Background Information	Benefit Details
What are the Goals of the Doula Benefit?	• Preventing perinatal complications and improving health outcomes for birthing parents and infants • Providing personal support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience including emotional and physical support, provided during pregnancy, labor, birth, and the postpartum period
What are Doulas Providers?	• Birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion • Not licensed or clinical providers and do not require supervision

What are minimum requirements to become a Doula Provider?	• Be at least 18 years old, possess an adult/infant CPR certification, and have completed basic HIPAA training
	• Must meet either the Training or Experience Pathways qualifications
	  o **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
	  o **Experience Pathway:**
	    ▪ At least five years of active Doula experience in either a paid or volunteer capacity within the previous seven years
	    ▪ Attestation of 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:
	      • Physician
	      • Licensed behavioral health provider
	      • Nurse Practitioner
	      • Nurse Midwife
	      • Licensed Midwife
	      • Enrolled Doula
	      • Community-based organization
	    ▪ One letter must be from either a licensed provider, a community-based organization, or an enrolled doula
	    ▪ Letters must be written within the last seven years.

	o **Additional Requirements**
	  ▪ Complete three hours of continuing education in maternal, prenatal and / or infant care every three years
	  ▪ Maintain evidence of completed training available, upon request, to DHCS
	o **Supplemental Training**
	  ▪ It is recommended, but not required and includes, but not limited to the following:
	   • Perinatal support
	   • Firsthand support with clients
	   • Trauma-informed care
	   • Cultural sensitivity or competency, implicit bias or anti-racism or social determinants of health for birthing populations (available through CenCal Health)
	   • Perinatal mood and anxiety disorders
	   • Intimate partner violence
	   • Postpartum care/support
	   • Infant and newborn care
	   • Perinatal loss and bereavement support
	o CenCal Health is working with DHCS to determine which training courses are available to meet these requirements and will connect with our Doula provider partners once we receive more information

What services are covered?	• Provide person-centered, culturally competent care that supports racial, ethnic, linguistic, and cultural diversity of Members while adhering to evidence-based best practices • Medical care from an obstetrician or midwife • 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

How are the services provided?	• Any licensed practitioner may make recommendations for Doula services via a Treatment Authorization Request (TAR)
	o TAR includes the following covered services:
	  ▪ One initial visit of 90 minutes
	  ▪ Up to eight additional 1-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 3-hour postpartum visits after the end of pregnancy
	  ▪ During the postpartum period, an additional TAR is required if extra visits are medically necessary
	  ▪ Additional recommendations can include up to nine additional 1-hour postpartum visits
	  ▪ Authorization will be provided on an individual basis based on medical necessity
	• Requests will be automatically approved by CenCal Health
	• Visits are limited to one per day, per member
	• One prenatal visit or one postpartum visit may be provided on the same day as labor and delivery, abortion, or miscarriage support
	• Extended three-hour postpartum visits do not require the member to meet additional criteria or receive a separate recommendation

	• Additional recommendations from a physician or other healing arts licensed practitioners acting within their scope of practice is required if additional visits are medically necessary during the postpartum period
	  o Can include up to nine additional 1-hour postpartum visits and will be reviewed for authorization by CenCal Health
	  o Does not need to be enrolled in Medi-Cal or be a Network Provider

What are the Doula service documentation requirements?	• Document the dates and time / duration of services provided to CenCal Health members • Should also reflect information on the nature of the care and service(s) provided • Support the length of time spent with the member that day o *For example, documentation might state, "Discussed childbirth education with beneficiary and discussed and developed a birth plan for 1 hour."* • Documentation accessible to the DHCS

What services are *not* covered / provided to our members?	• Pregnant or postpartum beneficiaries as Medi-Cal Doula services are not covered under Medi-Cal:
	  o Belly binding (traditional /ceremonial)
	  o Birthing ceremonies (i.e., sealing, closing the bones, etc.)
	  o Group classes on babywearing
	  o Massage (maternal or infant)
	  o Still and Video Photography
	  o Placenta encapsulation
	  o Shopping
	  o Vaginal steams
	  o Yoga
	• Diagnosis of medical conditions, provision of medical advice, or any type of clinical assessment, exam, or procedure
	• Doulas are not prohibited from teaching classes available at no cost to individuals including Medi-Cal members to whom they are providing Doula services

Who is eligible to receive Doula services?	• CenCal Health member who is pregnant or was pregnant within the past 12 months
	• Obtains a recommendation for Doula services which can be provided during:
	  o Pregnancy
	  o Labor and delivery
	  o Miscarriage
	  o Abortion
	• CenCal Health member is eligible during each visit

Is a Referral Required for Doula services?
 	
1) **Auth Type:** 50-1 Medical
2) **Doula:** Click check box when referring for Doula services
3) **Start Date:** Enter any date for prenatal or postpartum date
	Any licensed practitioner may make the recommendation for Doula services via a Treatment Authorization Request (TAR). This TAR includes the following covered services:
	  o One initial visit (90 minutes)
	  o Up to eight additional 1hour visits that may be provided in any combination of prenatal and postpartum visits.
	  o Support during labor and delivery, abortion or miscarriage.
	  o Up to two extended 3 hour postpartum visits after the end of pregnancy.

End Date: Will be auto-populated by system one year later
4) **Category:** Pre-service
5) **Servicing Provider Facility: Indicate which c**ontracted Doula Provider you would like to refer the member so. Search tool is available for list of contracted providers
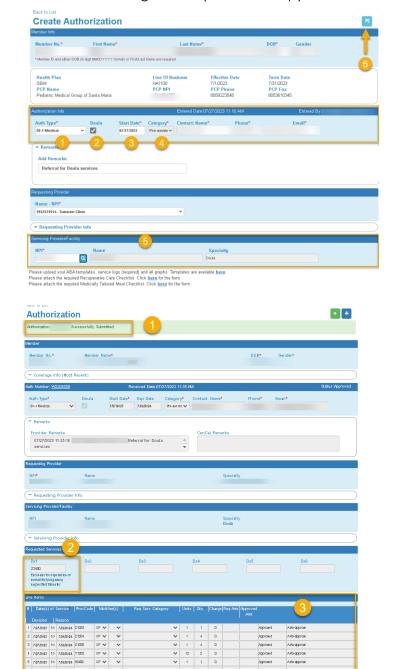6) **Submit Authorization**

Once the authorization is submitted:

1) **Approved authozisation** will auto propmt an authorization confirmation #.

2) **Dx1:** Will auto populate with the appropriate procedure code for doula services

3) **Line Items:** Each Procedure Code, Modifier(XP), Units, and

Quantity: Will approve 12months from the original submitted Start Date.

When would an additional TAR be required after the service has

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o These requests will be automatically approved by CenCal Health.
o The auto-authorization of Doula services are permitted to be approved for two (2) Doulas at the same time, to accommodate one Doula covering for another Doula who needs assistance when Doula services are in high need (as a back-up).

During the postpartum period, an additional TAR is required by the contracted Doula Provider if extra visits are medically necessary.

o This additional recommendation can include up to nine (9) additional one (1) hour postpartum visits
o Authorization will be provided on an individual basis based on medical necessity

been performed by a Doula provider?	

What are the codes and code details for billing Doula services?	**Prenatal and Postpartum Visits**
	• Z1032-XP – Extended initial visit 90 minutes
	• Z1034-XP – Prenatal visit
	• Z1038-XP – Postpartum visit
	• T1032-XP – Extended postpartum Doula support, per 15 minutes
	Labor and Delivery Support
	• CPT® 59409-XP – Doula support during vaginal delivery only
	• CPT 59612-XP – Doula support during vaginal delivery after previous caesarean section
	• CPT 59620-XP – Doula support during caesarean section
	Abortion or Miscarriage Support
	• HCPCS T1033-XP – Doula support during or after miscarriage
	• CPT 59840-XP – Doula support during or after abortion
	
	• Doula service claims should be submitted with at least one (1) Social Determinants Of Health (SDOH) diagnosis code, as the Provider Portal forms require completion of that section to process.
	• Use these codes for services listed here when submitting claims to CenCal Health
	  o Extended initial visit must be for 90 minutes to bill with procedure code Z1032-XP
	  o All visits are limited to one per day, per CenCal Health member
	  o Only one Doula may bill for a visit provided to the same member on the same day, excluding labor and delivery
	  o One prenatal visit or one postpartum visit may be provided on the same day as labor and delivery (including stillbirth), abortion, or miscarriage support
	    ▪ Prenatal or postpartum visits billed on the same calendar day as labor and delivery, abortion, or miscarriage support may be billed by a different Doula
	    ▪ For extended postpartum visits lasting at least three hours, Doulas may bill code T1032-XP (15 minutes per unit) for up to 12 units per visit, up to two visits (24 units) per pregnancy per member provided on separate days
	• Billing codes for support during labor and delivery are limited to once per pregnancy
	• Support during labor and delivery can be billed if this service is provided by a Doula provider, whether or not the delivery results in a live birth
	• Billing codes HCPCS code T1033 for miscarriage support and CPT code 59840-XP for abortion support are each limited to once per pregnancy

How to submit a CMS-1500 Professional Claim within the Provider Portal Restricted site

1) **Billing Provider NPI:** Doula Provider
2) **Claim Type:** Physician
3) **Auth No.:** CenCal Health Approved W#
4) **Dx1 Code:**

   Z1032-XP – Extended initial visit 90 minutes

   Z1034-XP – Prenatal visit

   Z1038-XP – Postpartum visit

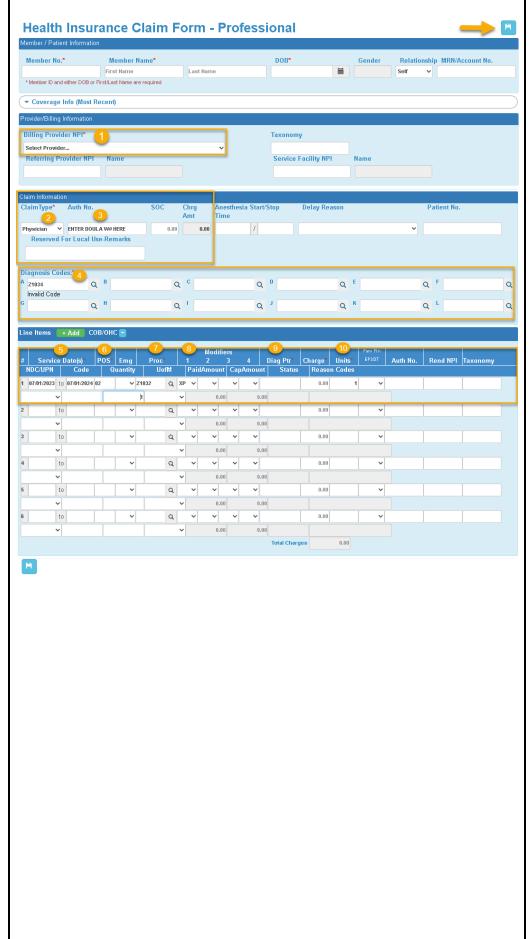   T1032-XP – Extended postpartum Doula support, per 15 minutes

5) **Dates of Service: Add date of Rendered** Service(s)
6) **Place of Service (POS):**

   02 – Member home

   11 – Office

   25 – Birthing Center

7) **HCPCS billing code (ProcCode): Add** procedure code that represents rendered service(s)

8) **Modifier(s):**

   XP = ALL Doula billed procedure codes MUST be billed with modifier "XP". If the service is telemedicine, ADD telemedicine modifier as secondary (modifier drop down #2) to required "XP"

   93 = Synchronous Telemedicine Services Rendered via Telephone or other real-time interactive audio-only

   95 = Synchronous telemedicine service rendered via a real-time interactive audio

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Health Insurance Claim Form - Professional

Member / Patient Information

Member No.*	Member Name*		DOB*	Gender	Relationship	MRN/Account No.
	First Name	Last Name			Self	

* Member ID and either DOB or First/Last Name are required

▼ Coverage Info (Most Recent)

Provider/Billing Information

Billing Provider NPI*	Taxonomy
Select Provider...	

Referring Provider NPI	Name	Service Facility NPI	Name

Claim Information

ClaimType*	Auth No.	SOC	Chrg Amt	Anesthesia Start/Stop Time	Delay Reason	Patient No.
Physician	ENTER DOULA W# HERE	0.00	0.00	/		

Reserved For Local Use-Remarks

Diagnosis Codes:*

A	Z1034 (Invalid Code)	B		C		D		E		F	
G		H		I		J		K		L	

Line Items + Add COB/OHC

#	Service Date(s)	POS	Emg	Proc	Modifiers 1	2	3	4	Diag Ptr	Charge	Units	Fam Pln EPSDT	Auth No.	Rend NPI	Taxonomy
	NDC/UPN	Code	Quantity	UofM	PaidAmount	CapAmount		Status	Reason Codes						
1	07/01/2023 to 07/01/2024	02		Z1032	XP					0.00	1				
					0.00	0.00									
2	to									0.00					
					0.00	0.00									
3	to									0.00					
					0.00	0.00									
4	to									0.00					
					0.00	0.00									
5	to									0.00					
					0.00	0.00									
6	to									0.00					
					0.00	0.00									

Total Charges 0.00

and video telecommunications 9) **Diag Ptr:** This is the Diagnosis Indicator submitted in Box #4 10) **Units: Bill for** 1 Unit **for all procedure codes,** except for T**1032**. T1032 can be billed up to 12 units per visit (on one billed claim line), up to two visits (24 units) per pregnancy per beneficiary provided on separate days	

Provider Resource:

- DHCS Master Publication https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/doula.pdf
- Provider Website Resources
    - o Onboarding Packet: /www.cencalhealth.org/providers/join-our-network/credentialing-applications-and-forms/
    - o Social Determinant of Health (SDOH): cencalhealth.org/providers/social-determinants-of-health/
    - o Doula Provider Training Resources: https://wwwqa.cencalhealth.org/providers/provider-training-resources/provider-training-library/
- CenCal Health Provider Manual (Section I7) https://www.cencalhealth.org/providers/forms-manuals-policies/provider-manual/