

Doula Provider Training

Provider Network, Molina Healthcare of CA

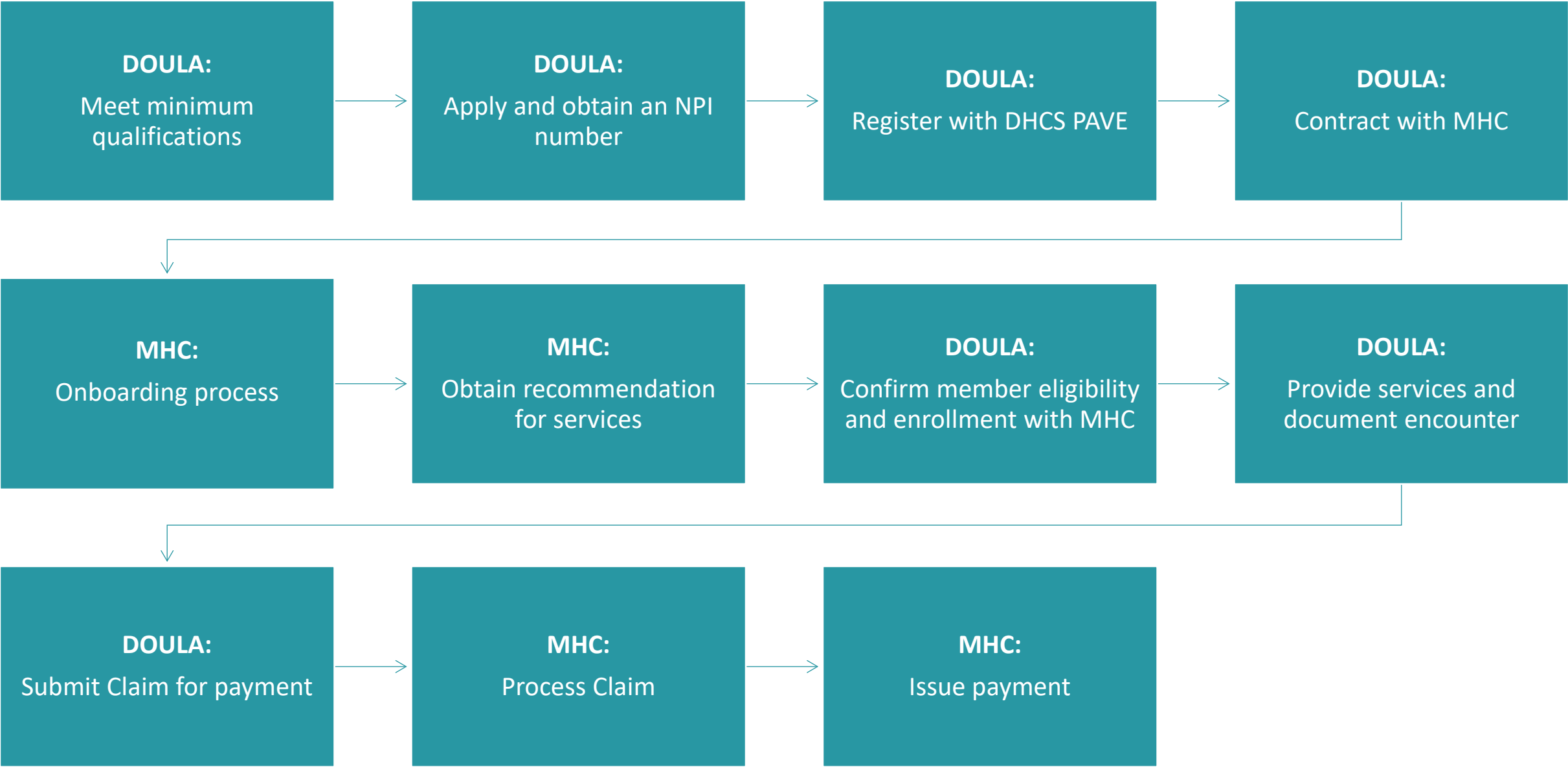
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Background

- Effective January 1, 2023, Molina Healthcare of California (MHC) is required to provide doula services for prenatal, perinatal, and postpartum Members.
- Doula services can be provided virtually or in person with locations in any setting, including, but not limited to, homes, office visits, hospitals, or alternative birth centers.
- On November 1, 2023, the Department of Health Care Services (DHCS) issued a statewide standing recommendation that all Medi-Cal members who are pregnant or were pregnant within the past year would benefit from receiving doula services from a Medi-Cal enrolled doula Provider.
- On November 20, 2024, Molina Healthcare of California (MHC) issued a statewide standing recommendation that all Marketplace Members who are pregnant or were pregnant within the past year would benefit from receiving doula services from a Marketplace enrolled doula Provider.
 - The recommendation fulfills the federal requirement for a physician or other licensed practitioner of the health arts acting within their scope of practice to provide a written recommendation for preventive services.

Doula services process flow



Doula support & qualifications

Molina Healthcare Doula Support

- MHC will provide doulas with all initial, necessary, and ongoing training and resources relevant to MHC services and processes for Members and doulas.

Minimum Qualifications

- All doulas must be:
 - At least 18 years old
 - Provide proof of an adult and infant cardiopulmonary resuscitation (i.e., CPR) certification from the American Red Cross or American Heart Association and attest to completing basic Health Insurance Portability and Accountability Act (HIPAA) Training
 - Qualified to offer services by following either the Training or Experience Pathway and continue to meet the Continuing Education requirements

Training and education

TRAINING PATHWAY

- Certificate of Completion for a minimum of 16 hours of training, which includes the following topics:
 - Lactation support
 - Childbirth education
 - Foundations on the anatomy of pregnancy and childbirth
 - Nonmedical comfort measures, prenatal support, and labor support techniques
 - Development of a community resource list
- Attest to providing support at a minimum of three births

EXPERIENCE PATHWAY

- Attest to providing at least five years of volunteer or paid services in the capacity of a doula within the last seven years
- Three written client testimonial letters or professional letters of recommendation written in the last seven years from any of the following:
 - A physician, licensed behavioral health Provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization. One letter must be from either a licensed Provider, a community-based organization, or an enrolled doula

CONTINUING EDUCATION

- Complete three hours of continuing education in maternal, perinatal, and/or infant care every three years
- Provide evidence of completed training to the DHCS upon request

Molina Healthcare Doula enrollment

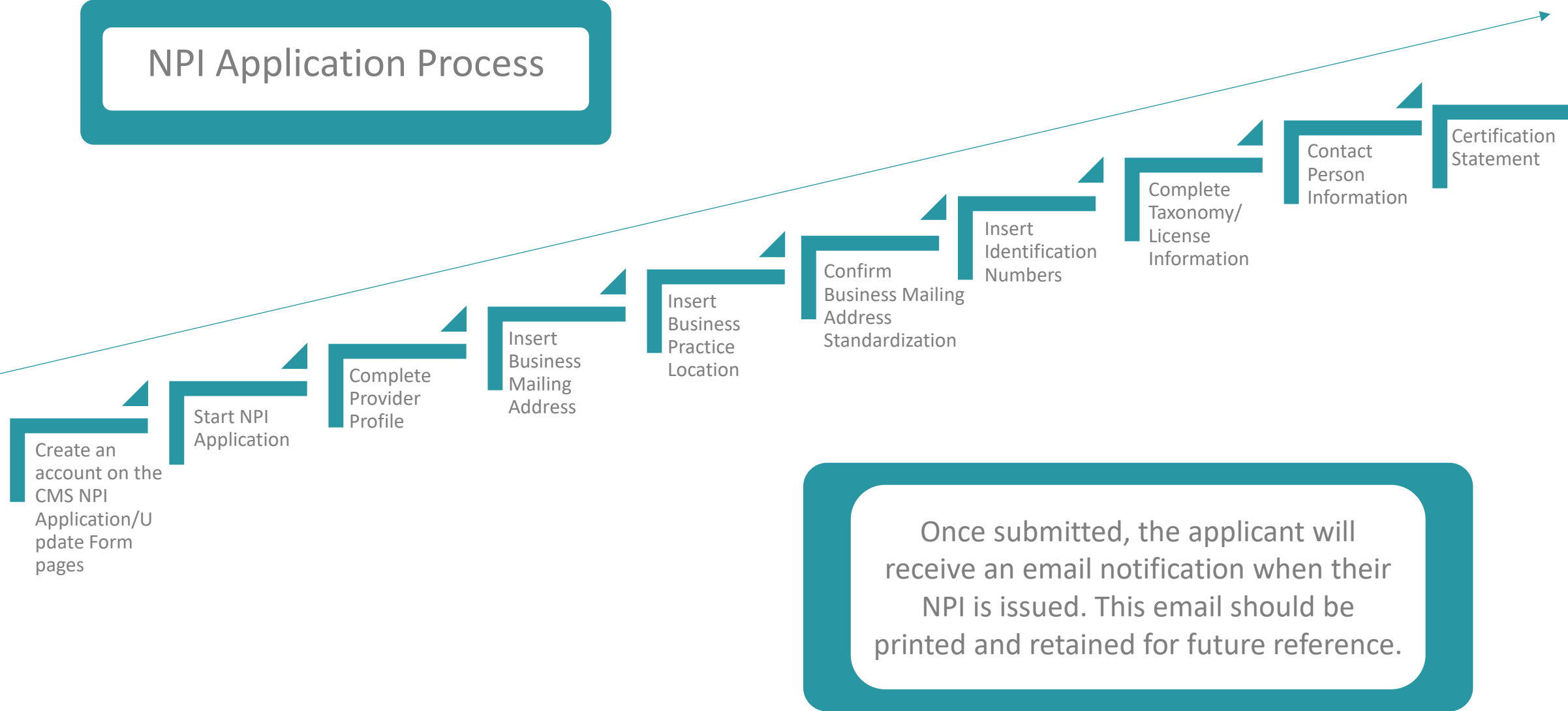
ENROLLMENT REQUIREMENTS

- Doula Providers are required to enroll as Medi-Cal Providers.
- Doulas who wish to provide services to MHC members will need to meet minimum qualifications, obtain a National Provider Identifier (NPI) number, enroll via the DHCS Medi-Cal Provider Application and Validation Enrollment (PAVE) process, and have a contract with MHC.
- A contract with MHC will allow doulas to receive reimbursement for services provided to MHC Members for both Medi-Cal and Marketplace lines of business.

NPI OVERVIEW

- NPI is a 10-digit numeric identifier that is permanently assigned to a health care provider by the Centers for Medicare & Medicaid Services (CMS).
- Doulas must include their NPI on electronic Claim transactions for health care billing, reimbursement, and all other documentation.
- Applying for an NPI is free, easy, and typically takes 20 to 30 minutes to complete.
- Organizations can apply online or by mail through the [CMS NPI Application/Update Form page](#).

National Provider Identifier (NPI)



Doula service recommendations

Initial Recommendation

- Written recommendation
- Standing recommendation for doula services
 - The [standing recommendation issued by DHCS](#) on November 1, 2023, fulfills this requirement until the time it is rescinded or modified.
 - The standing recommendation issued by MHC on November 20, 2024, fulfills this requirement for Marketplace Members.
- Standard forms, such as the [DHCS Medi-Cal Doula Services Recommendation](#), signed by a physician or other licensed practitioner

Authorized Visits

- One initial visit up to 90 minutes
- Up to eight additional visits that can be provided in any combination of prenatal and postpartum visits
 - All visits are limited to one per day per Member
- Support during labor and delivery (including labor and delivery resulting in stillbirth, abortion, or miscarriage)
 - One prenatal visit or one postpartum visit can be provided on the same day as labor and delivery, stillbirth, abortion, or miscarriage support
- Up to two extended three-hour postpartum visits after the end of a pregnancy

Additional Recommendation

- Required for additional visits during the postpartum period
- Additional visits during the postpartum period cannot be established by standing order

Documentation

The physician or licensed practitioner providing a recommendation does not need to be enrolled in Medi-Cal or be a network Provider within MHC.

Doulas must document the dates, times, and duration of services provided to members.

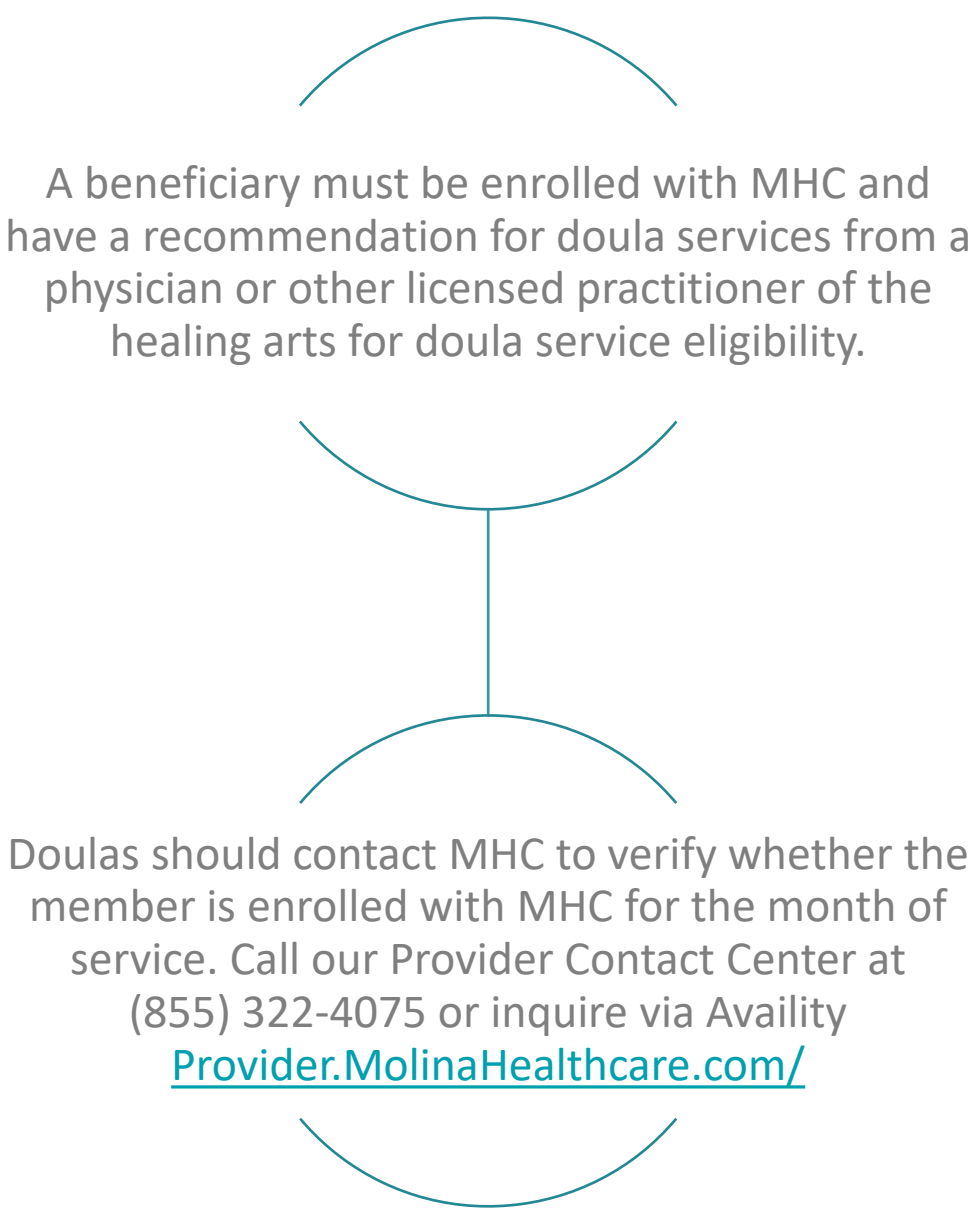
Documentation must also reflect information on the service provided and the length of time spent with the Member that day.

For example, “Discussed childbirth education with the member and discussed and developed a birth plan for one hour.”

The doula’s NPI number should be included in the documentation.

Documentation must be accessible to MHC and DHCS upon request and integrated into the Member’s health record for data reporting.

Member eligibility criteria



A beneficiary must be enrolled with MHC and have a recommendation for doula services from a physician or other licensed practitioner of the healing arts for doula service eligibility.

Doulas should contact MHC to verify whether the member is enrolled with MHC for the month of service. Call our Provider Contact Center at (855) 322-4075 or inquire via Availity Provider.MolinaHealthcare.com/

Members meet the criteria for a recommendation for doula services if they are pregnant or were pregnant within the past year and would either benefit from doula services or have requested doula services.

Doula services can be provided during pregnancy, and labor and delivery, including stillbirth, miscarriage, abortion, and within one year of the end of a Member's pregnancy.

Medi-Cal services

If a Member requests or requires pregnancy-related services available through Medi-Cal, doulas should refer to Case Management at MHC to get the Member the care they need. Contact Case Management by email at MHCCaseManagement@MolinaHealthCare.com or call (833) 234-1258.

Pregnancy-related services available through Medi-Cal include but are not limited to:

- 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, and 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
- Medically appropriate community support services

Covered Services

Doulas can offer various types of support, including perinatal guidance, health navigation, evidence-based education, prenatal, postpartum, childbirth, newborn practices, and community-based resources.	<ul style="list-style-type: none">• If an in-network doula Provider is unavailable, MHC will coordinate for out-of-network (OON) access to doula services for Members via letter of agreement (LOA).
Coverage also extends to comfort measures, such as physical, emotional, and other nonmedical support provided during labor, delivery, miscarriage, or abortion.	<ul style="list-style-type: none">• Doulas may provide assistive or supportive services during a prenatal or postpartum visit, such as helping with breastfeeding positions and gentle stretches and movements.• Doulas, for example, can fold laundry while providing emotional support or advice on infant care.
Visits must be face-to-face, and the assistive or supportive service must be incidental to Doula services provided during the prenatal or postpartum visit.	<ul style="list-style-type: none">• Members cannot be billed for assistive or supportive services.• If a Member desires to have a doula during labor and delivery, MHC will work with their in-network hospitals and birthing centers to allow the doula, in addition to the support person(s), to be present.

Non-covered Services

The following services are not covered as doula services:

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

Note:

- Doula services do not include diagnosis of medical conditions, provision of medical advice, or any type of clinical assessment, exam, or procedure.
- Doulas may provide no cost teaching classes for Members to whom they are providing Doula services.

Claim submission

CLAIM REQUIREMENTS

- The extended postpartum visits are billed in 15-minute increments, up to three hours, up to two visits per pregnancy, per individual, provided on separate days.
- Claims for doula services must be submitted with allowable current procedural terminology codes as outlined in the [Medi-Cal Provider Manual, Doula Services](#).
- 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.

REIMBURSEMENT

- MHC will make payments in compliance with the Clean Claims requirements and timeframes outlined in the [Timely Payments of Claims APL](#). These requirements apply to both MHC and its Network Providers and Subcontractors.
- When a Member chooses to see an OON Provider for abortion services, the reimbursement rate will not be lower and is not required to be higher than the Medi-Cal Fee-For-Service rate unless the OON Provider and MHC mutually agree to a different reimbursement rate.

BILLING EXCEPTIONS

- Doulas cannot double bill for doula services that are duplicative and reimbursed through other benefits.
- Only one doula can bill for a visit provided to the same Member on the same day, excluding labor and delivery.
- The prenatal visit or postpartum visit billed on the same calendar day as birth can be billed by a different doula.

Claim submission

How do I submit a Claim?	<p>Providers should submit Claims electronically. Claims can be sent to:</p> <ul style="list-style-type: none">○ Clearinghouse: SSI Claimsnet, LLC (SSI Group)○ Registration Form: products3.ssigroup.com/ProviderRegistration/register.○ When submitting Fee-for-Service EDI Claims, utilize the payer ID: 38333. <p>The SSI Group is an outside vendor used by Molina Healthcare of California. EDI or electronic Claims are processed faster than paper Claims. Providers can use any clearinghouse of their choosing. Note that fees may apply.</p>
Are paper Claims acceptable?	<p>If electronic Claim submission is not possible, please submit paper Claims to the following address:</p> <p>Molina Healthcare of California PO Box 22702 Long Beach, CA 90801</p> <p>Paper Claim submissions are not considered to be “accepted” until received at the appropriate Claims PO Box. Claims received outside of the designated PO Box will be returned for appropriate submission. Please ensure Claim submissions are billed with the Molina Member ID.</p>
What are the paper Claim guidelines?	<p>Paper Claims must be submitted on original red-and-white CMS-1500 and CMS1450 (UB-04) Claim forms. Paper Claims not submitted on the required forms will be rejected and returned. This includes black-and-white forms, copied forms, and any altering to include Claims with handwriting. Claims must be typed with either 10-point or 12-point Times New Roman font, using black ink.</p>

Claim submission

How can I monitor the status of my Claims?	Once Claims are processed into MHC’s system, Providers may view them online through the Availity Provider Portal . To learn more about Availity or receive assistance, please contact your Provider Relations Representative (PRR) . You may also confirm your Claim via your clearinghouse.
How do I set up electronic billing?	Providers can work with their designated PRR for assistance with electronic billing setup.
How do I contact the MHC Claims department?	Providers may contact their PRR . The PRR will triage all questions and concerns to the Claims team.

Procedure codes for Medi-Cal

The following CPT and HCPCS codes must be used for all covered doula services when submitting Medi-Cal Claims:

PRENATAL AND POSTPARTUM	LABOR AND DELIVERY SUPPORT	ABORTION OR MISCARRIAGE SUPPORT
<ul style="list-style-type: none">• Z1032 – Extended initial visit 90 minutes• Z1034 – Prenatal visit• Z1038 – Postpartum visit• HCPCS T1032 – Extended postpartum support, per 15 minutes	<ul style="list-style-type: none">• CPT 59409 – Doula support during vaginal delivery only• CPT 59612 – Doula support during vaginal delivery after previous caesarian section• CPT 59620 – Doula support during caesarian section	<ul style="list-style-type: none">• HCPCS T1033 – Doula support during or after miscarriage• CPT 59840 – Doula support during or after abortion
REQUIRED MODIFIER	<ul style="list-style-type: none">• XP – Separate Practitioner: a service that is distinct because it was performed by a different practitioner	

Procedure codes for Marketplace

The following HCPCS codes must be used for all covered doula services when submitting Marketplace Claims:

PRENATAL AND POSTPARTUM Visits Initial and Established Patient	LABOR & DELIVERY and Abortion or Miscarriage SUPPORT	Required Modifier
<ul style="list-style-type: none">HCPCS T1032 – An office or other outpatient visit for the evaluation and management of a new or established patient, 1 unit = 15 minutes, 62-unit limit before documented Provider recommendation	<ul style="list-style-type: none">HCPCS T1033 – Doula support during or after delivery, miscarriage, or abortion, per diem, limit 1 per pregnancy	<ul style="list-style-type: none">HD – Pregnant or parenting women’s program

Diagnostic codes

The following ICD-10 codes must be used for all covered doula services when submitting Medi-Cal and Marketplace Claims:

Z32	Z33	Z39
<ul style="list-style-type: none">• Z32.2 - Encounter for childbirth instruction• Z32.3 - Encounter for childcare instruction	<ul style="list-style-type: none">• Z33.1- Pregnant state, incidental	<ul style="list-style-type: none">• Z39.0 - Encounter for care and examination of mother immediately after delivery• Z39.1- Encounter for care and examination of lactating mother• Z39.2 - Encounter for routine postpartum follow-up

Claim submission example

HEALTH INSURANCE CLAIM FORM <small>APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12</small>									
<div style="display: flex; justify-content: space-between;"> <div> 1. PICA <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER </div> <div> 1a. INSURED'S I.D. NUMBER (For Program in Item 1) <input type="text"/> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Use Patient Name as present on PIC Use up to date patient's address CITY STATE ZIP CODE TELEPHONE (Include Area Code) </div> <div> 3. PATIENT'S BIRTH DATE MM / DD / YY 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Use Name as present on PIC 5. PATIENT'S ADDRESS (No, Street) Use up to date address CITY STATE ZIP CODE TELEPHONE (Include Area Code) </div> <div> 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No, Street) Use up to date address CITY STATE ZIP CODE TELEPHONE (Include Area Code) </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 8. RESERVED FOR NUCC USE Not required. Do not complete. </div> <div> 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Not required. Do not complete. </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 10. IS PATIENT'S CONDITION RELATED TO: Required. Check yes or no. a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO d. CLAIM CODES (Designated by NUCC) Not required. Do not complete. </div> <div> 11. INSURED'S POLICY GROUP OR FECA NUMBER 12. INSURED'S DATE OF BIRTH MM / DD / YY 13. OTHER CLAIM TO BE DESIGNATED BY NUCC If the Member has other coverage complete #11a-d. If not, skip and check "NO" box in 11d. </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM / DD / YY Not required. Do not complete. </div> <div> 15. OTHER DATE MM / DD / YY Not required. Do not complete. </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 16. NAME OF REFERRING PROVIDER OR OTHER SOURCE Not required. Do not complete. </div> <div> 17. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Not required. Do not complete. </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 18. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) Required ICD-10 code as primary diagnosis based off billing guidance. F. G. H. I. J. K. L. </div> <div> 19. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM / DD / YY Not required. Do not complete. </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 20. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Not required. Do not complete. </div> <div> 21. PRIOR AUTHORIZATION NUMBER Only applicable for LOA providers. # is on LOA paperwork. </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 22. A. DATE(S) OF SERVICE From MM / DD / YY To MM / DD / YY 23. B. PLACE OF SERVICE Required. Enter the individual Rendering Provider NPI not the group NPI. </div> <div> 24. C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) Required. Enter the individual Rendering Provider NPI not the group NPI. </div> <div> 25. E. DIAGNOSIS POINTER Required. Enter the individual Rendering Provider NPI not the group NPI. </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 26. FEDERAL TAX I.D. NUMBER Required to enter Fed Tax ID. Do not need to enter a box. </div> <div> 27. PATIENT'S ACCOUNT NO. Not required. </div> <div> 28. ACCEPT ASSIGNMENT? YES NO </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 29. SERVICE FACILITY LOCATION INFORMATION Required. Wherever the service was done enter the physical address here. </div> <div> 30. TOTAL CHARGE \$ Sum of lines 1-6 </div> <div> 31. AMOUNT PAID \$ Leave blank </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> 32. BILLING PROVIDER INFO & P.H. Required. Must match the address on the W-9 on record with Molina. Phone number is not required. </div> <div> 33. BILLING PROVIDER INFO & P.H. Required. Must match the address on the W-9 on record with Molina. Phone number is not required. </div> </div>									

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB 0938-1197 FORM 1500 (02-12)

Key terms & resources

Doulas

- 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. Doulas are not licensed, and they do not require supervision.

Enrolled Doulas

- Doulas enrolled through DHCS or a Managed Care Plan (MCP).

Full-spectrum Doula care

- Prenatal and postpartum doula care, 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 the full scope of Medi-Cal coverage for at least 12 months after pregnancy.

APL 23-024

- [Doula Services](#)
- [Recommendation for Doula Services for Pregnant and Post-Partum Medi-Cal Members](#)

Doula Enrollment Resources

- [Medi-Cal Provider Manual, Doula Services](#)
- [Provider Enrollment](#)
- [Medi-Cal Enrollment](#)
- [What You Need to Know About NPI](#)
- [Detailed NPI Application Step-by-Step Guide](#)
- [Billing for Doula Services Webinar](#)
- [Medi-Cal Doula Services Recommendation](#)

Thank You

