

## **Doula Services Frequently Asked Questions**

The Department of Health Care Services (DHCS) covers doula services in both managed care and fee-for-service delivery systems for pregnant and postpartum individuals. Services include nonmedical support for prenatal and postpartum visits, and during labor and delivery, miscarriage, and abortion.

### **Doula Providers**

#### **Doula Services**

1. What kind of services may doulas provide for reimbursement?
  - Doulas may provide various types of support during the perinatal period, including during pregnancy; labor and delivery, miscarriage, and abortion; and one year postpartum. Services include guidance; health navigation; evidence-based education for prenatal, postpartum, childbirth, and newborn/infant care; lactation support; development of a birth plan; and linkages to community-based resources. Please see the [Medi-Cal Provider Manual: Doula Services](#) for more information.
  
2. Are there any requirements that need to be met before a member can receive doula services?
  - Doula services are considered a preventive benefit. Federal law requires that all preventive services first be recommended by a physician or other licensed practitioner of the healing arts. To increase access to services, [DHCS issued a standing recommendation for doula services](#) by the DHCS Medical Director, Karen Mark, MD, PhD. This fulfills the requirement for a recommendation for an individual who is pregnant or was pregnant within the past year. Doulas who use the standing order to meet the federal requirement should reference this standing order in their records for the member.
  
  - In addition, the recommendation for doula services can be noted in a member's medical record by the recommending licensed provider, or a member can ask a licensed provider to complete the [Medi-Cal Doula Services Recommendation](#) and give the form to the doula.
  
3. Who can recommend doula services?
  - Doula services must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. The recommending provider does not need to be enrolled in Medi-Cal or be a network provider with the member's managed care plan (MCP).

4. What doula services are authorized by a recommendation?
  - The first recommendation allows the member to receive the following services by a doula:
    - One initial 90-minute visit.
    - Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits, as determined by the birthing person and doula.
    - Support during labor and delivery, abortion, and miscarriage.
    - Up to two extended three-hour postpartum visits after the end of a pregnancy.
  - A second recommendation – either noted in the member’s medical record by a licensed provider or newly-signed [Medi-Cal Doula Services Recommendation](#) form – allows members to receive up to nine additional visits during the postpartum period. The standing recommendation does not authorize these additional postpartum visits.
  
5. Does the second recommendation for postpartum services need to be dated after the pregnancy?
  - No. If the member has used or is likely to use all eight additional visits while they are pregnant, a licensed provider may recommend additional visits to be provided during the postpartum period.
  
6. How long is the postpartum period?
  - For Medi-Cal, the postpartum period is one year after pregnancy. This allows members to receive doula services up to one year after pregnancy.
  
7. Can a member receive doula services only during postpartum period?
  - Yes. Doula services are available up to one year after pregnancy. If the member did not have a doula while pregnant, they may use the initial visit and all eight visits during the postpartum period and up to nine additional postpartum visits with a second written recommendation.
  
6. Will DHCS cover doula services provided during or after a miscarriage, still birth, or abortion?
  - Yes, doula services are available to support individuals during and after pregnancies that end in miscarriage, still birth, or abortion.

8. Are there any limitations on where doulas can provide services?
  - No. Doulas may provide services in the community, at a member's home, and in hospitals, among other locations.
9. May doulas provide services by telehealth?
  - Yes. Doula may provide all services via telehealth, including by telephone. Services must meet federal requirements for privacy.
10. Can a member receive doula services from more than one doula?
  - Yes, more than one doula may provide services during a member's pregnancy and postpartum period. However, the total number of visits that a member may receive are per pregnancy and not per doula. In addition, only one doula may bill for services provided during labor, miscarriage, or abortion.
11. Will specialty doulas (e.g., birthing/L&D-only, prenatal-only, postpartum-only, etc.) be able to provide doula services for their specialty?
  - DHCS has created a single enrollment pathway for doulas, so they must be able to provide all doula services listed in the [Medi-Cal Provider Manual: Doula Services](#) -- prenatal, labor, and postpartum care. Doulas may have areas of specialties. These are listed in the [Doula Directory](#).

### Provider Enrollment

12. What are the qualifications to enroll as a doula with Medi-Cal?
  - All doulas must be at least 18 years old, possess an adult/infant cardiopulmonary resuscitation (CPR) certification, and have completed basic Health Insurance Portability and Accountability Act (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
- Attest that they have provide support as a doula at a minimum of three births

#### Experience Pathway:

- Or both of the following:
  - At least five years of active doula experience in either a paid or volunteer capacity within the previous seven years.

- Attestation to skills in prenatal, labor, and postpartum care as demonstrated by three 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.

13. Does DHCS require doulas to possess a certificate from specific organizations?

- No. The certificate does not need to be from a specific organization as long as it covers the requirements listed in the [Medi-Cal Provider Manual: Doula Services](#). Additional information regarding enrollment is available at [Doula Application Information webpage](#).

14. How do I enroll as a Medi-Cal provider?

- Doulas can enroll through DHCS' Provider Application and Validation for Enrollment (PAVE) portal: [PAVE page](#). Additional resources on how to enroll in PAVE can be found on the [Doula Application Information](#) webpage and [Doula – Training and Medi-Cal Providers](#) webpage.
- Doulas intending to contract with Medi-Cal MCPs may also enroll through the MCP. See Managed Care Plans section below for additional information.

15. Are there any additional requirements I need to meet to enroll in Medi-Cal as a doula?

- Individuals who enroll in Medi-Cal also need to meet any local – city, county, or state – requirements to operate a business in California. These requirements are in addition to DHCS' requirements as identified in the [Medi-Cal Provider Manual: Doula Services](#).
  - **Business License:** If you will provide services in a city or county that requires a business license, then you will need to submit a copy of the current business license with the application. The name and address on the business license must match the name and service address reported on the application.
  - **Fictitious Business Name:** Applicants who are using a fictitious business name must submit a copy of the Fictitious Business Name Statement (FBNS) with their application. In the case of a business operated by an individual, a fictitious business name is any name that does not include the last name (surname) of the owner or which implies additional owners (such as "and Associates", etc.). In the case of a corporation, limited liability company, or limited partnership, a fictitious business name is any name other than the exact name that is on record with the Secretary of State's Office

16. Will I need to acquire an NPI number?
  - Yes. Doulas will need to register for a National Provider Identifier (NPI) to enroll with DHCS. An NPI is a numeric identifier assigned to a health care provider by the Centers for Medicare & Medicaid Services (CMS). Doulas can apply for an NPI online or by mail through the [CMS NPI Application/Update Form page](#).
17. How long does it usually take to obtain an NPI number?
  - A provider who submits a properly completed electronic application can receive an NPI in fewer than 10 business days. Paper application reviews take approximately 20 business days. Application errors may delay the process.
18. Do I need to show proof of worker's compensation insurance to enroll as doula?
  - Only businesses that have employees (including family members) are required by the State of California to have worker's compensation insurance. If you do not have anyone working for you, you do not need to carry worker's compensation insurance.
19. Can community-based doula groups, organizations, and agencies enroll as a doula group?
  - Yes, if they meet the criteria to apply as a doula group. When enrolling as a group provider, one application is submitted for the group itself, and a separate application is submitted for each rendering provider. Please visit the [Doula Application Information page](#).
20. Can I be reimbursed for services I provide to Medi-Cal members while my PAVE application is being processed?
  - Once their application is approved, doulas may bill DHCS for services provided to Medi-Cal members with fee-for-service retroactively to the date they submitted an application that was approved.
  - Doulas who wish to provide services to MCP members must enter into contracts with MCPs to receive reimbursement for doula services provided to MCP members.
21. Is there someone I can contact if I have questions about my application?
  - Yes. Applicants may email [PAVE@dhcs.ca.gov](mailto:PAVE@dhcs.ca.gov) if they have questions or comments about their application or enrollment in PAVE.

Reimbursement rate(s), billing codes, reimbursement methodology

22. How much does Medi-Cal pay doulas for their services?

As part of the Medi-Cal Targeted Rate Increases effective January 1, 2024, DHCS increased Medi-Cal fee-for-service (FFS) rates for maternal care services, including doula services, to 87.5 percent of the lowest statewide Medicare rate. As part of the 2024-25 Governor’s Budget, DHCS has proposed to further increase these rates effective January 1, 2025, to 100 percent of the locality-specific Medicare rate, subject to legislative and federal approval.

- The current fee-for-service rates for doula services are as follows:
  - Initial visit (90 minutes): \$197.98
  - Prenatal visit: \$162.11
  - Postpartum visit: \$162.11
  - Extended postpartum support (for a three-hour visit): \$486.36
  - Support during vaginal delivery: \$685.07
  - Support during caesarian section: \$795.73
  - Support during or after miscarriage: \$250.85
  - Support during or after abortion: \$250.85

In the managed care delivery system, Medi-Cal managed care plans (MCPs) negotiate rates directly with contracted providers and may negotiate reimbursement on a per-service, per-member (capitated), or other basis; however, a MCP’s reimbursement must be (or must be projected to be) no less than the Medi-Cal FFS reimbursement level.

**Figure 1 – Medi-Cal FFS Billing Code Chart – Initial Recommendation**

In the Medi-Cal FFS delivery system, the DHCS reimburses doulas at the same rates as it pays licensed providers for maternal care, as outlined in the chart, below with an initial recommendation. (See question #4 for services that the initial recommendation authorizes.)

<b>Billing Codes</b>	<b>Covered Services</b>	<b>Previous Doula Rate (Per visit)</b>	<b>Current Doula Rate+ (Per visit)</b>
HCPCS Code Z1032	Extended Initial Visit, 90 minutes	\$126.31	\$197.98
HCPCS Code Z1034	Prenatal or postpartum visits (up to 8 visits)	\$60.48	\$162.11
CPT Code 59409*	Support during vaginal delivery	\$544.72	\$685.07

CPT Code 59612*	Support during vaginal delivery after previous caesarean section	\$544.72	\$768.69
CPT Code 59620*	Support during caesarean section	\$544.72	\$795.73
HCPCS Code T1033*	Support during or after miscarriage	\$250.85	\$250.85
CPT Code 59840*	Support during or after abortion	\$250.85	\$250.85
HCPCS Code T1032	Extended postpartum visits (up to 2 visits)	\$180.00	\$486.36
HCPCS code Z1038**	Additional postpartum visits (up to 9 visits)	\$60.48	\$162.11

+As of January 1, 2024 as part of the Department's Targeted Rate Increase. For more information, please see Medi-Cal-Targeted-Provider-Rate-Increases. Rates in green increased.

\*Only one of these codes would be billed, as appropriate.

\*\*Requires a second recommendation to bill.

**Figure 2 – Medi-Cal FFS Examples of Maximum Reimbursement Calculations**  
(See question #4 for information regarding the second recommendation)

The chart below provides Medi-Cal FFS examples of the maximum per pregnancy reimbursement amounts for doulas as of January 1, 2024, which reflects the total number of services that *may* be provided with the initial recommendation.

The second recommendation would allow a doula to receive an additional \$1,458.99, on top of the amounts in the chart below if they provided all nine postpartum visits.

Description of Services Delivered	Previous Maximum Reimbursement Amount	Current Maximum Reimbursement Amount
All initial recommendation visits and support during vaginal delivery	\$1,514.87	\$3,152.65

All initial recommendation visits and support during vaginal delivery after previous caesarean section	\$1,514.87	\$3,236.27
All initial recommendation visits and support during caesarean section	\$1,514.87	\$3,263.31

23. How do rates for doula services align with rates paid to licensed health care professionals for maternity services?
- Doulas use the same codes and are paid the same rate as physicians, nurse practitioners, and midwives for the initial visit, prenatal visits, postpartum visits, abortion, and for labor and delivery. Doulas need to use modifier XP when billing for services provided to fee-for-service and Medi-Cal MCP members. XP notes that the service was provided by a doula instead of a licensed practitioner.
24. What are the billable codes for doula services?
- The billing codes are listed in the [Medi-Cal Provider Manual: Doula Services](#).
25. Is a diagnosis code required when submitting a claim for doula services?
- **Medi-Cal Managed Care:** Diagnosis codes are required for encounter data. While doulas do not provide diagnosis, they must submit claims with a diagnosis that is relevant to the service they are providing. The following ICD-10 CM codes are HIPAA compliant:
    - Z33.1 Pregnant state, incidental
    - Z33.2 Encounter for elective termination of pregnancy
    - Z39.2 Encounter for routine postpartum follow-up
    - O02.1 Missed abortion
    - O03.4 Incomplete spontaneous abortion without complication
  - **Fee-For-Service:** A diagnosis code is not required for claims submitted to DHCS for members with fee-for-service.
26. How will doulas receive payment in fee-for-service?
- Enrolled doulas who provide services to members enrolled in fee-for-service Medi-Cal will submit claims and bill Medi-Cal directly. Additional information about submitting claims is available on the [Doula – Training and Medi-Cal Providers](#) webpage.
27. How will doulas receive payment from MCPs for services provided to their members?
- Doulas who wish to provide services to Medi-Cal MCP members must enter into contracts with MCPs to receive reimbursement for doula services provided to MCP members. Doulas must follow the claims and



reimbursement processes for the MCPs they are contracted with and should reach out to the MCP for additional information.

### Managed Care Plans

28. After DHCS approves my application, is there anything I need to do before providing services to Medi-Cal members enrolled in an MCPs?
  - Yes. Doulas who wish to provide services to Medi-Cal MCP members must enter into contracts with MCPs to receive reimbursement for doula services provided to MCP members.
29. If DHCS has approved my provider application, do I also need to be approved by an MCP?
  - MCPs may have additional requirements as part of their enrollment, credentialing, and contracting process for Network Providers. Providers should reach out to MCPs they are interested in contracting with for additional information.
30. Where can I find a contact information for plans if I have questions about contracting with them?
  - MCP point of contacts for doula services can, including enrollment and billing, be found at [Managed Care Plan Contact List for Doulas and Members \(PDF\)](#).
  - MCP point of contacts for general information can be found at [Medi-Cal Managed Care Health Plan Directory](#).

### General Question

31. Where can I get more information or provide feedback?
  - Information about the doula benefit and stakeholder meetings is available on the [DHCS Doula Services webpage](#).
  - Please email [DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov) with any further feedback, questions, and comments.