



Letter of Direction #47

Date: January 23, 2025

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division

A handwritten signature in blue ink, appearing to read 'D. Flannery', is placed over a light gray rectangular background.

Subject: Doula Services

Title: Billing and Reimbursement Guidance for Doula Services

The purpose of this letter of direction is to provide the Turquoise Care Organizations (TC) with billing and implementation guidance for Doula Services. New Mexico Medicaid is adding coverage for doula services as a new reimbursable preventative service for individuals navigating pregnancy-related care before, during, and after a pregnancy or childbirth, effective October 1, 2024.

Doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent perinatal complication and/or promote the physical and mental health of the beneficiary.

Doulas are trained professionals serving pregnant persons and families holistically to improve birth outcomes and reduce racial disparities in the delivery of compassionate and culturally congruent care. The doula(s) will offer guidance to individuals who are or wish to become pregnant throughout the maternity continuum and up to one year postpartum. Education is provided by the doula to promote maternal independence, advocacy and wellness meeting clients where they are in home, community and delivery settings. The MCOs will reimburse Doula Providers for specific doula services as describe in this LOD.

1. Provider Eligibility Requirements:

- a. A doula provider **must** be enrolled with New Mexico Medicaid as
 - i. Provider Type 406: Reproductive and Child Health Para-Professional
 - ii. With Specialty Code 206: Doula
 - iii. Taxonomy: 374J00000X
- b. A doula provider must
 - i. Be at least 18 years old at the time the application is submitted.
 - ii. Maintain a current adult and infant cardiopulmonary resuscitation (CPR) certification from the American Red Cross or American Heart Association.
 - iii. Be credentialed through the New Mexico Department of Health and provide a copy during enrollment with NM Medicaid

- iv. Complete twenty-four hours of continuing education in maternal, perinatal and/or infant care every two years.
- c. Doula services include:
- i. Doula Birth services
 - a. Prenatal & post-partum physical, emotional, and evidence-based education support and linkages to community-based resources by billing T1032 with U1 modifier.
 - b. Non-medical Labor & Delivery (L&D) support by billing T1033 with U3 modifier.
 - ii. Other Doula services
 - a. Counseling related to Pre-conception, Pregnancy Loss, Infant Loss, Termination of Pregnancy by billing T1032 with U2 modifier.
- 2. MCO Member Eligibility requirements:** Medicaid eligible member who voluntarily requests doula services for prenatal & post-partum care, counseling (for pre-conception, pregnancy loss, infant loss, termination of pregnancy) and care during L&D. Eligibility must be documented in the eligible recipient's medical record.
- 3. Prior Authorization:** A prior authorization is not required.
Note: Prior authorization may be required for additional visits beyond the limitations listed in the Table 1: Procedure Codes and Rates for Doula Services.
- 4. Billing and Reimbursement:** Doula providers will bill and be paid for specific Doula services as described in bullet 1. c.
- a. **Outpatient Doula Services**
- i. **Submitting a claim for doula services:** Doula Services will be billed as professional services using CMS 1500/837P claim format with the following information:
 - Include the Doula Agency NPI number in Block 32a (Service Facility Location Information) or its 837P equivalent.
 - Include the NPI of the doula provider who rendered the service in Block 24j (Rendering Provider ID) or its 837P equivalent; and
 - Include the NPI of any business entity or group practice as the billing provider in Block 33a or its 837P equivalent.
 - Enter the appropriate procedure code and modifier from Table 1: Procedure Codes and Rates for Doula Services
 - Include Taxonomy: 374J00000X
 - ii. Doula service reimbursement rates can be found at [Fee for Service - New Mexico Health Care Authority \(state.nm.us\)](https://www.state.nm.us/health-care/fee-for-service)
- b. **Hospital Doula Services**
- i. Doula services provided during inpatient hospital setting will continue to bill and be reimbursed using their current reimbursement methodology (i.e., DRG) when the Doula provider is employed by the hospital.

- ii. Doula services provided in the hospital setting by an independent Doula provider will bill and be reimbursed, by the doula provider in the same manner as described in bullet 4.a. “Outpatient Doula Services.”

c. Out of Hospital Doula services

- i. Doula services provided during a birth in a birth center will continue to bill and be reimbursed using the current birth center reimbursement (Birthing Options Program Supplement) methodology for facility charges.
 - ii. Split billing model will be used by the birth center when doula services are provided in the birth center setting and the doula is employed by the birth center. Doula professional services are billed in the same manner as described in bullet 4.a. “Outpatient Doula Services.”
 - iii. Doula services provided in the birth center setting by an independent Doula provider will bill and be reimbursed, by the doula provider in the same manner as described in bullet 4.a. “Outpatient Doula Services.” \
 - iv. Doula services provided during a home birth by an independent Doula provider will bill and be reimbursed, by the doula provider in the same manner as described in bullet 4.a. “Outpatient Doula Services.”.
5. The MCO’s will allow providers who have met the requirements listed above and provided doula services to Medicaid eligible members within dates of service October 1, 2024, to the present to submit a claim for the doula services and avoid timely filing denials. MCO’s will allow providers 90 days from the date on LOD to submit a claim and avoid a timely filing denial.

This LOD will sunset in the New Mexico Administrative Code (NMAC) 8.308.9 Managed Care Program.

Attachment A

Table 1: Procedure Codes and Rates for Doula Services

Doula Birth Service - Prenatal & Post-partum: Prenatal & post-partum physical, emotional, and evidence-based education support and linkages to community-based resources

- 1 unit = 15 minutes
- Limited to 2 hours per day (2 hours = 8 units).
- Limited to **nine** 2-hour visits per calendar year.
 - any additional visits would require documentation of medical necessity.

Procedure Code	Modifier	Description	Rate
T1032	U1	SERVICES PERFORMED BY A DOULA BIRTH WORKER, PER 15 MINUTES	See Fee Schedule

Doula Birth Service - Labor & Delivery (L&D): L&D will use U3 modifier
Maximum 1 unit

Procedure Code	Modifier	Description	Rate
T1033	U3	SERVICES PERFORMED BY A DOULA BIRTH WORKER, PER DIEM	See Fee Schedule

Other services: Counseling related to Pre-conception, Pregnancy Loss, Infant Loss, Termination of Pregnancy

- 1 unit = 15 minutes
- Limited to 2 hours per day (2 hours = 8 units).
- Limited to **nine** 2-hour visits per calendar year.
 - any additional visits would require documentation of medical necessity.

Procedure Code	Modifier	Description	Rate
T1032	U2	SERVICES PERFORMED BY A DOULA BIRTH WORKER, PER 15 MINUTES	See Fee Schedule