Maryland Department of Health – Medicaid Doula Services Program Manual

Issued: April 1, 2022
Updated: June 8, 2022

Background

Effective February 21, 2022, Maryland Medicaid will provide coverage for doula/birth worker services to Medicaid beneficiaries. A doula, or birth worker, is a trained professional who provides continuous physical, emotional, and informational support to birthing parents before, during, and after birth. Certified doulas serving Maryland Medicaid members will provide person-centered, culturally-competent care that supports the racial, ethnic, and cultural diversity of members while adhering to evidence-based best practices.

Doulas provide three kinds of services: prenatal visits, attendance at labor and delivery, and postpartum visits.

The Department encourages Maryland-based hospitals to review their labor and delivery admitting policies in recognition of this new provider type to ensure that doulas may provide services within their scope of practice during the labor and delivery.

This program manual contains related information for the implementation, costs/reimbursements, and use of doulas within Maryland Medicaid’s population.

Participant Eligibility Criteria

To be eligible to receive doulas services, a participant shall:
- Receive services through a HealthChoice MCO OR be enrolled in Fee-For-Service Medicaid; and
- Be pregnant, or have delivered a child within the last 180 days.

Referral Requirements

A health care professional or an MCO may refer HealthChoice enrollees to doula services; however, a referral is not required for participation. A physician, or other licensed clinician, such as a social worker, nurse practitioner or local health department worker may also refer Medicaid enrollees for HVS. Prior authorization is not required for HVS through an MCO’s provider network.
MCO Referrals and Reimbursement to Medicaid-enrolled Doula Providers

MCOs must allow their network providers to refer eligible individuals directly to in-network doula providers. MCOs must contract with doulas approved by Maryland Medicaid. MCOs should track members who enroll with doula services to ensure they have adequate capacity to serve the eligible population. MCOs may require contracted doulas to provide notification back to the MCO when a member has enrolled into the program.

Provider Enrollment

Eligible providers may now enroll in Maryland Medicaid. Doula providers who meet all the conditions of participation outlined in Policy Transmittal 37-22 are eligible to enroll as either an individual or group “Doula Provider” type (code ‘DL’) through ePREP. To enroll as a doula provider, please visit eprep.health.maryland.gov.

Provider Qualifications

Doula providers must be certified from a Maryland Medicaid approved certification organization and meet all the conditions of participation outlined in the Policy Transmittal 37-22 to be recognized as an approved doula provider. The Department consulted with key stakeholders to determine standardized criteria for selecting Maryland approved certification organizations.

Reimbursement Methodology

Medicaid will provide coverage for up to eight (8) perinatal visits, as well as attendance at labor and delivery, known as the 8:1 model. The 8:1 model allows for any combination of prenatal and postpartum visits that equals 8 or fewer visits per birthing parent. Each perinatal visit is broken up into 15-minute units and can last up to an hour (4 units total).

Medicaid will reimburse a flat fee for attendance at delivery. The fee schedule is as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Service Code</th>
<th>Per unit rate</th>
<th>Max Units per service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal service visits (15 min/unit)</td>
<td>W3701</td>
<td>$16.62</td>
<td>4</td>
</tr>
<tr>
<td>Attendance at delivery (flat rate)</td>
<td>W3700</td>
<td>$350</td>
<td>1</td>
</tr>
<tr>
<td>Postpartum service visit (15 min/unit)</td>
<td>W3702</td>
<td>$19.62</td>
<td>4</td>
</tr>
</tbody>
</table>

Total possible reimbursement (assuming 4:1:4): $930.00
Total possible reimbursement (assuming 0:1:8): $977.84
The Department intends to require MCOs to pay contracted doula providers at least the minimum rate for doula services.

HealthChoice and Fee-For-Service Reimbursement Methodology for In-Person and Virtually Provided Doula Services

Participating doulas must use the appropriate CPT code and modifiers when submitting claims for reimbursement. The reimbursement period is based on the participant’s eligibility for doula services.

A participant is eligible throughout the prenatal and postpartum periods, or they have exhausted the maximum allotment of services, whichever comes first.

Prenatal and postpartum services may be delivered in the home, at the provider’s office or doctor’s office and other community-based settings. Doula services for prenatal and postpartum visits may be delivered in-person or as a telehealth service. The labor and delivery service must be provided in-person and can only be delivered at a hospital or freestanding birthing center. Medicaid reimbursement for labor and delivery services rendered by a doula provider in the participant’s home or place of residence will not be authorized. One of the following providers shall be present while doula services are provided during the delivery:

a. An obstetrician-gynecologist;
b. A family medicine practitioner; or
c. A certified nurse midwife.

If a participant’s pregnancy does not result in a live birth, the number of visits that have not been utilized from the number of visits allocated to prenatal and postpartum services can be used towards postpartum and/or bereavement support.

Providers may bill for services after each service is rendered using one of the codes specified below. Providers should use the diagnosis code Z32.2, which stands for ‘encounter for childbirth instruction’ when billing for any and all of their services (see Table 2 below).
<table>
<thead>
<tr>
<th>CPT Code and Description</th>
<th>Payment (per unit rate)</th>
<th>Place of Service Description</th>
<th>Place of Service code to use</th>
<th>Modifier to use</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>W3701-Prenatal doula visit</td>
<td>$16.62</td>
<td>Doula visit in home</td>
<td>04/12</td>
<td>none</td>
<td>4 15-minute units per service; 8 total units of W3701 maximum</td>
</tr>
<tr>
<td>W3701-Prenatal doula visit</td>
<td>$16.62</td>
<td>Doula visit at doctor’s office w/client</td>
<td>11/50/22</td>
<td>none</td>
<td>4 15-minute units per service; 8 total units of W3701 maximum</td>
</tr>
<tr>
<td>W3701-Prenatal doula visit</td>
<td>$16.62</td>
<td>Doula visit in community</td>
<td>11/99</td>
<td>none</td>
<td>4 15-minute units per service; 8 total units of W3701 maximum</td>
</tr>
<tr>
<td>W3701-Prenatal doula visit</td>
<td>$16.62</td>
<td>Doula visit via telehealth</td>
<td>12</td>
<td>GT</td>
<td>4 15-minute units per service; 8 total units of W3701 maximum</td>
</tr>
<tr>
<td>W3700 -Labor &amp; Delivery doula support</td>
<td>$350 (flat rate)</td>
<td>Doula visit in hospital/L&amp;D - in-person only</td>
<td>21/25</td>
<td>none</td>
<td>1 unit of service per delivery; Cannot be delivered as a telehealth service and can only be delivered in a hospital or birthing center</td>
</tr>
<tr>
<td>W3702-Postpartum doula visit</td>
<td>$19.62</td>
<td>Doula visit in home, in-person</td>
<td>04/12</td>
<td>none</td>
<td>4 15-minute units per service; 8 total units of W3702 maximum</td>
</tr>
<tr>
<td>W3702-Postpartum doula visit</td>
<td>$19.62</td>
<td>Doula visit in community, in-person</td>
<td>11/99</td>
<td>none</td>
<td>4 15-minute units per service; 8 total units of W3702 maximum</td>
</tr>
<tr>
<td>W3702-Postpartum doula visit</td>
<td>$19.62</td>
<td>Doula visit via telehealth</td>
<td>12</td>
<td>GT</td>
<td>4 15-minute units per service; 8 total units of W3702 maximum</td>
</tr>
</tbody>
</table>
Detailed explanation of place of service codes are at https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.

Payment Coding and Procedures

1. The provider shall submit the request for payment of services rendered according to procedures established by the Department and in the form designated by the Department.
2. The Department reserves the right to return to the provider, before payment, all invoices not properly signed, completed, and accompanied by properly completed forms required by the Department.
3. Payment advances are not made routinely.
4. The Program will make no direct payment to recipients.

Limitations

2. One of the following providers shall be present while doula services are provided during the delivery:
   a. An obstetrician-gynecologist;
   b. A family medicine practitioner; or
   c. A certified nurse midwife.
3. The Maryland Medical Assistance Program will not cover:
   a. Expenses including:
      i. Administrative overhead; or
      ii. Ongoing certification, training, or consultation.
   b. Doula services rendered during labor and delivery as a telehealth visit; and
   c. Services that are not medically necessary.

ICD-10 Diagnosis Codes, Descriptions and Doula Provider Assignment Guidance

The following ICD-10 diagnosis codes may be used for billing:

Table 2. Medicaid Doula Services ICD-10 Code

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
<th>When to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z32.2</td>
<td>Encounter for childbirth instruction</td>
<td>Prior to delivery, labor and delivery, after delivery</td>
</tr>
</tbody>
</table>

Provider Enrollment and Conditions of Participation
Eligible providers may now enroll in Maryland Medicaid. Doula Services providers who meet Maryland Medicaid’s certification and participation requirements are eligible to enroll as “DL provider” type through ePREP. To enroll as a DL provider, please visit eprep.health.maryland.gov.

Approved doulas will meet the following requirements:

1. General requirements for participation in the Program are that a provider shall meet all conditions for participation as set forth in COMAR 10.09.36.03.
2. Specific requirements for participation in the Program as a certified doula provider require that the provider:
   a. Be at least 18 years of age;
   b. Maintain up to date certification through a doula certification program approved by Maryland Medicaid [see below];
   c. If enrolling as an individual provider, obtain a Type 1/individual NPI; if enrolling as a group practice type, obtain a Type 2/organizational NPI. Note: All individual doulas will need to enroll with ePREP regardless of whether they intend to operate as an individual or part of a doula group or collective.
   d. Must pass a background check; and
   e. Have and maintain adequate liability insurance.

Please note that doula providers who wish to contract with MCOs may need to obtain their standard level of liability insurance, which is typically $1,000,000 per incident/$3,000,000 aggregate.

The following organizations are approved by MDH. For each organization, ALL of the listed trainings are required:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Certification Requirement(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doula Trainings International</td>
<td>- Birth Doula Certification AND</td>
</tr>
<tr>
<td></td>
<td>- Postpartum Doula Certification OR</td>
</tr>
<tr>
<td></td>
<td>- Full Spectrum Doula Certification</td>
</tr>
<tr>
<td>The Childbirth and Postpartum Professional Association (CAPPA)</td>
<td>- Certified Labor Doula Certification AND</td>
</tr>
<tr>
<td></td>
<td>- Certified Postpartum Doula Certification AND</td>
</tr>
<tr>
<td></td>
<td>- Certified Community Lactation Educator Certification</td>
</tr>
<tr>
<td>Black Doula Training (BDT), formerly The International Black Doula Institute</td>
<td>- Pregnancy &amp; Childbirth Doula Certification AND</td>
</tr>
<tr>
<td></td>
<td>- Postpartum &amp; Newborn Certification AND</td>
</tr>
<tr>
<td>Provider</td>
<td>Certification(s)</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Ancient Song Doula Services</td>
<td>- Lactation/Breastfeeding Certificate of Completion</td>
</tr>
<tr>
<td>Mamatoto Village</td>
<td>- Full Spectrum Labor &amp; Postpartum Certification</td>
</tr>
<tr>
<td>Doulas of North America (DONA)</td>
<td>- Birth Doula Certification AND Postpartum Doula Certification</td>
</tr>
<tr>
<td>International Childbirth Education Association (ICEA)</td>
<td>- Birth Doula Certifications AND Postpartum Doula Certification</td>
</tr>
<tr>
<td>Childbirth International (CBI)</td>
<td>- Birth Doula Certification AND Postpartum Doula Certification</td>
</tr>
<tr>
<td>MaternityWise</td>
<td>- Labor Doula Certification AND Postpartum Doula Certification</td>
</tr>
</tbody>
</table>

To enroll as a Medicaid DL provider, an individual or group must take two steps:
1. Obtain a type 1 National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES) for the individual or organization it intends to enroll as a DL provider. The NPPES website is [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov). For doula collectives or groups that wish to participate, the Department’s policy requires that DL providers obtain a separate Type 2/organizational NPI for each practice location.
2. Submit a new enrollment application via Maryland Medicaid’s electronic Provider Revalidation and Enrollment Portal (ePREP) as a DL provider. Please visit [ePREP.health.maryland.gov](http://ePREP.health.maryland.gov).

Please note: As part of the enrollment application, doulas must also upload the requested individual or group addendum. If this document is not uploaded with the application, it may cause delays in the application review process. [Please review Appendix A of this manual for additional guidance to support the DL provider enrollment process.]

To receive reimbursement for HealthChoice beneficiaries, doulas must also contract with Maryland Medicaid’s Managed Care Organizations (MCOs).

**Doula Services Benefits and Service Components**

Doula services aim to provide continuous physical, emotional, and informational support to the birthing parent throughout the prenatal and postpartum periods. Services may be rendered
from time of beneficiary enrollment into the program until eight perinatal visits have been exhausted or up to 180 days after delivery, whichever comes first.

The prenatal and postpartum visits are often in the birthing parent’s home. In these visits, the certified doula provides service components, including:

- Information about the childbirth process;
- Emotional and physical support which may include:
  - Prenatal coaching;
  - Providing person centered care that honors cultural and family traditions; and
  - Teaching and advocating on behalf of the birthing parent during appointment visits;
- Provision of evidence-based information on general health practices pertaining to pregnancy, childbirth, postpartum care, newborn health, and family dynamics;
- Provision of emotional support, physical comfort measures, and information to the birthing parent to enable the birthing parent to make informed decisions pertaining to childbirth and postpartum care, and other issues throughout the perinatal period;
- Provision of support for the whole birth team including a birthing parent’s partner, family members, and other support persons;
- Provision of evidence-based information on infant feeding to supplement, but not in lieu of, the services of a lactation consultant;
- Provision of general breastfeeding guidance and resources;
- Provision of infant soothing and coping skills for the new parents; and
- Facilitation of access to community or other resources that can improve birth-related outcomes such as ongoing home visiting services; transportation; housing; alcohol, tobacco and drug cessation; WIC, SNAP, and intimate partner violence resources.

Doulas also provide the following service components to the birthing parent during labor and delivery:

- Emotional and physical support which may include:
  - Prenatal coaching;
  - Physical comfort measures during labor and delivery;
  - Providing person centered care that honors cultural and family traditions; and
  - Teaching and advocating on behalf of the birthing parent during hospitalization and delivery.

Frequently Asked Questions (FAQ)

Please also refer to the Medicaid Doula Services Frequently Asked Questions document posted on the Doula Services website here, for additional implementation guidance. This document will be updated periodically as additional questions are received, or additional clarification is added.
For resources, including instructions for providers, visit health.maryland.gov/ePREP. To apply, visit ePREP.health.maryland.gov. For enrollment assistance, call the ePREP Call Center at 1-844-4MD-PROV (1-844-463-7768).

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Please direct questions regarding Maryland’s Doula Services Program or provider enrollment qualifications to mdh.medicaidmch@maryland.gov.
Attachment A: Provider Enrollment Guide for Doulas

This is a guide to the process to become approved by Maryland Medicaid to provide services for Medicaid beneficiaries. All Medicaid providers must be enrolled and approved by ePREP before being reimbursed for services provided to Maryland Medicaid beneficiaries. Enrollment requires five steps:

1. **Prepare for ePREP Application**
   - **Obtain an NPI**
     - An NPI (National Provider Identifier) is a 10-digit identification number issued by the National Plan and Provider Enumeration System (NPPES), run by the Department of Health and Human Services (HHS), which gives unique identifiers to providers across the country. If you don’t already have an NPI, you must create an account with NPPES - [https://nppes.cms.hhs.gov/#/](https://nppes.cms.hhs.gov/#/).
     - There are two types of NPIs - Type 1 (individuals) and Type 2 (group/organization). All doulas whether operating individually or as part of a group need a Type 1 NPI and to enroll in ePREP. If you are a part of a doula collective, your organization has to receive a Type 2 NPI, and enroll in ePREP as a New Group. All individual doulas will need to enroll with ePREP regardless of whether they intend to operate as an individual or part of a doula group or collective.
   - **Gather IDs**
     - If applying as an individual, you will need a Social Security Number (SSN) to enroll in ePREP. Solo/individual billers can choose to add a Federal Tax ID for payments.
     - If a group, you will need your Taxpayer Identification Number (TIN) or Employment Identification Number (EIN). In addition, obtain a “Department ID” by registering with the State Department of Assessments and Taxation (SDAT) and a business license.
   - **Gather Supporting Documentation**
     - You need the appropriate addendum for either individual or group enrollment. For that addendum, you will attest that you or your organization:
       - has adequate liability insurance
       - has passed a Fingerprint Criminal Background Check (FCBC)

2. **Submit ePREP Application**
3. **Respond to ePREP Review**
4. **Receive Provider Number**
5. **Contract with MCOS**

Maryland Medicaid recommends that interested doulas review this entire document prior to submitting their application in ePREP, in order to avoid any mistakes.
In addition, you’ll need all applicable certificates from your certifying organization.

**Submit ePREP Application**

- You’ll use the information gathered in step 1 to enroll in ePREP as a doula (DL) provider. For step-by-step instructions for that, please see the Doula ePREP Enrollment webinar and slides and visit our [Doula Provider information website](#) for additional resources.
- [eprep.health.maryland.gov](http://eprep.health.maryland.gov)
- [Individual Doula (DL) Provider Type Webinar Slides](#)
- [Group Doula (DL) Provider Type Webinar Slides](#)

**Respond to ePREP Review**

- After you submit your application in ePREP, the ePREP team will review ePREP applications.
- If there are any errors with the application, the ePREP team will return the application with a notice outlining the errors in the application and necessary steps to fix them. Read the letter thoroughly and address any errors and/or missing parts of the application, as you will only have 2 opportunities to make corrections before you have to start over.

**Receive ePREP Provider Enrollment Notification and MA ID**

- Each approved provider will receive a notification within ePREP as well as an email notification (sent to the address that is linked to the account).
- You should click the link in the ePREP notification to access the welcome letter and click the “accounts tab” to view your enrollment date and provider number. Your Provider Number (also known as a MA ID) is a unique 9 digit number created by Maryland Medicaid’s Information System (MMIS), the system which processes claims and reimbursements.

**Contract with MCOs**

- Once enrolled in ePREP, you are authorized to provide services for Maryland Medicaid’s fee-for-service (FFS) beneficiaries. To provide services for Medicaid beneficiaries covered by a Managed Care Organization (MCO), you will have to contract with that MCO.
• MCOs are not allowed to contract with doulas who are not enrolled in ePREP.