



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL PRACTITIONERS

FROM: DANA FLANNERY, MEDICAL ASSISTANCE DIVISION 

THROUGH: ALANNA DANCIS, DNP, CHIEF MEDICAL OFFICER

SUBJECT: BILLING AND REIMBURSEMENT FOR DOULA SERVICES

The New Mexico Health Care Authority, Medical Assistance Division (HCA/MAD) is issuing this Supplement to provide implementation and billing 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.

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 U1 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. Medicaid Eligible Recipient requirements:** Medicaid eligible recipient 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 outpatient 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:
 - 1) Include the Doula Agency NPI number in Block 32a (Service Facility Location Information) or its 837P equivalent.
 - 2) Include the NPI of the doula provider who rendered the service in Block 24j (Rendering Provider ID) or its 837P equivalent; and
 - 3) Include the NPI of any business entity or group practice as the billing provider in Block 33a or its 837P equivalent.
 - 4) Enter the appropriate procedure code and modifier from Table 1: Procedure Codes and Rates for Doula Services
 - 5) Include Taxonomy: 374J00000X
 - ii. Doula service reimbursement rates can be found at [Fee Schedules - New Mexico Health Care Authority](#).
 - 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 use 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. HCA/MAD will allow providers who have met the requirements listed above and provided doula services to Medicaid eligible recipient within dates of service October 1, 2024, to the present to submit a claim for the doula services and avoid timely filing denials. HCA will allow providers 90 days from the date on Supplement to submit a claim and avoid a timely filing denial.

This Supplement will be incorporated into the New Mexico Administrative Code (NMAC) 8.310.2 & 8.310.3 For questions regarding this guidance, please contact the Medical Assistance Division, Benefits and Reimbursement Bureau at madinfo.hca@hca.nm.gov.

Attachment A

Table 1: Procedure Codes and Rates for Doula Services

<p>Doula Birth Service - Prenatal & Post-partum: Prenatal & post-partum physical, emotional, and evidence-based education support and linkages to community-based resources</p> <ul style="list-style-type: none"> • 1 unit = 15 minutes • Limited to 2 hours per day (2 hours = 8 units). • Limited to nine 2-hour visits per calendar year. <ul style="list-style-type: none"> ○ 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
<p>Doula Birth Service - Labor & Delivery (L&D): L&D will use U3 modifier Maximum 1 unit</p>			
Procedure Code	Modifier	Description	Rate
T1033	U3	SERVICES PERFORMED BY A DOULA BIRTH WORKER, PER DIEM	See Fee Schedule
<p>Other services: Counseling related to Pre-conception, Pregnancy Loss, Infant Loss, Termination of Pregnancy</p> <ul style="list-style-type: none"> • 1 unit = 15 minutes • Limited to 2 hours per day (2 hours = 8 units). • Limited to nine 2-hour visits per calendar year. <ul style="list-style-type: none"> ○ 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