

Bulletin Number: MMP 24-40

Distribution: Medicaid Health Plans (MHP), Integrated Care Organizations (ICO), Practitioners, Hospitals, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal Health Centers (THC), Local Health Departments (LHD), Doulas

Issued: September 26, 2024

Subject: Update to Medicaid Coverage of Doula Services

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, MI Health Link, MIChild, Maternity Outpatient Medical Services (MOMS)

This bulletin is issued in response to the Michigan Department of Health and Human Services (MDHHS) fiscal year (FY) 2025 budget appropriations of Public Act 121 of 2024. From state appropriated funds, the Act directs MDHHS to update Medicaid coverage and reimbursement of MDHHS registered Doula services.

Effective for dates of service on and after October 1, 2024, Medicaid will cover doula services as follows:

- The total number of covered doula visits is increased to 12 per pregnancy.
- The doula services reimbursement rate for labor and delivery support will increase to \$1500.
- The doula visit reimbursement rate will increase to \$100.

General Information

A doula is a non-clinical person who typically provides physical, emotional, and educational support services to pregnant individuals during the prenatal, labor and delivery, and postpartum periods. Evidence indicates doula services are associated with improved birth outcomes. Doula services have been shown to positively impact social determinants of health, support birth equity, and decrease existing health and racial disparities. Refer to the Doula chapter of the [MDHHS Medicaid Provider Manual](#) for additional enrollment and coverage information.

Reimbursement Considerations and Billing Guideline

Report doula services as follows:

| Visit Type | Procedure Code | Modifier | Primary Diagnosis Codes | Limit per Pregnancy | Rate |
|---------------------------------------|----------------|----------|--|---------------------|--------|
| Prenatal Visits and Postpartum Visits | S9445 | HD | Prenatal: Z33.1 Postpartum: Z39.2 | 12 Total Visits | \$100 |
| Labor and Delivery Support | T1033 | HD | Z33.1 | 1 Visit | \$1500 |

Refer to the current doula fee schedule at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Doula for the most up-to-date rate information.

Prior Authorization (PA) Criteria

There may be occasions when a beneficiary requires services beyond those ordinarily covered by Medicaid, such as additional visits.

PA requests for fee-for-service may be submitted by the following methods:

1. In writing, via Direct Data Entry (DDE) in the Community Health Automated Medicaid Processing System (CHAMPS). No PA form is required if the request is submitted this way, but the provider will need to include a statement in the procedure comments explaining the need for extra visits.
2. By faxing to 517-335-0075 using form MSA-1653-B and including a statement on the form or on the fax cover sheet explaining the need for extra visits.

PA requests should be related to physical, emotional, and educational support services to pregnant individuals during the prenatal and postpartum periods.

Approval for a maximum of six additional visits is dependent on person-centered needs. Requests should include at least one of the following criteria:

- Promoting health literacy and knowledge
- Assisting with the development of a birth plan
- Supporting personal and cultural preferences around childbirth
- Providing emotional support
- Encouraging self-advocacy
- Reinforcing practices known to promote positive outcomes such as breastfeeding.
- Identifying and addressing social determinants of health
- Educating regarding newborn care, nutrition, and safety
- Supporting breastfeeding
- Encouraging self-care measures
- Supporting beneficiary in attending recommended medical appointments

- Identifying and addressing social determinants of health
- Grief support services
- Coordinating referrals to community-based support services (e.g., Women, Infants and Children [WIC] program, behavioral health services, transportation, home visiting services)

Providers will receive a hard copy of the PA determination letter to the address selected in CHAMPS (located in the pull-down list when a DDE request is entered). If the form is faxed, the address indicated on the form should ideally match the communication address used to enroll in CHAMPS.

A provider can access CHAMPS to view an electronic copy of the letter under “Archived Documents” for the tracking number they receive regardless of the method of PA submission.

For additional information, refer to the General Information for Providers chapter of the [MDHHS Medicaid Provider Manual](#).

All Medicaid practitioner rates are reviewed and updated annually and published at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Doula.

For services provided to Medicaid Health Plan enrollees, refer to the individual Medicaid Health Plan for guidance related to PA requests and submission processes.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Kimberly Lorick at LorickK1@michigan.gov.

Please include “Update to Medicaid Coverage of Doula Services” in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



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