

Bulletin Number: MMP 22-47

Distribution: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs), Maternal Infant Health Program (MIHP) Providers

Issued: December 1, 2022

Subject: Medicaid Coverage of Doula Services

Effective: January 1, 2023

Programs Affected: Medicaid, Healthy Michigan Plan, MI Health Link, MICHild, Maternity Outpatient Medical Services Program

The purpose of this policy is to establish coverage criteria for doula services as a component of Medicaid services effective for dates of service on and after January 1, 2023. Doula services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c).

General Information

A doula is a non-clinical person who typically provides physical, emotional, and educational support services to pregnant individuals during the prenatal, labor and delivery, and postpartum periods. Evidence indicates doula services are associated with improved birth outcomes. Doula services have been shown to positively impact social determinants of health, support birth equity, and decrease existing health and racial disparities.

Covered Services

Medicaid will cover different types of doula services, including community-based doulas, prenatal doulas, labor and birth doulas, and postpartum doulas. As required by federal regulations at CFR 440.130(c), doula services must be recommended by a licensed healthcare provider. A recommendation for doula services may come from any licensed healthcare provider. Examples of healthcare providers qualified to recommend doula services are those licensed in Michigan as a licensed practical nurse, registered nurse, social worker, midwife, nurse practitioner, physician assistant, certified nurse midwife or physician. One example of how a recommendation could be obtained is when a doula collaborates with a licensed healthcare provider who will recommend their services. Licensed healthcare providers recommending doula services are not required to be part of the beneficiary's healthcare team, but collaboration

is highly encouraged. In the future, doulas may have the opportunity to rely on a statewide recommendation to satisfy the recommendation requirement.

Dependent on person-centered needs, doula support during the perinatal period may include, but is not limited to:

- Prenatal services, which include:
 - Promoting health literacy and knowledge;
 - Assisting with the development of a birth plan;
 - Supporting personal and cultural preferences around childbirth;
 - Providing emotional support and encouraging self-advocacy;
 - Reinforcing practices known to promote positive outcomes such as breastfeeding;
 - Identifying and addressing social determinants of health; and
 - Coordinating referrals to community-based support services (e.g., Women, Infants and Children [WIC] program, behavioral health services, transportation, home visiting services).

- Labor and delivery services, which include:
 - Providing continual physical comfort measures, information, and emotional support;
 - Advocating for beneficiary needs; and
 - Being an active member of the birth team.

- Postpartum services, which include:
 - Educating regarding newborn care, nutrition, and safety;
 - Supporting breastfeeding;
 - Providing emotional support and encouraging self-care measures;
 - Supporting beneficiary in attending recommended medical appointments;
 - Identifying and addressing social determinants of health;
 - Coordinating referrals to community-based support services (e.g., WIC, behavioral health services, transportation, home visiting services); and
 - Grief support services.

It is the expectation that doula services be provided face-to-face with the beneficiary. Prenatal and postpartum services may be delivered via telehealth. Doula providers will be expected to adhere to current MDHHS telemedicine policy.

Doula services may include a maximum of six total visits during the prenatal and postpartum periods and one visit for attendance at labor and delivery. All prenatal and postpartum visits must be at least a minimum of 20 minutes in duration with a beneficiary to be considered eligible for reimbursement. Additional visits, beyond the limits in policy, may be requested through the prior authorization (PA) process. PA requirements for MHP enrollees may differ from those required for Fee-for-Service (FFS) beneficiaries. Providers should contact the individual MHPs regarding their authorization requirements.

A qualifying visit for attendance at labor and delivery requires the doula to be physically present during labor, delivery, and the immediate postpartum period. Physical presence at birth includes doulas who remain on-site at the facility during the cesarean procedure.

Documentation must include a start time and end time of services provided, a description of the professional services rendered and information regarding the source of the licensed healthcare provider recommendation for services. Documentation must be kept in accordance with the record keeping requirements of the Medicaid program and may be subject to review and post-payment audit.

Provider Criteria

Qualified individuals must be at least 18 years of age and possess a high school diploma or equivalent. MDHHS will certify doulas who have completed training provided by an MDHHS-approved doula training program or organization. Doulas must provide proof of training to MDHHS upon request.

At a minimum, a doula training program must include skill development in the following areas:

- Communication, including active listening, cross-cultural communication, and interprofessional communication,
- Perinatal self-care measures,
- Coordination of and linkage to community services and resources,
- Labor and coping strategies, and
- Newborn care and supportive measures.

MDHHS-approved qualified doula training programs or organizations include, but are not limited to, the following:

- [BirthWorks International](#)
- [Childbirth International](#)
- [Childbirth and Postpartum Professional Association](#) (CAPPA)
- [Doulas of North America International](#) (DONA)
- [International Childbirth Education Association](#) (ICEA)
- [Commonsense Childbirth Institute](#)
- [HealthConnect One](#) (or a HealthConnect One replication site)
- [LifeSpan Doulas](#)
- [ProDoula](#)
- Additional doula programs approved by MDHHS with input from the Doula Advisory Council

It is the expectation that doula providers will work within their scope of training. MDHHS, with community input, will continue to review doula training programs, including those created for specific populations such as community-based doula programs, to support cultural and

community needs. MDHHS will continue to research pathways for legacy certification, or certification for doulas by providing proof of experience in lieu of training, within the confines of state and federal regulations.

Provider Enrollment

Doula providers seeking reimbursement for their professional services to Medicaid beneficiaries are required to be Medicaid-enrolled providers. To enroll as a Medicaid provider, a doula must have a Type 1 (Individual) National Provider Identifier (NPI) and complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS). As part of the enrollment process, individually enrolled doulas may also associate their enrollment with Medicaid-enrolled organizations with a Type 2 (Group) NPI.

Doulas providing services to Medicaid beneficiaries will be required to be registered with the MDHHS Doula Registry to enroll as a Medicaid provider. Additional details regarding the MDHHS Doula Registry will be available on the MDHHS Doula Initiative website at the following address: <https://www.michigan.gov/Doula>.

Doula providers are also subject to all relevant policy provisions outlined in the [MDHHS Medicaid Provider Manual](#), including the General Information for Providers Chapter.

Reimbursement Considerations

For doula services rendered to beneficiaries enrolled in an MHP, providers will submit claims to the beneficiary's assigned MHP. If a beneficiary is not enrolled in an MHP, doula providers will submit claims for FFS reimbursement through CHAMPS.

- Claims are to be submitted utilizing the pregnant or postpartum beneficiary's Medicaid identification (ID) number.
- Medicaid will provide reimbursement for the first eligible claims submitted for these services up to the limit of six total prenatal and postpartum visits and one visit for attendance at labor and delivery.
- Claims must include a primary diagnosis code to support the services billed. In addition, doulas are encouraged to report the appropriate International Classification of Diseases 10 (ICD-10) diagnosis codes within the range of Z55-Z65 to describe any relevant social determinants of health (e.g., Z56.1 change of job, Z59.1 inadequate housing, Z59.4 lack of adequate food and safe drinking water).

Doula services are to be reported as follows:

Visit Type	Procedure Code	Modifier	Primary Diagnosis Codes	Limit per Pregnancy	Rate
Prenatal Visits and Postpartum Visits	S9445	HD	Prenatal: Z33.1 Postpartum: Z39.2	6 total visits	\$75 per visit
Attendance at Labor and Delivery	T1033	HD	Z33.1	1 visit	\$700

FQHC, RHC, THC and Tribal FQHC Reimbursement

The following information applies to clinics that may be billing on behalf of the doula. Doula services will be reimbursed outside of the Prospective Payment System (PPS) or All-Inclusive Rate (AIR) methodology at the Medicaid fee screen reimbursement rates for doulas. FQHCs, RHCs, THCs, and Tribal FQHCs should use appropriate Healthcare Common Procedure Coding System (HCPCS) codes to report doula services. Clinics may choose to hire doulas as part of their clinic staff. Doulas are not required to work for clinics. Clinics require specific and distinct instructions for billing the Medicaid program. The information below is intended for clinic administration of doula services.

Billing Requirements for Services Provided Within the Clinic Setting

FQHCs, RHCs, THCs, and Tribal FQHCs must use the ASC X12N 837I institutional format when submitting electronic claims for services performed by doulas within the clinic scope of services. Institutional claim fields must include:

- **Billing Provider (Type 2 - Organization)** – NPI of the Clinic Group (F/A/O Enrollment Type with the FQHC/RHC/THC Provider Specialty) associated to the Doula
- **Attending Provider (Type 1 - Individual)** – NPI of the enrolled provider responsible for the overall care of the patient. A doula cannot be listed in this field. (Refer to bulletin [MSA 21-47](#) for a list of eligible Attending Providers.)
- **Rendering Provider (Type 1 - Individual)** – NPI of the enrolled Doula associated to the FQHC, RHC, THC, Tribal FQHC (Type 2 - Organization) Billing NPI.

Clinic Billing Requirements for Services Provided Outside the Clinic Setting

FQHCs, RHCs, THCs, and Tribal FQHCs may bill for covered doula services in settings other than the clinic office, such as in the beneficiary's home or hospital setting. Services must be billed separately using their non-clinic Type 2 specialty enrolled NPI on a professional claim format (CMS 1500/837P) and will be reimbursed at the FFS methodology. (Refer to additional billing requirements for clinic-specific provider types within the [MDHHS Medicaid Provider Manual](#).)

Future Doula Developments

Future efforts associated with the MDHHS Doula Initiative may include, but are not limited to:

- Establishment of a diverse doula advisory council
- Doula continuing education opportunities
- Ongoing doula provider support
- Review of doula certification programs

The Medicaid program plans to explore future coverage of services provided by peer recovery doulas who specialize in supporting pregnant and postpartum individuals with a substance use disorder (SUD). Peer recovery doulas will require dual certification as a doula and state certification as a Certified Peer Recovery Coach (CPRC). Peer recovery doulas will provide the doula services described above under the Covered Services section with the following additional support dependent on person-centered needs:

- Assisting individuals to become or stay involved in their own recovery process
- Developing personalized action plans for behavioral, emotional, physical and social health
- Providing experience, education, and professional services to assist and support individuals in developing and/or maintaining recovery-oriented, wellness-focused lifestyles

Manual Maintenance

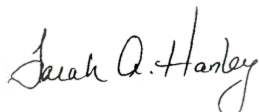
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Farah Hanley
Chief Deputy Director for Health