BACKGROUND

A doula is a certified professional trained to provide physical, emotional, and informational support to expectant mothers throughout their pregnancy, delivery, and post-partum period. Doulas are not clinical, but work as consultants and resources to assist women in communication with healthcare providers and understanding their healthcare choices. By assisting with understanding health choices and reinforcing provider instructions doulas allow mothers to make informed decisions regarding themselves and their child. Doulas also provide consistent emotional support and counseling to expectant women.¹, ²

Research has shown mothers who deliver with the support of a doula have better birth outcomes. These mothers have less instance of low birth weight, lower risk of complications for themselves and their babies, and are more likely to breastfeed their infant. Mothers who deliver with a doula typically require less medication, have babies with higher APGAR scores, fewer caesarian deliveries, and report higher satisfaction with their birthing process. Doulas have been shown to be particularly effective in situations where the mother is socioeconomically disadvantaged, without a companion or family support, experiences a language or communication barrier, or are primiparous.¹, ²

For additional information on doula certification, please reference the following:

- Association of Labor Assistants and Childbirth Educators (ALACE)
- Birthworks
- Childbirth International
- Childbirth and Postpartum Professional Association (CAPPA)
- Commonsense Childbirth Inc.
- Doulas of North America (DONA)
- International Center for Traditional Childbearing (ICTC)
- International childbirth Education Association (ICEA)
POSITION STATEMENT

Applicable To:
- Medicaid - Nebraska

Exclusions

All criteria must be met as noted below.

Coverage

Doulas should complete all appropriate certification as deemed necessary by the State of Nebraska.

The Division of Children and Family Services (DCFS) is an organization including child welfare, adult protective services, economic support, and youth rehabilitation and treatment centers. For more information see http://dhhs.ne.gov/Pages/default.aspx.

The goals of doula services are to improve birth outcomes, reduce pre-term births, improve prenatal care, enhance member understanding of the birth process, and increase the role of the doula in the overall labor and delivery plan.

Doula services are typically recommended for prenatal / labor and delivery OR for post-partum.

Doula services are considered medically necessary and a covered benefit when the following are met:

1. Member is enrolled in WellCare of Nebraska’s Heritage Health Plan; AND,
2. Member is a pregnant female up to the age of 21 being serviced by DCFS; AND,
3. Member resides in a group home, maternity group home, or in a home placement; AND,
4. Member receives minimal parental support; AND,
5. Doula must have received proper education and certification.

CODING

Covered CPT Codes (Codes may not be all-inclusive)
- 99499 Evaluation and Management Services/Labor Support
- 99501 Home visit for postnatal assessment and follow-up care
- 99502 Home visit for newborn care and assessment
- 59400 Routine obstetric care including antepartum care, vaginal delivery, and postpartum care
- 59409 Vaginal delivery
- 59410 Vaginal delivery: including postpartum care
- 59514 Cesarean delivery only
- 59515 Cesarean delivery only; including postpartum care

Covered HCPCS Code
- S9445 Patient education, not otherwise classified, non-physician provider, individual, per session

Covered ICD-10-CM Diagnosis Codes
- Z33.1 Pregnant state, incidental
- Z39.2 Encounter for routine postpartum follow-up

REFERENCES


Clinical Coverage Guideline

Original Effective Date: 9/9/2016 - Revised: 12/8/2016, 10/5/2017
DISCLAIMER

The Claims Edit Guideline (CEG) is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CEG. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the CEG. Additionally, CEGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the CEG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC). Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<td>12/8/2016</td>
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