



State of New Jersey
Department of Human Services
Division of Medical Assistance &
Health Services

NEWSLETTER

Volume 31 No. 04

February 2021

TO: Doula service providers, Managed Care Organizations Physicians, Advanced Practice Nurses, Certified Midwives, Independent Clinics – **For Action**
Federally Qualified Health Centers, Hospitals – **For Information Only**

SUBJECT: **Medicaid/NJ FamilyCare Coverage of Doula Services**
****Revised Billing Codes****

EFFECTIVE: January 1, 2021

PURPOSE: To notify providers of Medicaid/NJ FamilyCare coverage of doula care services

BACKGROUND: The Governor's Budget and Public Law 2019, Chapter 85 requires Medicaid/NJ FamilyCare coverage for doula care. The legislation allows doulas to enroll as Medicaid/NJ FamilyCare providers and receive Medicaid/NJ FamilyCare reimbursement for doula care services.

A doula is a trained professional who provides continuous physical, emotional, and informational support to the birthing parent throughout the perinatal period. Research shows that doula care is associated with better birth outcomes, including reductions in cesarean section rates. Doulas are non-clinical providers. A doula cannot replace a trained, licensed medical professional, and cannot perform clinical tasks.

Doula services will be person-centered, community-based, culturally-competent and evidence-based. Doulas serving Medicaid/NJ FamilyCare members will provide culturally competent care that supports the racial, ethnic, and cultural diversity of members. In addition to providing direct services, doulas also will be able to assist members with community-based services that can improve health outcomes.

ACTION: Effective January 1, 2021, a doula or an agency providing doula services may enroll, as a Medicaid/NJ FamilyCare provider in fee-for-service (FFS) and managed care.

Enrollment of individuals providing doula care

Doulas will enroll as individual providers.

All Medicaid/NJ FamilyCare doulas must enroll as fee-for-service providers and be able to serve fee-for-service members.

In order to enroll as a fee-for-service provider, a doula must:

- be at least 18 years of age
- complete approved community doula training
- pass a NJ State Police fingerprint-based criminal background check through DHS' Central Fingerprint Unit, at no cost to the applicant
- secure and maintain liability insurance (minimum coverage of \$1,000,000 per incident/\$3,000,000 aggregate)

Doula trainings must be approved by NJDHS—in consultation with NJDOH. Approved training programs must include:

- core competency training that includes evidence-based perinatal education, birth plan development, continuous support during labor, and infant feeding
- community-based/cultural competency training in delivering person-centered and trauma-informed care, and facilitating access to community-based resources
- HIPAA training
- adult/infant CPR certification

A. Enrollment of group agencies providing doula care

Individual doula providers have the option of joining group provider agencies.

Doulas may join a new group provider agency (doula-only agency). This agency will be a Business Entity. Doula-only agencies will not be required to employ a clinical supervisor. Like individual doulas, doula-only agencies must enroll as fee-for-service providers.

Doulas may also join obstetric physician or midwifery practices and independent clinics.

An individual doula affiliated with a group must enroll as an individual Medicaid/NJ FamilyCare provider, even if they provide services through an agency. Groups can assist individual doula providers with their applications, but providers retain the ability to leave and join new groups—or to bill independently—if desired.

B. Enrollment in managed care

Managed care organizations may not enroll doulas, or doula-only agencies, in their provider networks without first verifying their enrollment as fee-for-service providers with DMAHS.

Provider applications:

A. FFS enrollment

Providers who wish to become a Medicaid/NJ FamilyCare Program provider must complete the **Doula Provider Enrollment Application**. The application may be found on the www.njmmis.com website by selecting Provider Enrollment Application and Provider Type to download a copy of the application.

- Application for an individual doula provider
- Application for a doula-only agency provider (group consisting of doula professionals)
- Addendum application to affiliate an individual doula provider with an existing Medicaid/NJ FamilyCare group or agency provider

For questions regarding the FFS enrollment process, please contact the Gainwell Technologies (formerly DXC Technology) Provider Enrollment Unit at 609-588-6036, or njmmisproviderenrollment@dx.com.

B. Managed care enrollment

Doulas who wish to become a MCO provider should contact each organization's Provider department for more information:

- Aetna 1-855-232-3596
- Amerigroup 1-800-454-3730
- Horizon 1-800-682-9091
- United 1-888-362-3368
- Wellcare 1-888-453-2534

Doulas can find information on each of the MCOs at:

<https://reachnj.gov/humanservices/dmahs/clients/medicaid/hmo/index.html>

ACTION: For claims with service dates on or after January 1, 2021, the Medicaid/NJ FamilyCare FFS Program and its managed care partners shall provide reimbursement for doula services.

A. Eligibility for doula care

All pregnant, birthing, and postpartum individuals are eligible for doula care, and can benefit from the physical, emotional, and informational support doulas provide during the perinatal period. Doula care is available to members regardless of their medical complexity.

Doula care benefits are available to pregnant, birthing, and postpartum NJFC beneficiaries in all Medicaid and CHIP (NJ FamilyCare) eligibility categories under plans

ABP, A, B, C and D. Individuals covered by the NJ Supplemental Prenatal Care Program (NJSPCP) are not eligible.

Doula services are available starting in the prenatal period and continuing up to 180 days postpartum (contingent on the member retaining Medicaid/NJ FamilyCare eligibility).

Doula services can be provided in the community, in clinicians' offices (if a doula is accompanying the member to a clinician's visit), or in the hospital. Doulas are not approved to transport Medicaid/NJ FamilyCare members.

B. Doula care benefit

Doula services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c). In accordance, doula services must be recommended by a licensed practitioner. This definition includes physicians, midwives, nurses, and other licensed practitioners of the healing arts. Doula providers must secure and maintain record of a clinician's recommendation for each member served prior to initiation of doula care.

Two levels of doula services have been approved for Medicaid/NJ FamilyCare reimbursement, (1) standard care, and (2) enhanced care for members age 19 or younger:

Standard care (8 perinatal visits-1 labor support visit, i.e. 8-1)

- Up to 8 visits in the prenatal or postpartum period, including the option of 1 initial prenatal visit
- Attendance at the delivery

Enhanced care (12 perinatal visits-1 labor support visit, i.e., 12-1)

- Enhanced care delivery is available to members who are 19 years old or younger at the time of the first doula service visit
- Up to 12 visits in the prenatal or postpartum period, including the option of 1 initial prenatal visit
- Attendance at the delivery

For both care levels, DMAHS allows an initial prenatal visit that can be of longer duration than a standard perinatal visit, to allow for the establishment of the doula- member match. When applicable, the initial prenatal visit code must be billed first. In the event that the doula-member match is not successful, DMAHS will allow an initial prenatal visit and subsequent visits with a new doula provider.

The 8-1 or 12-1 visit limits apply to each doula-member pair. In the event that a beneficiary receives care from multiple doulas, the beneficiary's visits to the first doula do not count against the visit limit for any subsequent doula.

Multiple visits are not allowed in the same day except for the following instances: (1) A prenatal doula visit occurs early in the day, and an L&D doula visit later in the day, or (2) A L&D doula visit occurs early in the day, and a postpartum doula later in the day.

C. Incentive payment

Doulas may receive an incentive payment to encourage continuity of care during the postpartum period. In order for the doula to receive the incentive payment:

- The doula must provide a postpartum service visit within 6 weeks of delivery
- The doula must also bill the HIPAA compliant code 99199 HD U8 for the incentive payment
- An obstetric clinician follow-up visit must occur within 6 weeks of delivery

Payment for the postpartum doula care visit shall be paid timely and is not contingent on whether the obstetric clinician follow-up visit occurs.

Billing Procedures

Doula services are billed using the following HIPAA compliant codes, with maximum reimbursement shown for FFS:

Code	Description	Maximum reimbursable duration within FFS (*Units of 15 minutes)	Maximum reimbursement rate within FFS
99600 HD U7	Initial prenatal service visit	6 units* (90 minutes)	\$99.72
99600 HD	Prenatal service visits	4 units* (60 minutes)	\$66.48
59409 HD	Attendance at delivery (vaginal)	1 unit (flat rate)	\$235
59514 HD	Attendance at delivery (cesarean)	1 unit (flat rate)	\$235
99199 HD	Postpartum service visit	4 units* (60 minutes)	\$66.48
99199 HD U8	Incentive payment	1 unit (flat rate)	\$100
<i>For Enhanced Care Delivery, for billing of additional four (4) visits if applicable:</i>			
99600 HD 22	Prenatal service visits	4 units* (60 minutes)	\$66.48
99199 HD 22	Postpartum service visit	4 units* (60 minutes)	\$66.48

Note: The modifiers of codes “Initial prenatal service visit” and “Incentive payment” have changed since the original issuance of Newsletter Vol. 30 No. 23.

Within FFS: Reimbursement for doula visits in the prenatal and postpartum period must be billed in 15-minute units. Reimbursement for attendance at delivery is at a flat rate for both vaginal and cesarean deliveries. No additional reimbursement will be made for non-singleton births.

Rates within managed care may differ.

All doula care claims should be billed with the diagnosis code Z32.2 (Childbirth instruction).

Claims Submission

Doulas may request payment consideration by the Medicaid/NJ FamilyCare Program by submitting an electronic 837P claim transaction, a Direct Data Entry (DDE) claim, or if not available, a paper claim using the 1500 claim form. For assistance with submitting claims, Gainwell Technologies may be contacted at 1-800-776-6334.

- For information regarding completion of the 1500 claim form, go to www.njmmis.com and select *Billing Supplements/Training Packets*.
- For information regarding the submission of electronic claims, go to www.njmmis.com and select *Forms and Documents/Provider/HIPAA*.
- The enrollment letter received from Gainwell Technologies will provide a username and password for accessing the NJMMIS website to submit DDE claims.

Claims for any doula service billed to managed care shall report the doula procedure codes identified in this Newsletter. For providers not under contract with a managed care plan, the provider must be enrolled with the member's managed care plan.

If you have any questions concerning this Newsletter, please contact Gainwell Technologies, Provider Services Unit at 1-800-776-6334.

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