

# Billing Tips for Doula Providers

As a reminder for Doula providers whilst billing Doula services, incorrect billing claims can lead to a claim being denied. When billing, please refer to the following chart which includes some common billing errors and the corresponding RAD Codes that explain why a claim was denied:

| Doula Providers                          | RAD Codes and Billing Tips   |
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| <p><b>Eligibility</b></p>                | <p><b>RAD Code 002:</b> <i>Recipient is not eligible for the benefits under the fee-for-service Medi-Cal program or other special programs.</i></p> <ul style="list-style-type: none"> <li>• Verify the recipient's 14-character ID number with a valid Medi-Cal Benefits Identification Card (BIC) prior to rendering service.</li> <li>• Check the recipient's date of birth and the issue date of the BIC.</li> <li>• Refer to the <i>Eligibility: Recipient Identification Cards</i> section in Part 1 provider manual.</li> </ul> <p><b>RAD Code 031:</b> <i>The provider was not eligible to receive reimbursement for the services billed on the date of service.</i></p> <ul style="list-style-type: none"> <li>• Verify date of service on the claim is correct.</li> <li>• Verify billing provider number on the claim is correct.</li> <li>• Verify rendering provider number on the claim is correct.</li> </ul> |
| <p><b>Managed Care Plans</b></p>         | <p><b>RAD Code 037:</b> <i>Health Care Plan enrollee, capitated service not billable to Medi-Cal.</i></p> <ul style="list-style-type: none"> <li>• Verify Recipient's 14-character ID number with a valid BIC prior to rendering service.</li> <li>• Verify the recipient's ID number on the RAD.</li> <li>• Determine the Health Care Plan (HCP) to be billed and bill the appropriate HCP if the provider is contracted with or otherwise has an agreement with the HCP to provide doula services.</li> </ul>  |
| <p><b>CMS-1500 Claim Form Errors</b></p> | <p><b>RAD Code 051:</b> <i>Signature is missing or is not an original.</i></p>   |

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| <p>Submitting unsigned claims or claims with illegible signatures. Using initials or stamped signatures or signature extending outside the box. ICD indicator is missing or invalid.</p> | <ul style="list-style-type: none"> <li>• Signatures must be written, not printed, in blue or black ink.</li> <li>• Do not allow signature to extend outside the box (Box 31).</li> <li>• Stamps, initials, or facsimiles are not acceptable.</li> </ul> <p><b>RAD Code 9981:</b> <i>ICD Indicator is missing or invalid.</i></p> <p>The ICD indicator must be either “0” or “9”. The ICD indicator of “0” represents ICD-10 codes and the ICD indicator “9” represents ICD-9 codes.</p> <p>Per current policy, FFS claims for doula services do not require a diagnosis code. Please refer to the provider manual for the appropriate codes to bill when submitting claims for doula services.</p> |
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## Modifiers

According to the *Doula Services* section of the Medi-Cal Provider Manual, to distinguish the claims from the services offered by a medical provider, all submitted claims must use the XP modifier (separate practitioner: a service that is distinct because it was performed by a different practitioner).

The [Medi-Cal Provider Website](#) has more information on the following resources:

Part 2 – [General Medicine Provider Manual](#) where you will find:

- Doula Services
- CMS-1500 Completion
- CMS-1500 Special Billing Instructions
- CMS-1500 Submission and Timeliness Instructions
- CMS-1500 Tips for Billing

[Medi-Cal References Page](#) where you will find:

- Remittance Advice Details (RAD) Repository
- Billing Tips