ ] Gestational diabetes screen positive under management — COMPLEXITY FLAG
- [ ] Cervical shortening / short cerclage / preterm labor risk — COMPLEXITY FLAG
- [ ] Fetal growth restriction or discordance — COMPLEXITY FLAG
- [ ] Preeclampsia risk with active monitoring — COMPLEXITY FLAG
- [ ] Comorbid condition requiring adjustment this visit — COMPLEXITY FLAG

PLAN

- [ ] Anatomy US scheduled or reviewed
- [ ] Glucose tolerance test scheduled (24-28 weeks)
- [ ] Tdap vaccine offered (27-36 weeks)
- [ ] Warning signs of preterm labor reviewed

Return in:

CODING GUIDE

How the note supports each E/M level.

99213-TH	Represents undercoding per ACOG guidance for routine second trimester care with expected MDM elements.
99214-TH	**Appropriate for routine antepartum visit** with pregnancy management and monitoring documented as MDM.
99215-TH	Requires documented complexity (see flags). Cannot be used for routine second trimester visits without documented complexity.

TEMPLATE 4 · 28 TO 40 WEEKS GA

Third Trimester Routine Visit.

ESTABLISHED PATIENT · DELIVERY PLANNING

Higher stakes, more flags

99213-TH · 99214-TH · 99215-TH

PATIENT AND VISIT INFORMATION

Patient name _____ **Date of visit** _____

Provider _____ **GA at visit** _____

EDD:

SUBJECTIVE

Interval history:

Symptoms:

- ☐ Fetal movement (kick counts)
- ☐ Braxton-Hicks or true contractions
- ☐ Vaginal bleeding or fluid leak
- ☐ Headache, visual changes, epigastric pain
- ☐ Edema
- ☐ Reduced fetal movement

OBJECTIVE

BP _____ **Weight gain since last** _____ **Fundal height (cm)** _____

- [ ] Fetal heart tones: _____ bpm
- [ ] Fetal presentation (cephalic / breech / transverse)
- [ ] Cervical exam (if indicated): dilation / effacement / station

ASSESSMENT

Pregnancy management (baseline for 99214 per ACOG guidance):

- [x] Ongoing third trimester management with fetal wellbeing assessment
- [x] Preparation for delivery, review of risk factors, delivery plan MDM

Complexity flags (mark if present):

- [ ] Gestational diabetes with active management — COMPLEXITY FLAG
- [ ] Gestational hypertension or preeclampsia — COMPLEXITY FLAG
- [ ] Fetal growth restriction or macrosomia — COMPLEXITY FLAG
- [ ] Non-vertex presentation — COMPLEXITY FLAG
- [ ] Reduced fetal movement requiring NST or BPP — COMPLEXITY FLAG
- [ ] Placenta previa, accreta, or abruption risk — COMPLEXITY FLAG
- [ ] Prior cesarean discussed (TOLAC vs repeat CS) — COMPLEXITY FLAG
- [ ] Postdates management or induction planning — COMPLEXITY FLAG

PLAN

- [ ] GBS screen (35-37 weeks)
- [ ] Birth plan discussed / documented
- [ ] Signs of labor and when to call reviewed

☐ Postpartum care planning discussed

Return in:

CODING GUIDE

How the note supports each E/M level.

99213-TH	Undercoding for routine third trimester per ACOG guidance. Rarely appropriate at this stage.
99214-TH	**Standard for routine third trimester** with pregnancy management, monitoring, and delivery planning documented as MDM.
99215-TH	**Appropriate when complexity flags are documented** (gestational HTN, GDM under management, non-vertex, etc.). Requires clear MDM justifying high complexity.

A CLOSING THOUGHT

Document the pregnancy as ongoing. Flag the exceptions. Code what the note earns.

BASELINE

01

99214 is the ACOG baseline for a routine antepartum visit. Pregnancy is treated as a chronic condition with ongoing MDM.

FLAG

02

Complexity flags in the Assessment section trigger 99215-TH when documented. Watch the third trimester template especially.

APPEND

03

Modifier TH on every antepartum and postpartum E/M code. Effective Jan 1, 2027. Testing with payers begins September 1, 2026.

PAIRS WITH

The 2027 OB CPT Reference	documentation kit
Labor Management Daily Note	documentation kit
OB Revenue Calculator	eligibility.natrevmd.com/ob-revenue-calculator

SOURCES

AMA CPT 2027 Manual	Maternity Care section
ACOG Payment for OB Services FAQ	2026 edition
ACOG E/M coding guidance	pregnancy as chronic condition

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