Doula Services — Medicaid

Last Review Date: March 1, 2019
Number: MG.MM.ME.75

Rollout temporarily postponed by the New York State Department of Health

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Background
Governor Cuomo broadcast an initiative to target maternal mortality and reduce racial disparities in health outcomes. Henceforth, New York State Department of Health is requesting that Plans participate in the Doula Pilot Program.

Definitions
A doula, also known as a birth companion, birth coach or post-birth supporter, is a nonmedical person who has received training to provide physical, emotional and informational support to members before, during and after birth.

The antepartum period shall be defined as the period between pregnancy confirmation by a qualified medical professional and the time in which the member is in active labor.

The postpartum period shall be defined as the period up to one year following the delivery.

Guideline
Covered services by the pilot:

- Up to and including 4 prenatal visits
- Support during labor and delivery
- Up to and including 4 postpartum visits

Doula Services by Stage of Pregnancy
Antepartum services may include, but are not limited to, the following:
Development of an initiation of trust and discussion of preferred communication methods.

Review of the following for potential needs:
- Does the member’s home environment appear safe?
- Does the member have equipment needs (crib, car seat, stroller)?
- Will there be child-care needs at the time of delivery?
- Are there transportation needs (antepartum and postpartum)?
- Is there a language barrier and will the member require language interpretation services?

Review the member’s support system (family, friends, and/or significant other) and if able, obtain the phone number for a family member or support person.

Address any concerns that have been communicated to the doula by the member.

Begin discussion of a birth plan to be shared with the member’s obstetrician/midwife.

Begin discussion of the member’s preferred infant feeding method.

Provide information regarding prenatal classes, and encourage the member to attend.

Identify place of delivery and mode of transportation, if applicable.

Talk about the member’s expectation of the birth experience, labor and delivery process and anesthesia.

Support and reinforce information provided in prenatal classes concerning labor, delivery, and postpartum care of both the member and the newborn:
- Review home environment to ensure that it is safe and ready for the newborn.
- Confirm that there is a car seat available for transporting infant.
- Encourage infant safe sleeping practices.
- Offer suggestions for coping strategies in the postpartum period.
- Revisit the birth plan.
- Discuss notification of active labor and expectations regarding attendance during the labor and delivery process.

Revisit preferred feeding method for the newborn and if breastfeeding, encourage breastfeeding classes. Emphasize the member meets with a lactation consult post-delivery if available at the hospital.

Labor and Delivery Attendance

By week 37, the doula should have reached out to the hospital or birthing center (if applicable) to introduce her/himself and to explain the doula’s role in the labor and delivery process.

Services provided during labor and delivery may include, but are not limited to, the following:

- At the member’s request, be present at the birth and remain through the immediate postpartum period.
- Offer help and guidance on measures for comfort and pain relief such as breathing, relaxation, movement, positioning and comforting touch.
- Be an advocate. Provide emotional support and act as a facilitator to assist in communication with hospital staff.
- Provide immediate postpartum support and initiation of breastfeeding, as needed (if applicable and trained to provide such breastfeeding support).

Note: The doula’s attendance at labor will only be reimbursed when resulting in delivery of the infant (“false” labor is not reimbursable).
**Postpartum Visits**

Postpartum services may include, but are not limited to, the following:

- Discuss the birth experience.
- Discuss importance of postpartum physician/midwife follow up.
- Ask if the infant’s first wellness checkup has been made and, if not, encourage the member to do so.
- Encourage member to discuss the immunization schedule with the child’s healthcare provider.
- Be supportive of preferred infant feeding method. If breastfeeding, provide support (if so trained) with latching and positioning. This service is included in the postpartum visit rate. The doula cannot bill separately for lactation counseling.
- Offer to assist with some light housekeeping duties.
- Discuss importance of adequate rest for the member.
- Assist in prioritizing offers of help from friends and extended family.
- Assist the member in understanding baby cues and suggest techniques for soothing the baby.
- Demonstrate and have the member provide a return demonstration of infant care.
- Educate the member on infant carrying devices available.

**Limitations in the Role of the Doula**

A doula is not permitted to undertake any of the following and does not:

- Diagnose medical conditions or give medical advice.
- Perform any type of clinical task or conduct any type of physical or behavioral assessment or exam.
- Administer medications.
- Interfere with medical treatment.

**Doula Eligibility**

Doulas must be participating in or enrolled in the NYS Medicaid Program.

**Member Eligibility for Doula Services**

Doulas can only provide services to Medicaid-eligible pregnant members who reside in the following zip codes.

| Kings County                                      | 11201, 11202, 11203, 11204, 11205, 11206, 11208, 11209, 11210, 11211, 11213, 11214, 11215, 11216, 11217, 11218, 11219, 11220, 11221, 11222, 11223, 11224, 11225, 11226, 11228, 11229, 11230, 11231, 11232, 11234, 11235, 11236, 11237, 11238, 11239, 11241, 11242, 11243, 11245, 11247, 11249, 11251, 11252, 11256 |
| Erie County                                       | 14001, 14004, 14006, 14010, 14025, 14026, 14027, 14030, 14031, 14032, 14033, 14034, 14035, 14038, 14043, 14047, 14051, 14052, 14055, 14057, 14059, 14061, 14068, 14069, 14070, 14072, 14075, 14080, 14085, 14086, 14091, 14102, 14110, 14111, 14112, 14127, 14134, 14139, 14140, 14141, 14150, 14151, 14169, 14170, 14201, 14202, 14203, 14204, 14205, 14206, 14207, 14208, 14209, 14210, 14211, 14212, 14213, 14214, 14215, 14216, 14217, 14218, 14219, 14220, 14221, 14222, 14223, 14224, 14225, 14226, 14227, 14228, 14231, 14233, 14240, 14241, 14260, 14261, 14263, 14264, 14265, 14267, 14269, 14270, 14272, 14273, 14276, 14280 |
Applicable Procedure Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>99499</td>
<td>Unlisted evaluation and management service (Labor and Delivery)</td>
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<tr>
<td>99600</td>
<td>Unlisted home visit service or procedure (Prenatal Care Visit)</td>
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<tr>
<td>99600 + UA modifier</td>
<td>Unlisted home visit service or procedure (Postpartum Visit)</td>
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<tr>
<td>T1013</td>
<td>Sign language or oral interpretive services, per 15 minutes</td>
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<td>Note:</td>
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<td></td>
<td>One unit includes a minimum of eight and up to 22 minutes of medical language interpreter services.</td>
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<td></td>
<td>Two units includes 23 or more minutes of medical language interpreter services</td>
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References
