

## Doula Services, OB 13

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<u>Coverage Policy</u>	OB 13
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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

**Purpose:**

This policy addresses **Doula Services**.

**Description & Definitions:**

Revision: HFCA-PM-91-4 August, 1991 Attachment 3.1- A&B Supplement 1 Page 28.1 OMB No. 0938- STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Doulas support the pregnant individual throughout the pregnancy, childbirth and postpartum experience, with the goal of improving outcomes for birthing parents and infants. Doulas offer support, guidance, evidence-based education, practical support during childbirth, and linkages to community-based resources. Service components include:

- Perinatal support services, including newborn care, to prevent adverse outcomes;
- Labor support; and
- Coordination with community-based services, to improve beneficiary outcomes

**Criteria:**

**Doula Support Services** beyond the original allowable 9 visits are considered medically necessary for **all** of the following:

- A physician or other licensed practitioner provides documentation that the individual is experiencing a potential complication, or is at risk for or needs support managing **1 or more** of the following:
  - Excessive anxiety
  - Breastfeeding knowledge, support, and assistance
  - Information about feeding and caring for the baby
  - Helping member or family learn to become comfortable with baby soothing and bonding methods
  - Promoting self-care
  - Postpartum Depression

Doula Services are considered **not medically necessary** for any use other than those indicated in clinical criteria.

**Coding:**

### Medically necessary with criteria:

Coding	Description
59409HD	Vaginal delivery only (with or without episiotomy and/or forceps)
59425HD	Antepartum care only; 4-6 visits
59430HD	Postpartum care only (separate procedure)
59514HD	Cesarean delivery only
99600HD	Unlisted home visit service or procedure
99199HD	Unlisted special service, procedure or report

### Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

### Document History:

#### Revised Dates:

- 2024: June – Updated Coverage statement, Authorization Requirements and Description of Service per DMAS State Plan Amendment (SPA) #: 21-0013

#### Reviewed Dates:

- 2023: August

#### Effective Date:

- August 2022

### References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Commonwealth of Virginia. Department of Medical Assistance Services. Retrieved 5.29.2024  
<https://www.dmas.virginia.gov/media/4080/va-spa-21-0013-approval.pdf>

Doula Services. (2021, Aug 24). Retrieved July 13, 2023, from Virginia Department of Medical Assistance Services (DMAS): <https://www.dmas.virginia.gov/media/3791/spa-21-013-doula-services.pdf>

Doula Virginia's Medicaid State Plan Amendment (SPA). (2023, Oct 21). Retrieved June 21, 2023, from DMAS: <https://www.dmas.virginia.gov/media/4080/va-spa-21-0013-approval.pdf>

### Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

### Keywords:

Doula Services, Obstetrics 13, OB, Birth Coach, Labor Coach, Post-Birth Supporter, Postpartum, Antepartum, Home visit