

Applicable To:

- Medicaid – Nebraska
- Medicaid – New York

Claims and Payment Policy:

Doula Services for Pregnant Youth

Policy Number: CPP-121

Original Effective Date: 9/9/2016

Revised Effective Date(s): 12/8/2016;

10/5/2017; 10/4/2018; 1/10/2019



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.

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.

POSITION STATEMENT

Nebraska

Doula services are considered **medically necessary** and a **covered benefit** in the State of Nebraska 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.

New York

Doula services are considered **medically necessary** and a **covered benefit** in the State of New York when the following are met:

1. Medicaid eligible pregnant women in fee-for-service or Medicaid Managed Care who reside in the selected zip codes (Erie and Kings) would be eligible to receive doula services **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 & BILLING

Nebraska Only

Covered ICD-10-CM Diagnosis Codes

- Z33.1** Pregnant state, incidental
Z39.2 Encounter for routine postpartum follow-up

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

New York Only

Covered ICD-10-CM Diagnosis Codes

- Z32.2** Encounter for childbirth instruction
Z32.3 Encounter for childcare instruction

Covered CPT Codes

The CPT codes listed below will be used by doulas when billing for services provided to fee for service Medicaid members.

- 99600** Prenatal visit (up to 4)
99600 UA (modifier) – Postpartum visit (up to 4)
99499 Attendance at labor and delivery (doula must be present at the time of delivery in order to bill)

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal/state laws.

DEFINITIONS

APGAR scores	A method that quickly summarizes the health of newborn children against infant mortality. The APGAR score is based on a total score of 1 to 10 with a score of 7, 8, or 9 as a sign that the newborn is in good health.
Cesarean delivery	A cesarean delivery is a surgical procedure in which a fetus is delivered through an incision in the mother's abdomen and uterus.
Doula	A certified professional trained to provide physical, emotional, and informational support to expectant mothers throughout their pregnancy, delivery, and post-partum period.
Primiparous	A woman who is giving birth for the first time.

REFERENCES

1. Certified labor doula (CDL). CAPPa Web site. <http://www.cappa.net/labor-doula>. Accessed September 11, 2018.
2. Cupito SH, Dobson CF, Gruber KJ. Impact of doulas on healthy birth outcomes. *J Perinat Educ.* 2013; 22(1): 49-58. doi: 10.1891/1058-1243.22.1.49.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

WellCare (Nebraska, New York)

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/30/2019	<ul style="list-style-type: none">• Approved by RGC