DOULA SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

A doula is a trained professional who provides emotional, physical, and informational support during the prenatal, labor, delivery, and postpartum periods. Doulas are non-clinical and do not provide medical care. Doulas services do not replace the services of licensed and trained medical professionals including, but not limited to, physicians, physician assistants, certified nurse practitioners, and certified nurse midwives.

Doulas will be required to be credentialed through an oversight body recognized by South Dakota Medicaid that also provides regulatory oversight of the profession. As a temporary bridge to credentialing by a recognized oversight body, South Dakota Medicaid will recognize the following doula credentialing for enrollment purposes:

- Birthing Advocacy Doula Training – Full Spectrum Doula;
- BirthWorks International;
- Childbirth and Postpartum Professional Association (CAPPA);
- Childbirth Professionals International;
- DONA International;
- Doula Trainings International;
- International Childbirth Education Association (ICEA) – Dual Certificate Only; or
- MaternityWise – Labor Doula and Full Doula.

As this is a temporary bridge to an oversight body, South Dakota Medicaid will not review additional credentialing organizations for inclusion on this list after December 31, 2024.

Certified doulas can only provide services in accordance with their certification and within their scope of practice. If a doula is only certified in one area, such as birth or postpartum, the doula may not provide services outside the scope of those services.

Certification must be current, any lapse in certification may result in termination of enrollment. As a condition of participation, providers agree to not only maintain good standing with their certification entities but to update their enrollment records to reflect their ongoing licensure or certification. To update certification, please refer to the provider enrollment portal.

Doulas providing services through IHS and tribal providers must be enrolled as a group with associated professionals using a NPI unique for billing these services.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Licensed Practitioner Recommendation

Doula services are covered by South Dakota Medicaid as a preventative service under 42 CFR 440.130. Federal regulation requires preventative services be recommended by a physician or other licensed practitioner of the healing arts acting. For doulas services to be covered they must be referred by a physician, physician assistant, certified nurse practitioner, or certified nurse midwife with whom the recipient has had a face-to-face or telemedicine visit within the last 90 days. If the individual is in one of the Medicaid care management programs (BabyReady, Primary Care Provider Program, or Care Connect Program), the services must be referred by their designated provider. At the licensed practitioner's discretion, the referral may be made for services to start up to 60 days prior to the date the provider makes the referral. It is recommended that a referral is obtained as soon as possible to avoid the potential of non-reimbursable services.

Eligible Recipients

Pregnant women who have full Medicaid coverage or are eligible through the Unborn Children Prenatal Care Program are eligible for doula services.

Medicaid coverage for women in the Unborn Children Prenatal Care Program ends upon delivery. Recipients eligible for Medicaid through this aid category are not eligible for postpartum doula services.

Doula services may only be billed for recipients with a pregnancy confirmed by a medical provider. The initial doula prenatal visit may occur prior to pregnancy confirmation, but the confirmation is necessary for the service to be billed. Postpartum doula services may be provided up to 365 days after the end of the pregnancy contingent upon the recipient maintaining eligibility for South Dakota Medicaid.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Doula Services
Doula services as described in this manual are covered by South Dakota Medicaid effective January 1, 2025. Doula services are intended to provide counseling and education including infant care to help achieve positive health outcomes for the recipient and the baby, provide labor support including the development of a birth plan, and coordinate with community-based services to link the recipient to other supports. Doula services are considered individual services. Group services are not covered.

Care Coordination Services
Doulas must provide the following care coordination services to all recipients that they serve. Time spent delivering these services may be counted towards billable service time:

- Helping the recipient choose a healthcare provider if care has not been established;
- Helping the recipient schedule prenatal or postpartum care appointments, encouraging them to attend appointments, and helping them problem-solve barriers that may impede attendance;
- Promoting and referring recipients to Department of Health pregnancy-related programs including Bright Start, Pregnancy Care, and WIC programs;
- Helping the recipient pick a primary care provider for the baby;
- Helping the recipient schedule well-child check-ups, encouraging them to attend appointments, and helping them problem-solve barriers that may impede attendance;
- Discussing behavioral health literature regarding behavioral health issues that may impact pregnant recipients and referring recipients to behavioral health providers if appropriate; and
- Providing information about community-based support services to address health-related social needs including transportation, housing, food insecurity, personal safety, and employment and helping connect the recipient to those resources.

Prenatal Services
The following prenatal doula services are covered and may be counted towards billable service time:

- Promoting health literacy and knowledge;
- Answering questions about birthing options to help recipients make informed decisions;
- Assisting with the development of a birth plan;
- Assisting recipient with the development of postpartum plans;

- Assisting recipients with how to communicate effectively with their healthcare providers;
- Supporting personal and cultural preferences around childbirth;
- Providing emotional support and encouraging self-advocacy;
- Providing evidence-based information associated with positive health outcomes; and
- Time spent with the recipient collecting intake information and developing the initial doula service plan.

Labor and Delivery Services

Doulas must provide the following services during the labor and delivery for the service to be billable:

- Providing physical comfort measures;
- Providing emotional support including continuous reassurance and encouragement;
- Helping empower recipients to advocate for their needs; and
- Being an active member of the birth team.

Postpartum Services

The following postpartum doula services are covered and may be counted towards billable service time:

- Providing emotional support and encouraging self-care measures;
- Assisting recipients with how to communicate effectively with their healthcare providers;
- Providing evidence-based information associated with positive health outcomes;
- Educating the recipient regarding newborn care, nutrition, and safety, including safe sleep habits; and
- Time spent with the recipient collecting intake information and developing the initial doula service plan if services are not initiated until the postpartum period.

Postpartum services occurring within 3 hours after delivery are considered included in the reimbursement for labor and delivery and are not separately billable under the postpartum billing code.

Doula Intake Information

As part of the first visit with the recipient, the doula must collect intake information with the recipient interested in receiving doula services. The information collected must include the following information:

- Recipient's name, date of birth, and Medicaid ID number;
- Contact information;
- Household member's names, if applicable;
- Support people and their relationship to the recipient;
- Previous pregnancies and delivery methods;
- Estimated due date;
- Healthcare provider;
- Prenatal/postpartum medical care status;
- Planned birthing location;
- Health-related social needs including transportation, housing, food insecurity, personal safety, and employment; and
- Physical or emotional concerns.

Doulas may collect other information relevant for service delivery.

Doula Services Plan
Doulas must develop a service plan specific for each individual served. Service plans must include the following items:

- Recipient's name and Medicaid ID number;
- Healthcare provider and contact information;
- Goals the doula will help the recipient achieve such as addressing health literacy knowledge, emotional or physical supports needed, newborn care supports, and health-related social needs;
- Progress notes for each date of service documenting progress made towards goals;
- Community resources the recipient was referred to;
- List the specific services required for meeting the written objectives;
- The date when plan was originally created; and
- The date the plan was last updated/reviewed.

The service plan must be completed within 30 days of the initial doula service provided to the recipient.

Telemedicine
To ensure quality of care, doula services should primarily be delivered in person. Telemedicine services can be used to supplement in-person services, but are not allowed as the primary mode of delivering doula services to a Medicaid recipient. Telemedicine doula services should be provided through a secure telehealth platform. Services may be provided via two-way audio-only when the recipient does not have access to audio/visual telemedicine technology. The limitation necessitating audio-only services must be documented in the recipient's record.

General Service Limits
Medicaid covers a maximum of $1,800 of doula services per pregnancy. This limit may be exceeded if additional hours are prior authorized by Medicaid using the General Prior Authorization Form.

Care coordination, prenatal, and postpartum service may be provided face-to-face or via telemedicine.

Labor and Delivery Service Limits
One labor and delivery care visit is covered per recipient, per pregnancy. Labor and delivery services must be provided in conjunction with prenatal and/or postpartum doula services. The doula must be physically present during labor and delivery to bill for this service. If the hospital does not allow the doula in the operating room for a cesarian delivery, but the doula was present for the labor the service is still billable. Doulas must continue to provide services for a minimum of one hour after delivery. Doula services occurring within the first 3 hours after delivery are considered included in the reimbursement for labor and delivery and are not separately billable under the postpartum billing code.

One of the following providers must be present for delivery for doula services to be covered and reimbursable:

- An obstetrician-gynecologist or other physician; or

- A certified nurse midwife or certified professional midwife.

Billable labor and delivery visits are limited to deliveries in a licensed birthing hospital or a birth center. Home births may be allowed if the recipient has a low-risk pregnancy with no medical contra-indications and one of the above-required providers is in attendance. Low risk without contra-indications is defined as absence of preexisting maternal disease, absence of significant disease arising during the pregnancy, a singleton fetus, a cephalic presentation, a gestational age greater than 36 weeks and less than 42 weeks of pregnancy, labor that is spontaneous or induced as an outpatient, and absence of prior cesarean delivery. Additionally, the recipient should not be transferred to home from a hospital.

Non-Covered Services

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Non-Covered Doula Services
Non-covered doula services include:

- Services not listed as covered in this manual;
- Services that are not documented;
- Any services requiring medical or clinical licensure;
- Travel time and mileage;
- Respite care/direct childcare;
- Chore services, cleaning services, or other household supports;
- Group services;
- Services provided via text message, email, or other forms or written communication;
- Services provided 30 days after initial doula service was provided if a service plan has not been completed;
- Attending a medical appointment with a recipient;
- Services provided by a doula that are being billed for or reimbursed under another Medicaid benefit. For example, time spent delivering a doula service cannot also be billed under the Community Health Worker benefit; and
- Transportation of recipients.

Documentation Requirements

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Doula Documentation Requirements
In addition to general documentation requirements, doulas must maintain records of the following:

- Documentation of each service billed to Medicaid that contains the following:
  - Type of service performed;
  - Summary of the service provided;
  - Recipient receiving the services;
  - Date of the service;
  - Start and end time of the service;
  - Location of the service including delivery method;
  - Name of the doula providing the service; and
  - Doula's signature.
- The intake forms for each recipient; and
- Doula service plan for each recipient.

It is recommended that the doula obtain a signed and dated statement/form from the recipient that indicates services were provided on that date.

Reimbursement and Claim Instructions

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
A claim for doula must be submitted at the provider's usual and customary charge. Payment for doula services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's doula fee schedule. Doula services provided by an IHS/tribal provider are reimbursed fee-for-service.

Claim Instructions
Claims for professional services, including inpatient and outpatient professional services, must be submitted on a CMS 1500 claim form or via an 837P electronic transaction. Detailed claim form instructions are available on our website.

Services must be billed for using the following CPT codes:

- T1032 – Prenatal, postpartum, or care coordination services

- T1033 – Labor and delivery services

Time

T1032 is a 15-minute unit time-based code. When billing using this code, providers must abide by the following guidelines:

- Time is the time spent with a recipient delivering a covered service;
- A unit of time is attained when the mid-point is passed. For example, a 15 minute unit is attained when 8 minutes of services have been provided. A second 15 minute unit is attained when a total of 23 minutes of service have been provided;
- Time spent providing services to a recipient is cumulative for single date of service. For example, if 8 minute of service is provided in the morning and another 8 minutes in the afternoon, 16 minutes of service has been provided and only 1 unit should be billed.

Telemedicine and Audio-Only Services

Telemedicine provided at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine/audio-only. Audio-only visits must be billed with the 93 modifier. Please see the Telemedicine Services manual for additional information.

DEFINITIONS

1. “Distant site,” The physical location of the practitioner providing the service via telemedicine.
2. "Prior authorization," written approval issuing authorization by the department to a provider before certain services may be provided.
3. “Respite care,” services provided to the family/caregiver in order for the caregiver to take a break from providing childcare;
4. “Telemedicine,” The use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance.
5. "Usual, customary charge" or "usual and customary," the individual provider's normal charge to the general public for a specific service on the day the service was provided within the range of charges made by similar providers for such services and consistent with the prevailing market rates in the geographic area for comparable services.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations