

# Doula Services Benefit Policy Manual

eMedNY New York State Medicaid Provider Policy Manual

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## 1 Links and eMedNY Contacts

### **Bureau of Maternal and Child Health Policy**

To contact the NYS Department of Health, Office of Health Insurance Programs, Division of Program Management and Development, Bureau of Maternal and Child Health that oversees the doula services benefit:

[MaternalAndChild.HealthPolicy@health.ny.gov](mailto:MaternalAndChild.HealthPolicy@health.ny.gov)

### **NYS Medicaid Updates**

NYS Medicaid Updates are published monthly. Updates to the Doula Services policy may be made periodically and posted on the NYS Medicaid program's Medicaid Update website. NYS Medicaid Updates are available at:

[health.ny.gov/health\\_care/medicaid/program/update/main.htm](https://health.ny.gov/health_care/medicaid/program/update/main.htm)

### **Provider Communications**

Provider communications may periodically be posted on eMedNY's Doula Services Provider Manual website. Please follow the link provided and click on the *Doula Services Provider Communications* icon under "Featured Links" for further information visit: [Provider Manuals - Doula \(emedny.org\)](https://www.emedny.org/ProviderManuals-Doula)

### **NYS Medicaid FFS Doula Services Fee Schedule**

The NYS Medicaid FFS Doula Services Fee Schedules can be found on each of the approved billing provider's Fee Schedules. Fee Schedules can be found in the eMedNY Provider Manuals: [Provider Manuals - Doula \(emedny.org\)](https://www.emedny.org/ProviderManuals-Doula)

### **NYS Medicaid General Policy Manual – Information for All Providers**

General Medicaid Policy information and billing guidance is available at:  
[eMedNY : Provider Manuals : Information For All Providers](https://www.emedny.org/ProviderManuals-InformationForAllProviders)

### **New York Codes, Rules and Regulations, Title 18 (Social Services)**

[New York Codes, Rules and Regulations, Title 18 - New York State Department of Health \(ny.gov\)](https://www.nysenate.gov/legislation/laws/SOC)

### **New York Codes, Rules and Regulations, Title 10**

[New York Codes, Rules and Regulations, Title 10 - New York State Department of Health \(ny.gov\)](https://www.nysenate.gov/legislation/laws/EDU)

### **eMedNY**

#### **Doula Services Provider Enrollment:**

[emedny.org/info/ProviderEnrollment/doula/](https://www.emedny.org/info/ProviderEnrollment/doula/)

General eMedNY website: [emedny.org/](https://www.emedny.org/)

eMedNY Phone Number: (800) 343-9000

Provider Enrollment Forms: [Provider Enrollment \(emedny.org\)](https://www.emedny.org/provider-enrollment)

Contact eMedNY for the following: Billing Questions, Remittance Clarification, Request for Claim Forms, ePACES Enrollment, Electronic Claim Submission Support (eXchange, FTP), Provider Enrollment, Requests for paper prior approval forms:

- Provider Quick Reference Guide: [telephone quick reference.pdf \(emedny.org\)](https://www.emedny.org/telephone-quick-reference.pdf)
- [Contact \(emedny.org\)](https://www.emedny.org/contact)

The eMedNY LISTSERV® is a Medicaid mailing system that offers providers, vendors, and other subscribers the opportunity to receive a variety of notifications from eMedNY. The email notifications are provided as a free service to subscribers and may include information on provider manual updates, fee schedules, edit status changes, billing requirements and other helpful notices. Additional information regarding eMedNY LISTSERV® can be found at: [LISTSERV \(emedny.org\)](https://www.emedny.org/listserv)

Information for all Providers – General Policy: [eMedNY : Provider Manuals : Information For All Providers](https://www.emedny.org/provider-manuals/information-for-all-providers)

Timely Billing:

- [Timely Billing Information \(emedny.org\)](https://www.emedny.org/timely-billing-information)
- [eMedNY : Provider Manuals : Information For All Providers](https://www.emedny.org/provider-manuals/information-for-all-providers)
- Includes information on:
  - Frequently Asked Questions on Delayed Claim Submission
  - Submitting Claims over 90 Days from Date of Service

Search Tool for Denied Claims: [eMedNYHIPAASupport - EEKB Search Tool](https://www.emedny.org/hipaa-support-eekb-search-tool)

Medicaid Eligibility Verification System (MEVS):  
[MEVS DVS Provider Manual \(emedny.org\)](https://www.emedny.org/mevs-dvs-provider-manual)

Medicaid Managed Care (MMC) Plan Directory:  
[Medicaid Managed Care \(MMC\) Plan Directory](https://www.emedny.org/medicaid-managed-care-mmcc-plan-directory)

**ePACES Reference Guide**  
[ePACES Reference Guide](https://www.emedny.org/e-paces-reference-guide)

## 2 Document Control Properties

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## 3 Introduction

Reducing maternal and infant morbidity and mortality and establishing equitable access to quality healthcare are New York State (NYS) priorities. Doulas support pregnant and postpartum persons to improve health outcomes of the populations served. Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. Doula services aim to increase direct support to pregnant and postpartum individuals and to support a reduction in maternal mortality, injury, illness, or the progression thereof.

## 4 Overview

NYS Medicaid covers doula services for Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) members during pregnancy and up to 12 months after the pregnancy ends, regardless of the pregnancy outcome.

If a NYS Medicaid member becomes pregnant within the 12 months following a prior pregnancy, their eligibility for doula services will start over with the new pregnancy but unused perinatal visits from the prior pregnancy will not carry over. Documentation will be required to support reimbursement for support for an additional pregnancy within the 12 months following a prior pregnancy.

Doula service coverage is effective in FFS on March 1, 2024, and available to all eligible individuals (MMC member will have access to these services through FFS). Medicaid members will be eligible for coverage of doula services under the statewide Medicaid doula services benefit regardless of the amount of doula services they may have received covered through Medicaid's Erie County Doula Service Pilot program.

Doula providers are required to bill for doula services to FFS through eMedNY through March 31, 2025. Effective April 1, 2025, doula services will be added to the MMC

benefit package. Doula providers will be required to bill the individual's MMC plan for covered doula services on and after April 1, 2025, and will continue to bill FFS only when the Medicaid member is enrolled in FFS.

Doula services are a preventative health service, and as such, must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under State law to be eligible for Medicaid reimbursement.

A doula is a public health worker who does not need to be otherwise recognized as a licensed or certified Medicaid provider type and who provides direct support, education, and advocacy to the pregnant, postpartum and post-pregnant populations. Doula services will include up to eight perinatal visits during and after pregnancy and one labor and delivery encounter.

An individual doula can enroll in the NYS Medicaid program as a doula services provider and will bill directly for doula services. A doula-only group can enroll as a group provider and bill for doula services rendered by individual enrolled doulas who are part of that doula-only group. A Medicaid-enrolled doula can also be employed by and affiliated with a multi-professional group that bills for the doula's services. The NYS Medicaid-enrolled doula does not require supervision.

The guidance in this manual supersedes all previous published guidance. All Medicaid-enrolled doulas are to follow the guidance in this manual as of the effective date of the doula services benefit.

## 5 Pilot Transition

The piloted coverage of doula services in Erie County ended on February 29, 2024. All doulas who are currently enrolled in New York State Medicaid via the Doula Services Pilot will remain enrolled until February 28, 2025, unless they successfully revalidate before that date.

To revalidate on or before February 28, 2025, doulas who are currently enrolled in New York State Medicaid via the Doula Services Pilot will need to follow updated revalidation requirements according to statewide guidelines. For doulas who will need to revalidate on or before February 28, 2025, the following will be required for the initial revalidation only:

- Six hours of continuing education in the doula competencies as defined for the statewide benefit that have been completed in the 12 months prior to revalidation.
- Current Adult and Infant CPR certification; and
- Current doula-specific liability policy.



Doulas should refer to the Section entitled ‘Revalidation of Enrollment’ for further guidance regarding revalidation.

All doulas enrolled to provide Medicaid services through the pilot are to follow the guidelines set forth in this policy manual as of March 1, 2024, the effective date of the doula services statewide benefit. All Medicaid-enrolled doulas will bill FFS for all eligible services provided through March 31, 2025. Providers will be required to bill the individual’s MMC plan for covered doula services on and after, but not before, April 1, 2025, and will continue to bill FFS only for services provided to a Medicaid member enrolled in FFS.

Medicaid members will be eligible for coverage of doula services under the statewide Medicaid doula services benefit regardless of the amount of doula services they may have received through Medicaid’s Erie County Doula Service Pilot program. The statewide doula services benefit and this associated policy and billing guidance take the place of the coverage, policy, and billing guidance provided under the pilot program.

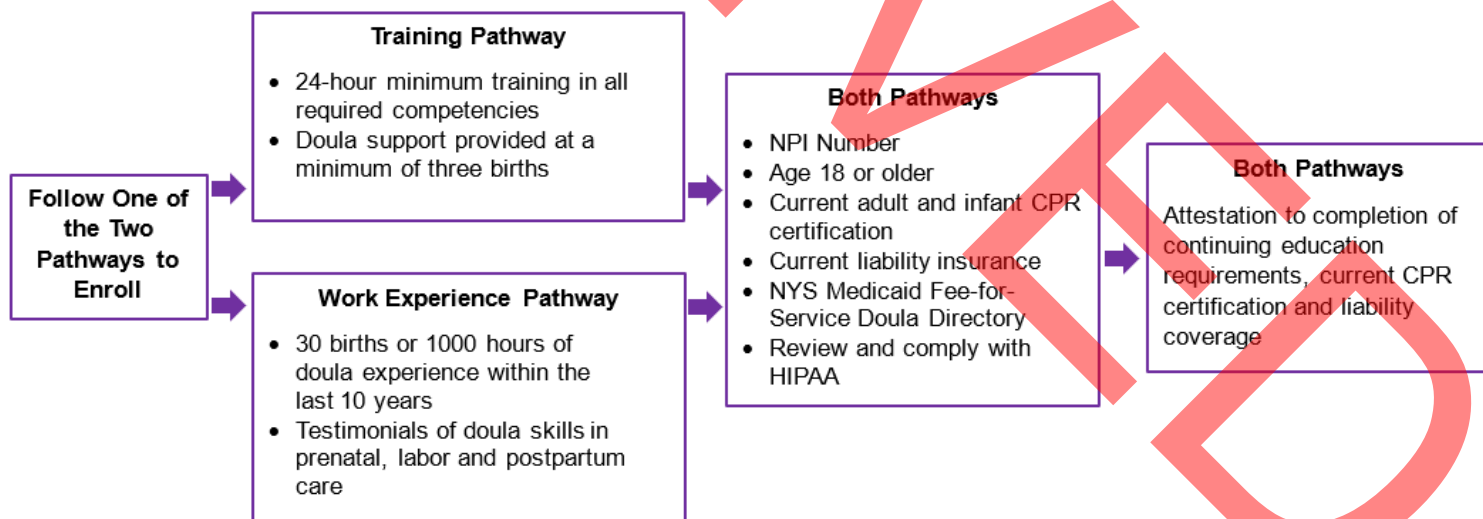
## 6 NYS Medicaid Doula Services Qualifications & Revalidation Requirements

### 6.1 Who May Provide Care

An individual who is actively enrolled as a doula services provider in the NYS Medicaid Program may provide reimbursable doula services.

A doula must meet the qualifications as defined in this manual to enroll and to revalidate enrollment in the NYS Medicaid program as a Medicaid doula services provider.

### 6.2 Medicaid Enrollment Pathways and Requirements



To enroll as a NYS Medicaid provider, a doula must meet all the following qualifications:

- Possess a National Provider Identification Number (NPI)
- Be age 18 or older.
- Possess current certification in Adult and Infant CPR
- Possess current doula-specific liability insurance coverage.
- Complete the electronic New York State Medicaid Fee-For-Service Doula Directory form.
- Become familiar with the Health Insurance Portability and Accountability Act (HIPAA); and
- Qualify for enrollment under the Training Pathway or Work Experience Pathway.

Training Pathway requirements include all the following:

- A minimum of 24 hours total of training in doula competencies:
  - Twenty hours of training on the following core competencies: Foundations on anatomy of pregnancy and childbirth; Labor support techniques and nonmedical comfort measures; Common medical interventions: risks, benefits, and decision-making; Prenatal and postpartum education and support; Lactation support, education and infant feeding; and Scope of practice.
  - Four hours of training on the following broader competencies: Cultural awareness/humility and cross-cultural communication; Health equity in medical field, especially reproductive health; Person-centered and trauma-informed care; and Community-based knowledge and facilitating connection to resources.
- Doula submission of copy of doula training certificate(s) or letter from the doula organization noting completion.
- Doula submission of attestation that verifies:
  - Minimum of 24 hours of training that addressed doula competencies; and
  - Support has been provided at a minimum of three births.

Work Experience Pathway requirements include all the following:

- Doula submission of attestation of support at either 30 births or 1000 hours of doula experience in either a volunteer or paid capacity within the last ten years.
- Doula submission of attestation to skills in prenatal, labor and postpartum care; and
- Doula submission of three different client and/or professional recommendations using Department of Health templated forms, which are available on the provider enrollment website.
- The Client Recommendation Forms must be completed by individuals who received doula services from the doula services provider applicant.
- The Professional Recommendation Forms must be completed by individuals who have professional experience observing the doula applicant functioning in a doula role and are in good professional standing. The form can be completed by any of the following: physician, licensed behavioral health provider, nurse

practitioner, licensed midwife, doula, or leadership/management representative of a community-based organization.

## 6.3 Doula Services Provider Revalidation Requirements

Enrolled Medicaid providers need to revalidate their enrollment every five years.

All doulas **must** demonstrate completion of enrollment requirements when revalidating their enrollment. Requirements include, but are not limited to:

- Submission of attestation to six hours of annual additional training/continuing education in any of the defined doula training competencies in the 5 years prior to revalidation.
- Maintenance of Adult and Infant CPR certification; and
- Maintenance of doula-specific liability coverage.

Enrollment instructions, application documents and templated forms can be viewed at: [emedny.org/info/ProviderEnrollment/doula/](https://emedny.org/info/ProviderEnrollment/doula/)

## 7 Doula Services Provider Requirements as a Member of a Group

Doula Services will be provided by a Medicaid-enrolled individual provider. Reimbursement for doula services may be issued to an individual doula provider, or to doula-only group or a multi-professional group.

- All individual doulas in the group **must** be enrolled as Medicaid providers.
- The group must immediately notify the Medicaid Program of the following:
  - Addition of group members;
  - Change in ownership of the group, including changes to agents, managing employees, or employees that have a controlling interest in the group; and
  - Change/addition of address or service location.
- When a group member leaves a doula-only or multi-professional group, either the group or the individual must notify the Medicaid program of the disaffiliation.

The forms used to notify the Medicaid Program of the above changes are available under the Maintenance sections on the Doula (Perinatal), Doula-only Group, and Multi-Professional Group enrollment pages of [eMedNY.org](https://emedny.org). For individual doulas, completion of a form on the Provider Enrollment (PE) Maintenance Portal is the preferred submission, where available.

While doula-only groups are comprised only of enrolled perinatal doulas and do not include licensed healthcare professionals, if a licensed professional later affiliates to a doula-only group, the group will automatically be converted to a multi-professional group. Similarly, if all licensed professionals have disaffiliated from a multi-professional group containing doulas, the group will automatically convert to a doula-only group.

When a doula leaves the group and fails to notify the Medicaid Program using the

appropriate form, the individual's liability for group activity will continue. All Medicaid providers are individually liable for submitted claims that use their individual provider number. Providers must guard against the inappropriate use of their Medicaid provider number. Doulas should update payment information and addresses on file with Medicaid Program.

## 8 NYS Office of Children and Family Services Guidance for Medicaid Doula Providers

Doulas will not be categorized as mandatory reporters and will not be required to take mandatory reporter training. The Office of Children and Family Services (OCFS) strongly encourages doulas to take the mandated reporter training, which has been modified to focus more on supporting families and covers implicit bias. OCFS encourages the review of the resources and materials below to become familiar with the OCFS guiding principle that an individual "doesn't need to report a family to support a family" and the role and responsibilities of mandated reporters.

- Self-Directed Online Training:
  - Two-hour, free mandated reporter training including definitions, indicators, and how to make a report to the New York Statewide Central Register.
  - [nysmandatedreporter.org/TrainingCourses.aspx](https://nysmandatedreporter.org/TrainingCourses.aspx)
- The H.E.A.R.S. (Help, Empower, Advocate, Reassure, Support) Family Line:
  - Assists families by providing resources and referrals to a variety of services such as food, clothing, housing, childcare, parenting education and more.
  - Representatives are available to help Monday through Friday 8:30am-4:30pm.
  - If you know a family that could use support, please ask them to call the OCFS H.E.A.R.S. family line at 888-554-3277
  - [ocfs.ny.gov/programs/cwcs/hears.php](https://ocfs.ny.gov/programs/cwcs/hears.php)
- Mandated Reporter Resource Center:
  - Includes training on Adverse Childhood Experiences (ACEs) and Trauma, Implicit Bias and Decision-Making, Signs of Abuse and Maltreatment
  - [nysmandatedreporter.org/Resources.aspx](https://nysmandatedreporter.org/Resources.aspx)

## 9 Description of Covered Services: Doula Services

Doula service goals are to enhance direct support provided to pregnant and postpartum individuals, to improve perinatal and infant outcomes, and to improve the Medicaid member's experience.

Covered doula services may include:

- Intermittent support that aligns with personal and cultural preferences during the prenatal, childbirth, postpartum and newborn periods, inclusive of all pregnancy outcomes.
- Education, guidance, health navigation, and connections to community-based resources related to childbirth and parenting.
- Development of a birth plan and continuous labor support.
- Patient-centered advocacy, and physical, emotional and nonmedical support.
- Facilitation of communication between the Medicaid member and medical providers; and
- Discussion of the importance of perinatal and pediatric health services provided by a licensed health provider during pregnancy and labor and delivery, and after pregnancy and the infant's birth.

Doula services may be provided in the hospital, clinic, or community settings.

Doula services may be provided during pregnancy, labor and delivery, and after pregnancy, regardless of pregnancy outcome.

The following services are NOT eligible for Medicaid reimbursement under the doula services benefit:

- Medical and healthcare-related services, including case management, that require a license.
- Services outside the level of training and certification the doula has attained.
- Services that duplicate another covered Medicaid service or that are otherwise billed.
- Advocacy for issues not directly related to the Medicaid member's health or social care needs.
- Services that do not include direct engagement with the Medicaid member.
- Group doula services or group classes.
- Childcare.
- Shopping.
- Placenta encapsulation.
- Vaginal steams.
- Still and video photography; and
- Birthing ceremonies.

## 10 Informing a Medicaid Member about Medicaid Services from Non-Doula Providers

If a Medicaid member requests one of the services listed below that is not a covered doula service, the doula should inform the Medicaid member that they are eligible for coverage of this service, if medically necessary and provided by a qualified Medicaid provider. These services may include, but are not limited to:

- Behavioral health services.

- Clinical case management or care coordination.
- Family planning and reproductive health services.
- Smoking cessation agents.
- Vision care and eyeglasses.
- Medicine and supplies.
- Durable medical equipment such as a breast/chest pump.
- Health care services related to pregnancy, childbirth and postpartum.
- Lactation counseling and group lactation patient education.
- Medical Nutrition Therapy services.
- Transportation to and from health appointments; and
- Emergency ambulance transportation.

## 11 Provision of Doula Services

- Doula services are provided on an individual basis with the Medicaid member.
- To qualify for Medicaid reimbursement for perinatal doula services, the service:
  - Must involve a direct interaction with the Medicaid member.
  - Must meet the minimum time frame for the doula service; and
  - Can be administered in-person or via telehealth according to current Medicaid telehealth policy.
- To qualify for Medicaid reimbursement for labor and delivery doula services, the service:
  - Must involve a direct interaction with the Medicaid member; and
  - Must be provided to the Medicaid member in-person except in extenuating circumstances, such as illness, emergency or precipitous birth, in which case the current telehealth policy will apply.
- Doulas are to encourage the Medicaid member to receive ongoing perinatal care with a licensed healthcare provider for prenatal and postpartum services, services associated with the end of the pregnancy, and services for the infant.
- Doula services should never take the place of regular perinatal or pediatric visits with a licensed healthcare provider or the attendance of a licensed practitioner during labor and delivery or end of pregnancy.

## 12 Documentation Requirements

### 12.1 Documentation of the Recommendation for Doula Services



Doula services are a preventative health service, and as such, must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under State law to be eligible for Medicaid reimbursement.

## 12.2 Individual Recommendation: Prior to June 10, 2024

Licensed providers of perinatal and maternity care services are to discuss the benefits of doula care with Medicaid enrollees, and as long as it is clinically appropriate, to provide all such enrollees with a recommendation for doula services.

Medicaid members can request a recommendation for doula services directly from a NYS licensed practitioner.

The doula must obtain a written record of the NYS licensed practitioner's recommendation for the Medicaid member prior to the initiation of doula services. The doula must maintain this recommendation in their documentation records for the Medicaid member in compliance with HIPAA standards.

This recommendation can be completed using the form provided by the NYSDOH ([Appendix A](#)). It is not necessary to use the NYSDOH form as long as the NYS licensed practitioner's written recommendation for doula services includes the following:

- Medicaid member's first and last name.
- Medicaid member's date of birth.
- Licensed practitioner's first and last name.
- Licensed practitioner's license number.
- Date of recommendation; and
- Licensed practitioner's signature.

## 12.3 Standing Order: On and After June 10, 2024

The doula may continue to obtain a written record of the NYS licensed practitioner's recommendation for the Medicaid member prior to the initiation of doula services or use the standing order in place of the individual licensed practitioner recommendation requirement.

A standing order for doula services has been issued as of June 10, 2024 by the New York State Commissioner of Health. This standing order fulfills the federal requirements in section 440.130(c) of title 42 of the Code of Federal Regulations for a physician or other licensed practitioner of the healing arts acting within their scope of practice to provide a written order for preventive services. As such, Medicaid members do not need an individualized recommendation from a healthcare provider for doula services to be covered. The standing order can be viewed here:

[health.ny.gov/health\\_care/medicaid/program/doula/docs/2024-06\\_doula\\_standing\\_order.pdf](https://health.ny.gov/health_care/medicaid/program/doula/docs/2024-06_doula_standing_order.pdf)

## 12.4 Documentation of the Service

In addition to the “Record Keeping Requirements” found in the “Information to All Providers General Policy,” guidelines are available on the eMedNY website under information for providers.

Services must be documented in the record maintained by the doula services provider for the Medicaid member. The Department conducts audits of persons who submit claims for payment under the Medicaid Program, and the Department may seek recovery or restitution if payments were improperly claimed, regardless of whether unacceptable practices have occurred. Documentation of doula services provided should include, but may not be limited to:

- Date, time, and duration/time of service provided to Medicaid members; and
- Information on the nature of the service provided and that supports the length of time spent with the individual on the date of service.

## 13 General Billing Guidance

The Medicaid-enrolled doula services provider may be reimbursed for up to eight perinatal visits and one labor and delivery encounter per pregnancy.

### 13.1 Billing Providers

#### 13.1.1 Individual Doula:

- The doula does not require supervision.
- The doula must enroll as a Medicaid provider.
- The enrolled doula is the billing provider.

#### 13.1.2 Doula Group:

- The Medicaid-enrolled doula-only group or multi-professional group may serve as the billing provider when the doula providing the services is enrolled in Medicaid and affiliated with that group.

Group providers that submit claims to the Medicaid Program for reimbursement of doula services must identify:

- The Medicaid provider number of the doula who rendered the services; and,
- The Medicaid provider number of the group

In this case, payment will be made to the group provider number. Use of any other



provider number is prohibited.

## 13.2 Reimbursement Guidelines

### 13.2.1 Perinatal Visits

- Up to eight perinatal visits per pregnancy are reimbursable.
- Each perinatal visit must be at least 30 minutes of direct interaction with the Medicaid member to be reimbursed.
- Perinatal visits can occur in-person or via telehealth.
- Reimbursement is not available for doula service visits/appointments that are not kept.
- Current NYS Medicaid Telehealth policy will apply to reimbursable perinatal services.

### 13.2.2 Labor and Delivery Encounter

- One Labor & Delivery encounter per pregnancy is reimbursable.
- The Labor & Delivery encounter must involve direct interaction with the Medicaid member.
- A licensed perinatal services provider must be in attendance for the doula to be reimbursed.
- Labor & Delivery doula services are to be provided in-person except in extenuating circumstances such as illness or precipitous birth, in which case the current NYS Medicaid Telehealth policy will apply.

### 13.2.3 General Guidance

- Multiple visits are not allowed in the same day except for the following instances:
  - A perinatal doula visit occurs early in the day, and a Labor & Delivery doula visit occurs later in the day, or
  - A Labor & Delivery doula encounter occurs early in the day, and a perinatal doula visit occurs later in the day.
- Medicaid providers are not allowed to balance bill Medicaid members; reimbursement received through Medicaid is considered payment in full for services rendered. By enrolling in the Medicaid program, a provider agrees to accept payment under the Medicaid program as payment in full for services rendered.
- A provider may not make a private pay agreement with a beneficiary to accept a Medicaid fee for a particular covered service and then provide a different upgraded service (usually a service that is beyond the scope of the Medicaid program) and agree to charge the beneficiary only the

difference in fee between two services, in addition to billing Medicaid for the covered service.

- It is an unacceptable practice to knowingly demand or collect any reimbursement in addition to claims made under the Medicaid program, except where permitted by law.
- Reimbursement will not be made for doula visits that are not kept.

## 13.3 Doula Group Considerations

### 13.3.1 Group Compensation

All doulas must be enrolled in Medicaid as a fee-for-service/billing provider to bill Medicaid for their services, regardless of whether payment is made to the individual doula, the doula-only group or the multi-professional group.

Members of the group will either be owners, members or managing employees.

- The compensation agreement between the group and its members must be in writing and must be made available to the Medicaid program upon request.
- Federal and State anti-kickback provisions provide for administrative and criminal penalties for improper compensation arrangements. Improper arrangements usually involve compensation paid on a percentage basis. (Since not all such arrangements are illegal, doulas and doula groups may wish to seek the advice of counsel regarding these issues.)

### 13.3.2 Liability

Any individual doula in a group, or their designated agent (including billing agents), may certify a Medicaid claim for payment where the group number is used on the Medicaid claim.

An individual's Medicaid provider number may not be used to bill for services performed by other group members. Where a group provider number is used on the Medicaid claim, the individual provider of care must be identified.

When a group provider number is used in Medicaid claiming, regardless of who certifies the claim:

- All members in the group are liable for overpayments;
- All members are subject to administrative sanctions (including termination from the Medicaid Program) and could be subject to criminal penalties for such violations as filing a false claim;
- The unauthorized use of any individual's Medicaid provider number is subject to administrative sanctions or prosecution; and

- Where an individual leaves the group and fails to notify the Medicaid Program in writing, liability for group submission of claims continues until such time as the Medicaid Program receives written notification of the departure.

### 13.3.3 Submission of Claims to the Medicaid Program

Medicaid reimbursement is available for doula services provided in the hospital, clinic, or community settings.

Medicaid payment for services may be made directly to:

- The individual doula; or,
- The group which employs the doula; or,
- The group of which the doula is a member.

When billing for a group, the information below must be entered into the appropriate field:

- The group National Provider Identifier (NPI) number; and
- The NPI of the individual doula who provided the service.
- The place of actual service must be entered if the group is enrolled with multiple service locations.

If a doula is submitting claims as an individual doula, they are required to have rendered the service, certify as such, and utilize their individual provider number.

Doulas are responsible for the policies relayed in the Information for All Providers – General Policy and General Billing manuals in addition to the information contained in this manual.

### 13.3.4 Sanctions

Improper claiming and failure to comply with requirements of the Medicaid Program may result in administrative sanctions (exclusions and terminations) and the recovery of overpayments by the Department.

## 13.4 Fee Schedule

The FFS doula services fee schedule is effective March 1, 2024.

## 14 Billing Codes

### Doula Services Healthcare Common Procedure Coding System (HCPCS) Procedure Codes and ICD-10 Diagnosis Codes

HCPCS Code	Diagnosis Code	Code Description	Service Description	Per Pregnancy Allowance
T1032	Z32.2 (prenatal/ pregnancy) or Z32.3 (postpartum)	"Services provided by a doula birth worker"	Perinatal Service: Prenatal or postpartum doula support (minimum of 30 minutes)	Up to and including 8 times
T1033	Z32.2	"Services provided by a doula birth worker, per diem"	Labor and Delivery: In-person doula support during labor and birth (no time minimum, must be present for the birth)	Up to and including 1 time

## 15 Guidance during Medicaid Managed Care Benefit Package Carve Out

Doula services will be carved out of the MMC plan benefit packages from March 1, 2024, through March 31, 2025. Medicaid members who are enrolled in FFS or MMC plans are eligible for Medicaid coverage of doula services during and after the MMC carve out.

During the carve out period (March 1, 2024 - March 31, 2025):

- All covered doula services are to be billed to FFS, even for members who are enrolled in a managed care plan. Doula services will only be reimbursed when provided by doulas that have enrolled as NYS Medicaid providers.
- Medicaid-enrolled doula, doula-only group, or multi-professional group who elect to contract with MMC plans may negotiate or renegotiate MMC contracts in preparation for reimbursement of eligible doula services. For dates of service on or after April 1, 2025, a doula, doula-only group, or multi-professional group who has a contract with an MMC plan will be reimbursed by the MMC plan for all eligible doula services.

Effective April 1, 2025, covered doula services will be added to the MMC benefit package, and reimbursable by MMC plans.

When the carve out period has ended (April 1, 2025, and after):

- If a MMC member **is receiving services prior to April 1, 2025**, MMC plans are required to cover the doula services and continue the Medicaid FFS equivalent until 12 months after the end of the pregnancy, regardless of pregnancy outcome.
  - The doula, doula-only group, or multi-professional group is required to begin billing the MMC member's plan for dates of service on or after April 1, 2025.
  - The MMC plan is required to ensure continuity of care for these services for their members, even if the doula, doula-only group, or multi-professional group is not contracted with the MMC plan as of April 1, 2025. **Note:** This only applies if the MMC member was receiving services from the billing doula prior to April 1, 2025.
  - The plan will reimburse no less than the FFS equivalent until 12 months after the end of the pregnancy, regardless of pregnancy outcome.
- If a MMC member **has not received services prior to April 1, 2025**, doula services will be reimbursed by the MMC plan only if:
  - The doula is enrolled as an FFS provider,
  - The doula, doula-only group, or multi-professional group has contracted with the individual MMC plan in which the MMC member is enrolled, **and**
  - The doula, doula-only group, or multi-professional group is billing the MMC plan.

## 16 Language Interpretation Services

Reimbursement is available for language interpretation services, when necessary, which are provided by a third party. The Medicaid billing provider will bill Medicaid for the interpreter services and would be responsible for paying the interpreter for services rendered. The doula cannot bill for interpretation services provided by her/himself.

To be reimbursed for interpretation services, the service must be provided by an independent third-party vendor (e.g., telephonic interpretation service) whose sole function is to provide interpretation services for individuals with limited English proficiency and communication services for people who are deaf and hard of hearing. It is recommended that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI). The need for this service must also be documented in the medical record.

## 17 Language Interpretation Billing Guidance

When billing the NYS Medicaid program for interpretation services, the following code should be used:

HCPSC Procedure Code	Billable Units
<b>T1013</b>	<b>One Unit:</b> Includes a minimum of eight up to 22 minutes of medical language interpreter services.
	<b>Two Units:</b> Includes 23 or more minutes of medical language interpreter services.

For additional information on interpretation services, please visit the following link:  
[health.ny.gov/health\\_care/medicaid/program/update/2012/2012-10.htm#cov](https://health.ny.gov/health_care/medicaid/program/update/2012/2012-10.htm#cov)

## 18 NYS Medicaid Fee for Service (FFS) Provider Enrollment

### 18.1 Individual Provider Enrollment

Prior to applying for Medicaid enrollment, all providers who intend to bill Medicaid must possess a valid individual National Provider Identifier (NPI). For more information on the Medicaid provider enrollment process, visit [emedny.org/info/ProviderEnrollment](https://emedny.org/info/ProviderEnrollment)

The doula must be enrolled with NYS Medicaid to receive reimbursement for doula services provided to a NYS Medicaid member.

There is no application fee for individual doulas to enroll with NYS Medicaid.

### 18.2 Group Enrollment

Prior to applying for Medicaid enrollment, a doula-only group or multi-professional group must possess a valid group National Provider Identifier (NPI). For more information on the group provider enrollment process, visit [emedny.org/info/ProviderEnrollment/practGroups/](https://emedny.org/info/ProviderEnrollment/practGroups/)

The doula-only group or multi-professional group must be enrolled with NYS Medicaid to receive reimbursement for doula services provided to a NYS Medicaid member by an enrolled and affiliated doula.

There is no application fee for doula-only groups to enroll with NYS Medicaid.

### 18.3 Medicaid Managed Care (MMC) Considerations

A doula, doula-only group or multi-professional group may contract with MMC plans after enrolling as a NYS Medicaid doula services provider. Doula services are not to be

billed to the MMC plans until doula services are added to the MMC plan benefit package on April 1, 2025.

For services provided to Medicaid members enrolled in MMC, providers must contact the member's MMC plan for billing instructions that apply on and after April 1, 2025. MMC plan contact information can be found in the *eMedNY New York State Medicaid Program Information for All Providers - Managed Care Information* document located at: [emedny.org/ProviderManuals/AllProviders/PDFS/Information\\_for\\_All\\_Providers\\_Managed\\_Care\\_Information.pdf](https://emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf).

## 18.4 Revalidation of Enrollment

Generally, Medicaid-enrolled providers must revalidate their enrollment every five years from either their original enrollment effective date or the last successful revalidation date. Providers will receive a notification letter mailed to the correspondence address on their enrollment file when they are required to revalidate their enrollment.

When providers receive the letter(s) notifying them to revalidate their enrollment, it is important to follow the guidance posted on the Enrollment & Maintenance webpage for their provider type and submit their revalidation by the deadline in the letter.

Providers risk termination from the NYS Medicaid program if they do not revalidate timely. Providers and groups are asked NOT to submit a revalidation package until notified to do so by the Department.

Providers are encouraged to keep their enrollment files up to date, including their correspondence address, so that they receive important notifications about their enrollment, including notices to revalidate. Individual doulas can confirm or update their address on the [Provider Enrollment Maintenance Portal for Practitioners](#).

Providers who are revalidating will be required to meet ongoing enrollment requirements, as specified in this manual. Doulas who enrolled via the Doula Services Pilot have one-time revalidation requirements, as specified in this manual, and will need to follow pilot-specific revalidation guidance. Revalidation guidance and forms can be located at: [emedny.org/info/ProviderEnrollment/doula/](https://emedny.org/info/ProviderEnrollment/doula/).

Additional information on Revalidation of Enrollment is available at [emedny.org/info/ProviderEnrollment/revalidation/](https://emedny.org/info/ProviderEnrollment/revalidation/).

There is no revalidation fee for doulas or groups to revalidate with NYS Medicaid.



## 19 Appendix A: Doula Services Recommendation Form

### NYS Medicaid Doula Services Recommendation Form

#### *If you are a Medicaid Member...*



Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. You are eligible for doula services through NYS Medicaid during pregnancy and up to 12 months after pregnancy, regardless of the outcome.

You must obtain a recommendation prior to the initiation of doula services for the services to be covered by Medicaid. This recommendation must be from a licensed practitioner\*, for example, your primary care provider, OBGYN, midwife, or nurse. You can ask for a recommendation even if you do not know who your doula will be yet.

#### *If you are a doula enrolled in NYS Medicaid...*



The doula must obtain a written record of the licensed practitioner's recommendation for the Medicaid Member prior to the initiation of doula services for the services to be reimbursed by Medicaid. The doula must maintain this recommendation in their documentation records for the Medicaid Member in compliance with HIPAA standards.

#### *If you are a licensed practitioner\*...*



This recommendation acknowledges that the Medicaid member would benefit from doula support for the duration of the pregnancy and up until 12 months postpartum. A recommendation is not the same as a prescription or referral. You may provide a recommendation without identifying the doula who will serve the member.

This form can be used and is one example of a recommendation for doula services. Alternate documentation can be used as long as all of the information below is included to document a licensed practitioner's recommendation. This documentation must be kept by the Medicaid-enrolled doula services provider.

Licensed Practitioner's Recommendation for Doula Services	
Medicaid Member's First and Last Name:	Medicaid Member's DOB (MM/DD/YYYY):
Licensed Practitioner's First and Last Name:	Licensed Practitioner's License Number:
Licensed Practitioner's Signature:	Date of Signature (MM/DD/YYYY):

\*Doula services are a preventative health service and must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under State law to be eligible for Medicaid reimbursement. The licensed practitioner may include a physician, nurse practitioner, registered nurse, licensed midwife, psychologist, licensed clinical social worker, licensed marriage family therapist, licensed mental health counselor or psychiatrist.

<sup>1</sup> New York State Medicaid Program. (2022). Information for All Providers General Policy.

[https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information\\_for\\_All\\_Providers-General\\_Policy.pdf](https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-General_Policy.pdf)



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