

Doula Services and Provider Policy Program Coverage

Medi-Cal covers doula services, pursuant to Title 42 of the Code of Federal Regulations, Section 440.130(c), as preventive services and on the written recommendation of a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

Doula services encompass health education; advocacy; and physical, emotional, and nonmedical support provided before, during, and after childbirth or end of a pregnancy, including throughout the postpartum period. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

Doulas serving Medi-Cal members provide person-centered, culturally competent care that supports the racial, ethnic, and cultural diversity of members while adhering to evidence-based best practices.

Definitions

Doula: A trained individual who provides continuous physical, emotional, and informative support to a birthing person before, during, and after birth. A doula is not a health care professional and is not permitted to diagnose medical conditions, give medical advice, or perform any type of clinical procedures or conduct any type of physical or behavioral assessment/exam. Doulas are not licensed, and they do not require supervision.

Full-spectrum care: prenatal and postpartum doula care, continuous presence during labor and delivery, and doula support for miscarriage, stillbirth, and abortion. Doula care includes physical, emotional, and other nonmedical care.

Postpartum period: Doulas may provide services for up to 12 months from the end of pregnancy. Beneficiaries are eligible to receive full-scope coverage for at least 12 months after pregnancy.

Covered Services:

A recommendation for services authorizes the following:

- One initial visit.
- Up to eight additional one-hour visits that may be provided in any combination of prenatal and postpartum visits.
- Support during labor and delivery, abortion, or miscarriage.
- Up to two extended three-hour postpartum visits after the end of a pregnancy.

The extended three-hour postpartum visits do not require the beneficiary to meet additional criteria or receive a separate recommendation.

An additional recommendation from a physician or other licensed practitioner of the healing arts acting within their scope of practice is required if additional visits are medically necessary during the postpartum period. The additional recommendation can authorize up to nine additional one-hour postpartum visits billed with HCPCS Z1038.

Doulas offer various types of support, including perinatal support and guidance; health navigation; evidence-based education and practices for prenatal, postpartum, childbirth, and newborn/infant care; lactation support; development of a birth plan; and linkages to community-based resources.

Coverage also includes comfort measures and physical, emotional, and other nonmedical support provided during labor and delivery and for miscarriage and abortion.

Billing codes

Doulas should bill with Category of Service 134 for doula services. Claims for doula services do not require a diagnosis code. The following CPT codes may be used for all services listed above when submitting claims:

Prenatal and Postpartum Visits

- Z1032 – Initial visit, at least 90 minutes
- Z1034 – Prenatal visit, at least 60 minutes
- Z1038 – Postpartum visit, at least 60 minutes
- HCPCS T1032 – Extended postpartum support, per 15 minutes

The initial visit must be no less than 90 minutes to bill with Z1032. All other visits must be no less than 60 minutes. Visits are limited to one per day, per beneficiary. Only one doula may bill for services provided to the same beneficiary on the same day. One prenatal visit or one postpartum visit may be provided on the same day as labor and delivery, abortion, or miscarriage support.

For extended postpartum visits lasting at least three hours, doulas may bill HCPCS code T1032 (15 minutes per unit) for 12 units per visit, up to two visits per pregnancy per individual provided on separate days.

Doulas may not bill Medi-Cal for a postpartum visit if they provided overnight postpartum care on the same day for a fee billed to the beneficiary.

Labor and Delivery Support

- CPT 59409 – Continuous support during vaginal delivery only
- CPT 59612 – Continuous support during vaginal delivery after previous caesarian section
- CPT 59620 – Continuous support during caesarian section

Billing codes for support during labor and delivery are limited to once per year and once per pregnancy. One additional labor and delivery support claim may be billed with an

approved Treatment Authorization Request (TAR) for a second pregnancy within one calendar year. Support during labor and delivery can be billed if this service is provided by a doula, whether or not the delivery results in a live birth.

Abortion or Miscarriage Support

- HCPCS T1033 – Continuous support during or after miscarriage
- CPT 59840 – Support during or after abortion

Billing codes HCPCS code T1033 for miscarriage support and CPT code 59840 for abortion support are each limited to once per pregnancy, and two per year per beneficiary. More than two miscarriage support services or more than two abortion support services per beneficiary per calendar year may be provided with an approved TAR.

Informing a beneficiary about covered services provided by non-doula providers

If a beneficiary requires a pregnancy-related service that is not covered under the doula benefit described above and is available through Medi-Cal from a different provider, including assessments or a level of care that is not available from the doula, the doula must inform the beneficiary that another Medi-Cal provider is able to render the requested service. This includes, but is not limited to the following Medi-Cal services that are not part of the doula benefit:

- Behavioral health services
- Belly binding, after cesarean section, by clinical personnel
- Clinical case coordination
- Health care services related to pregnancy, birth, and the postpartum period
- Childbirth education *group classes*
- Comprehensive health education, including orientation, assessment, planning (Comprehensive Perinatal Services Program services)
- Hypnotherapy (non-specialty mental health service)
- Lactation consulting, group classes, and supplies
- Nutrition services (assessment, counseling, and development of care plan)
- Transportation

The following Community Supports services may be available to eligible individuals through participating managed care plans:

- Meal preparation and grocery shopping (Personal Care and Homemaker Services)
- Laundry and house cleaning (Personal Care and Homemaker Services)
- Services that attend to a beneficiary's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them (Respite Care).
- Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals (Respite Care).

A doula is not prohibited from providing assistive or supportive services in the home during a prenatal or postpartum visit, as long as the visit is face-to-face, the assistive or supportive service is incidental to doula services provided during the prenatal or postpartum visit, and the beneficiary is not billed for the assistive or supportive service.

Non-covered services

The following services for pregnant or postpartum individuals are not covered as Medi-Cal doula services and are not covered under Medi-Cal:

- Belly binding (traditional/ceremonial)
- Birthing ceremonies (i.e., sealing, closing the bones, etc.)
- Group classes on babywearing
- Massage (maternal or infant)
- Photography
- Placenta encapsulation
- Shopping
- Vaginal steams
- Yoga

Doulas are not prohibited from teaching classes that are available at no cost to individuals, including Medi-Cal beneficiaries to whom they are providing doula services.

Telehealth

Doulas should refer to the Telehealth section in Part 2 of the Provider Manual for guidance regarding providing services via telehealth for prenatal or postpartum visits, or for abortion and miscarriage support. Labor and delivery support may not be provided via telehealth.

Documentation requirements

Doula services require a written recommendation by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

The recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the beneficiary's managed care plan.

The initial recommendation can be provided through the following methods:

- Written recommendation in patient's record.
- Standing order for doula services by plan, physician group, or other group by a licensed provider.
- Standard form signed by an authorized licensed provider that a beneficiary can provide to a doula.

A second recommendation is required if additional visits are medically necessary during the postpartum period. A recommendation for additional visits during the postpartum period cannot be established by standing order and must be dated after pregnancy. The

additional recommendation authorizes nine or fewer additional postpartum visits, billed with HCPCS Z1038.

Doulas are required to document the dates and time/duration of services provided to beneficiaries. Documentation should also reflect information on the nature of the care and service provided and support the length of time spent with the patient that day. For example, documentation might state, "Discussed childbirth education with patient and discussed and developed birth plan for 1 hour." Documentation shall be accessible to DHCS upon request.

Eligibility Criteria

Providers should verify the recipient's Medi-Cal eligibility for the month of service. An individual who is pregnant, or was pregnant within the past year, and would either benefit from doula services or requests doula services, would meet the medical necessity criteria for a recommendation for doula services. Doula services may only be provided during pregnancy; during labor and delivery, miscarriage, and abortion; and within one year of the end of a beneficiary's pregnancy.

Place of Service

There are no Place of Service restrictions for doula services.

Claim submission

Fee-for-service claims for doula services must be submitted by a doula enrolled in Medi-Cal, an enrolled doula group, or an enrolled licensed provider who employs or contracts with a qualified doula.

Doula minimum qualifications:

All doulas must be at least 18 years old, possess an adult/infant CPR certification, and completion of basic HIPAA training.

In addition, a doula must meet either of the following qualification pathways:

Training Pathway:

- Complete a minimum of 16 hours of training in the following areas:
 - Lactation support
 - Childbirth education
 - Foundations on anatomy of pregnancy and childbirth
 - Nonmedical comfort measures, prenatal support, and labor support techniques
 - Developing a community resource list
- Provide support at a minimum of three births

Experience Pathway:

- Or all of the following:
 - At least 5 years of active doula experience in either a paid or volunteer capacity.
 - Attestation to skills in prenatal, labor, and postpartum care as demonstrated by the following:

- 3 written client testimonial letters or professional letters of recommendation from any of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization. Letters must be written within the last seven years. One letter must be from either a licensed provider, a community-based organization, or an enrolled doula.

Doulas must complete three hours of continuing education in maternal, perinatal, and/or infant care every three years. Doulas shall maintain evidence of completed training to be made available to DHCS upon request.

Recommended trainings:

Doulas need to be able to serve the unique needs of Medi-Cal beneficiaries. As such, supplemental training that is recommended but not required, includes, but is not limited to, the following:

- Perinatal support
- Hands-on support with clients
- Trauma-informed care
- Cultural sensitivity or competency, implicit bias or anti-racism or social determinants of health for birthing populations
- Maternal mood disorders
- Intimate partner violence