PREMIER Women's Health OF MINNESOTA

PATIENT EDUCATION

Understanding Your 2027 Maternity Billing

What is changing?

Starting January 1, 2027, maternity care billing is changing nationwide. Instead of one global package, prenatal visits, labor management, delivery, postpartum care, and other services will be billed separately as they are provided.

What this will mean for you

- You may receive several bills or Explanation of Benefits (EOB) statements during your pregnancy, instead of just one.
- Your deductible, copay, coinsurance, or other costs may apply as each service is processed.
- Labs, ultrasounds, fetal testing, and visits for concerns not related to pregnancy will be billed separately.
- Your insurance plan decides how each service is covered and what amount, if any, you owe.

If your pregnancy began in 2026

When your first pregnancy visit was matters — here is what to expect based on your situation:

Your situation	How billing works
First visit on or after September 1, 2026	Visits will be billed individually as we move to the 2027 billing structure.
First visit before September 1, 2026 — delivery in 2027	Your 2026 visits will be billed at year-end based on how many were completed: • 4–6 visits (CPT 59425): $1,503 • 7 or more visits (CPT 59426): $3,487 Starting January 1, 2027, all visits will be billed individually for every obstetric patient.

Important: professional and hospital bills are separate

This guide describes professional services billed by our clinic. Hospital charges are separate and may include the room, monitoring, medications, anesthesia, and other hospital services. Please confirm that both your provider and planned delivery hospital are in-network.

Helpful insurance terms

Deductible: The amount you may need to pay before your plan begins paying for certain services covered.

Copay: A fixed amount you may owe for a covered service.

Coinsurance: The percentage of a covered service you may owe after the deductible is applied.

Out-of-pocket maximum: The most you may pay for covered, in-network services during your plan year. Your plan can explain what counts toward this amount.

EOB: A statement from your insurance plan showing how a claim was processed. An EOB is not a bill.

Before your next visit: call your insurance plan

Use the member services number on your insurance card. Ask the representative to explain your maternity benefits.

Topic	Questions to ask
Network	Are my provider and planned delivery hospital in network?
Prenatal care	How are prenatal office visits covered? Is a copay required?
Testing	How are ultrasounds, lab work, and fetal testing covered?
Delivery	How are labor management and delivery professional services covered?
Postpartum	How are hospital rounding, discharge, and postpartum visits covered?
Cost sharing	What deductible, coinsurance, copay, and out-of-pocket maximum apply?

Hospital Information

Hospital	Contact Information, Tax ID, and National Provider ID
M Health Fairview - Southdale Hospital *ObGyn West & Southdale ObGyn*	6401 France Ave South, Edina, MN 55435 **Tax ID:** 41-0991680 **NPI:** 1699752915 **Phone:** 952-924-5000
M Health Fairview - Ridges Hospital *Southdale ObGyn*	201 E Nicollet Blvd, Burnsville, MN 55337 **Tax ID:** 41-0991680 **NPI:** 1245217520 **Phone:** 952-892-2000
Ridgeview Hospital *ObGyn West*	500 South Maple Street, Waconia, MN 55387 **Tax ID:** 31-1667875 **NPI:** 1275608457 **Phone:** 952-442-2191
North Memorial Health Maple Grove Hospital *Oakdale ObGyn*	9875 Hospital Drive, Maple Grove, MN 55369 **Tax ID:** 20-8316475 **NPI:** 1225272552 **Phone:** 763-581-1000
M Health Fairview – St. John's Hospital *MetroPartners ObGyn*	1575 Beam Avenue, Maplewood, MN 55109 **Tax ID:** 41-1456897 **NPI:** 1447218482 **Phone:** 651-232-7000
M Health Fairview – Woodwinds Hospital *MetroPartners ObGyn*	1925 Woodwinds Drive, Woodbury, MN 55125 **Tax ID:** 41-1592761 **NPI:** 1356309322 **Phone:** 651-232-0100

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Common maternity services and estimated charges

This worksheet can help you plan for possible maternity care costs. The remaining prices will be added after the 2027 CMS fee schedule and our pricing is finalized. The estimates shown are based on a pregnancy with one baby, the cost will differ for twins.

Common service	Billing code	Estimated charge
Office visits		
Pregnancy confirmation, new patient	99202-99204	$246 - $528
Pregnancy confirmation, established patient	99212-99214	$175 - $349
Initial prenatal visit *(typically around 12 weeks gestation)*	99213-99215	$239 - $555
Follow-up prenatal visit	99212-99215	$175 - $555
Ultrasound and fetal testing		
First trimester transabdominal ultrasound	76801	$400
20-week anatomy ultrasound	76805	$461
Limited ultrasound	76815	$275
Follow-up ultrasound	76816	$376
Transvaginal ultrasound	76817	$316
Biophysical profile with NST	76818	$401
Biophysical profile	76819	$293
Non-stress test (NST)	59025	$157
Laboratory services *(Please note: Outside labs may bill you separately – i.e., Natera, BillionToOne, Fairview)*		
Blood draw fee	36415	$27
Hemoglobin A1C	83036	$40
Treponema Antibody with Reflex to RPR and Titer (Syphilis RPR / Treponema Pallidum)	86780	$54
CBC with Differential	85025	$32
HIV Antigen Antibody Combo	87389	$98

Common service	Billing code	Estimated charge
Rubella Antibody IgG Quant	86762	$59
Hepatitis B Core Antibody	86704	$49
Hepatitis B Surface Antigen	87340	$42
Hepatitis B Surface AB	86706	$44
Hepatitis C Antibody	86803	$58
ABO/RH Type and Screen (Blood Typing; ABO)	86900	$12
ABO/Rh Type and Screen (Blood Typing; Rh (D))	86901	$18
ABO/Rh Type and Screen (Antibody Screen)	86850	$30
Diabetes screening (1-hour glucose)	82950	$30
Fetal Chromosomal Aneuploidy – (NIPT/Panorama)	81420	$2,278
Carrier Screen – *(Southdale ObGyn Only)*	81220, 81329, 81361, 81257	$3,206
Horizon Carrier Screen – *(MetroPartners, Oakdale, West Only)*	Contact Natera	Contact Natera
Group B strep (GBS) screening	87150	$117
Pregnancy-induced hypertension (PIH) labs	82565, 84450, 84460, 85025, 84520	$112
Labor and delivery		
Initial day labor management	59080 / 59081	**TBD**
Subsequent day labor management	59082 / 59083	**TBD**
Vaginal delivery	59431	**TBD**
Vaginal delivery after cesarean delivery (VBAC)	59432	**TBD**
Cesarean delivery	59502	**TBD**
Cesarean delivery – repeat	59503	**TBD**
Postpartum care		
Hospital inpatient care	99231-99233	$127 - $335

Common service	Billing code	Estimated charge
Hospital observation care	99234-99236	$429 - $602
Hospital discharge management	99238 or 99239	$233 - $345
Postpartum office visit	99212-99215	$175 - $555
Other		
Newborn circumcision by our physicians *(ObGyn West only)*	54150	$534

Additional billing information

Newborn circumcision at ObGyn West

Circumcision is an optional procedure performed by our physicians and is billed separately. If your newborn's insurance coverage cannot be verified at the time of service, prepayment may be required. Medicaid does not cover circumcision, so this service is self-pay for Medicaid patients. Contact our Business Office once your baby's insurance is active to update the claim.

Credits and refunds

Credit on your account may be applied to copays, deductible, or coinsurance. Any remaining eligible credit will be refunded via a mailed refund check.

Patients without insurance or maternity benefits

Please contact the Business Office for current self-pay estimates and payment information.

Please remember

- Any price shown is an estimate, not a guarantee of coverage or payment.
- Your final responsibility depends on the services provided, your insurance benefits, your network status, and how your plan processes each claim.
- Hospital, anesthesia, laboratory, imaging, newborn, and other third-party charges will be billed separately by servicing providers.
- Clinical needs can change during pregnancy, which may change the services and charges on your account.

We are here to help

For billing questions, call our Business Office at 651-461-8866.
For benefit and coverage questions, contact your insurance plan.