



## II. FACTUAL BACKGROUND

On September 10, 2014, the Petitioner gave birth at the University of Michigan Hospital. The delivery services were supervised by a certified nurse midwife employed by the hospital. The Petitioner requested the assistance of a doula as part of her labor, delivery, and immediate postpartum care. A doula assists the mother during labor and provides support to her, the infant, and the family after childbirth. The doula, [REDACTED], is also a registered nurse. The amount charged for the doula's services was \$830.00. BCBSM denied covered for this care, ruling that it was not medically necessary.

The Petitioner appealed the denial through BCBSM's internal grievance process. On May 7, 2015, BCBSM issued a final adverse determination affirming its decision. The Petitioner now seeks a review of that adverse determination from the Director.

## III. ISSUE

Is BCBSM required to provide coverage for the doula's services?

## IV. ANALYSIS

### Respondents' Argument

As part of the appeal process BCBSM had the Petitioner's claim reviewed by a doctor who is board-certified in obstetrics and gynecology. The doctor concluded:

The member is a [REDACTED] old female who requested support services of a doula during labor, delivery and the immediate post-partum period. Doulas are usually not medical personnel. The services provided by a doula are not usually medical in nature. Medical care during labor, delivery and immediate post-partum period are provided by a physician and nursing personnel in the hospital. Therefore, doula services are not medically necessary and should be denied.

### Petitioner's Argument

Petitioner's midwife indicated in the September 26, 2014 letter that the doula services provided by the registered nurse/doula were medically necessary in addition to her midwife care.

In her request for external review, the Petitioner wrote:

I argue that the medical necessity of maternity services should be determined by the provider (University of Michigan Midwife Program) who treated me before, during and after delivery and who is familiar with my health situation. A "board-certified M.D. in Obstetrics and Gynecology" who might or might not act independently of BCBSM, who never met/ treated/ knows me does not have a basis to determine "medical necessity".

My insurance plan covers medically necessary maternity services in the delivery room at 100%. Therefore, I request payment of \$830.

### Director's Review

The *Community Blue* certificate states that maternity care provided by a physician or certified midwife attending the delivery is a covered benefit. BCBSM denied coverage for the services of a doula as not medically necessary.

To determine whether the services provided by the doula were medically necessary, the Director presented the issue to an independent review organization (IRO) for analysis as required by section 11(6) of the Patient's Right to Independent Review Act, MCL 550.1911(6). The IRO reviewer is a physician in active practice who is an assistant professor at a university based school of medicine. The reviewer is certified by the American Board of Obstetrics and Gynecology with a subspecialty in maternal and fetal medicine. The IRO report included the following analysis and recommendation:

In this case the services of a Doula would not be considered medically necessary but rather a convenience in the support of labor. The medical necessity for antepartum, labor and delivery would reside with medical staff and nursing personnel at the hospital to include the physicians, midwife (delivering Midwife), and nursing personnel. The option of provisions of Doula services would not be usual and routine care for antepartum, labor, and delivery care. This would be a personal convenience and optional service at the desire of the patient for support.

The staff at the hospital also provides all medically necessary care and support to the patient as a part of the inpatient care. This includes the services of the physician or certified nurse midwife attending the delivery and the inpatient hospital care. It would not be considered "in accordance with generally standards of medical practice" to provide Doula services for delivery as these services are routinely provided by the provider of care (certified midwife in this case) and hospital nursing staff. The provision of services outside of these personnel would be elective and at the discretion of the patient and not considered medically necessary as they are not in accordance with generally accepted standards of medical practice.

In this case, the use of Doula services is not considered evidence based or recommended by the American Congress of Obstetricians and Gynecologists as medically necessary above and beyond delivery staff in the hospital setting. Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula....In this case, continuous support can also be provided by hospital staff and would not require Doula care and intervention. The American College of Obstetricians and Gynecologists states that the nursing personnel of the inpatient care setting in a hospital or birth center should perform patient support in the labor and delivery and postpartum setting. There is no recommendation that Doula services are medically necessary in this setting. This recommendation is supported by

both the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.

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Recommendation:

It is the recommendation of this reviewer that the denial issued by [BCBSM] for the services of a Doula be upheld.

[References omitted.]

The Director is not required to accept the IRO's recommendation. *Ross v. Blue Care Network of Michigan*, 480 Mich 153 (2008). However, the recommendation is afforded deference by the Director. In a decision to uphold or reverse an adverse determination, the Director must cite "the principal reason or reasons why the [Director] did not follow the assigned independent review organization's recommendation." MCL 550.1991(16)(b). The IRO's analysis is based on extensive experience, expertise, and professional judgement. In addition, the IRO's recommendation is not contrary to any provision of the Petitioner's certificate of coverage. See MCL 550.1911(15).

The Director, discerning no reason why the IRO's recommendation should be rejected in this case, finds that the doula services provided to the Petitioner were not medically necessary and are therefore not a benefit under the terms of the Petitioner's certificate of coverage.

**V. ORDER**

The Director upholds BCBSM's May 7, 2015 final adverse determination. BCBSM is not required to provide coverage for the Petitioner's doula services.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this order may seek judicial review no later than 60 days from the date of this order in the circuit court for the Michigan county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin  
Director

For the Director:



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Randall S. Gregg  
Special Deputy Director