
Doula Services

Page Updated: December 2022

Medi-Cal covers doula services, pursuant to Title 42 of the Code of Federal Regulations, Section 440.130(c), as preventive services and on the written recommendation of a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

Doulas serving Medi-Cal beneficiaries provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of beneficiaries while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

Definitions

Doula: Birth workers who provide health education, advocacy, and physical, emotional and nonmedical support for pregnant and postpartum persons before, during and after childbirth (perinatal period) including support during miscarriage, stillbirth and abortion. Doulas are not licensed or clinical providers, and they do not require supervision.

Doula services: Doula services encompass health education, advocacy, and physical, emotional and nonmedical support provided before, during and after childbirth or end of a pregnancy, including throughout the postpartum period.

Evidence-based: A process whereby decisions are made and actions or activities are understood using the best evidence available with the goal of removing subjective opinion, unfounded beliefs or bias from decisions and actions. Evidence can include practitioner experience and expertise as well as feedback from other practitioners and beneficiaries.

Full-spectrum doula care: Prenatal and postpartum doula care, presence during labor and delivery and doula support for miscarriage, stillbirth, and abortion. Doula care includes physical, emotional and other nonmedical care.

Postpartum period: Doulas may provide services for up to 12 months from the end of pregnancy. Beneficiaries are eligible to receive full-scope Medi-Cal coverage for at least 12 months after pregnancy.

Covered Services:

A recommendation for services authorizes all of the following:

- One initial visit.
- Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits.
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage.
- Up to two extended three-hour postpartum visits after the end of a pregnancy.

The extended three-hour postpartum visits provided after the end of pregnancy do not require the beneficiary to meet additional criteria or receive a separate recommendation.

An additional recommendation from a physician or other licensed practitioner of the healing arts acting within their scope of practice is required for up to nine additional postpartum visits billed with HCPCS code Z1038 (postpartum visit).

Doulas offer various types of support, including perinatal support and guidance; health navigation; evidence-based education and practices for prenatal, postpartum, childbirth, and newborn/infant care; lactation support; development of a birth plan; and linkages to community-based resources. Coverage also includes comfort measures and physical, emotional, and other nonmedical support provided during labor and delivery and for miscarriage and abortion.

Billing Codes

Claims for doula services do not require a diagnosis code. The following codes may be used for all services listed above when submitting claims:

Prenatal and Postpartum Visits

- Z1032 – Extended initial visit 90 minutes
- Z1034 – Prenatal visit
- Z1038 – Postpartum visit
- T1032 – Extended postpartum doula support, per 15 minutes

The extended initial visit must be for 90 minutes to bill with Z1032. All visits are limited to one per day, per beneficiary. Only one doula may bill for a visit provided to the same beneficiary on the same day, excluding labor and delivery. One prenatal visit or one postpartum visit may be provided on the same day as labor and delivery (including stillbirth), abortion or miscarriage support. The prenatal visit or postpartum visit billed on the same calendar day as labor and delivery, abortion, or miscarriage support may be billed by a different doula.

For extended postpartum visits lasting at least three hours, doulas may bill code T1032 (15 minutes per unit) for up to 12 units per visit, up to two visits (24 units) per pregnancy per beneficiary provided on separate days.

Labor and Delivery Support

- CPT® 59409 – Doula support during vaginal delivery only
- CPT 59612 – Doula support during vaginal delivery after previous caesarian section
- CPT 59620 – Doula support during caesarian section

Billing codes for support during labor and delivery are limited to once per pregnancy. Support during labor and delivery can be billed if this service is provided by a doula, whether or not the delivery results in a live birth.

Abortion or Miscarriage Support

- HCPCS T1033 – Doula support during or after miscarriage
- CPT 59840 – Doula support during or after abortion

Billing codes HCPCS code T1033 for miscarriage support and CPT code 59840 for abortion support are each limited to once per pregnancy.

Informing a Beneficiary about Services by Non-Doula Providers

If a beneficiary requests or requires one of the pregnancy-related services listed below that is not covered under the doula benefit, the doula should inform the beneficiary that another Medi-Cal provider is able to render the requested service. These services include, but are not limited to, the following Medi-Cal services that are not part of the doula benefit:

- Behavioral health services
- Belly binding after cesarean section by clinical personnel
- Clinical case coordination
- Health care services related to pregnancy, birth, and the postpartum period
- Childbirth education group classes
- Comprehensive health education, including orientation, assessment, planning (Comprehensive Perinatal Services Program services)
- Hypnotherapy (non-specialty mental health service)
- Lactation consulting, group classes, and supplies
- Nutrition services (assessment, counseling, and development of care plan)
- Transportation

Certain Community Supports services may be available to eligible beneficiaries through participating managed care plans or through counties for longer-term personal care needs, including In-Home Support Services (IHSS). Community Supports may provide, but are not limited to, the following:

- Meal preparation and grocery shopping (Personal Care and Homemaker Services, IHSS)
- Laundry and house cleaning (Personal Care and Homemaker Services, IHSS)
- Services that attend to a beneficiary's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them (Respite Care, IHSS).
- Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to beneficiaries (Respite Care).

For beneficiaries who are enrolled in Medi-Cal managed care plans, the beneficiary can be referred back to the managed care plan to assist them in securing the needed services. For Medi-Cal beneficiaries in fee-for-service Medi-Cal, the beneficiary can be referred back to their primary care provider to assist them or they may call the DHCS Telephone Service Center (TSC) at 1-800-541-5555.

A doula is not prohibited from providing assistive or supportive services in the home during a prenatal or postpartum visit, as long as the visit is face-to-face, the assistive or supportive service is incidental to doula services provided during the prenatal or postpartum visit, and the beneficiary is not billed for the assistive or supportive service.

Non-covered services

The following services for pregnant or postpartum beneficiaries are not covered as Medi-Cal doula services and are not covered under Medi-Cal:

- Belly binding (traditional/ceremonial)
- Birthing ceremonies (i.e., sealing, closing the bones, etc.)
- Group classes on babywearing
- Massage (maternal or infant)
- Still and Video Photography
- Placenta encapsulation
- Shopping
- Vaginal steams
- Yoga

Doula services do not include diagnosis of medical conditions, provision of medical advice, or any type of clinical assessment, exam, or procedure.

Doulas are not prohibited from teaching classes that are available at no cost to individuals, including Medi-Cal beneficiaries to whom they are providing doula services.

Telehealth

Doulas should refer to the [Telehealth](#) section in Part 2 of the Provider Manual for guidance regarding providing services via telehealth for prenatal or postpartum visits, labor and delivery support, and for abortion and miscarriage support. Doulas may bill for services provided by telehealth using either modifier 93 for synchronous audio-only or modifier 95 for synchronous video.

Documentation Requirements

Doula services require a written recommendation by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

The recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the beneficiary's managed care plan.

The initial recommendation can be provided through the following methods:

- Written recommendation in beneficiary's record.
- Standing order for doula services by plan, physician group or other group by a licensed provider.
- Standard form signed by a licensed provider that a beneficiary can provide to a doula.

A second recommendation is required for additional visits during the postpartum period. A recommendation for additional visits during the postpartum period cannot be established by standing order. The additional recommendation authorizes nine or fewer additional postpartum visits, billed with HCPCS code Z1038.

Doulas are required to document the dates and time/duration of services provided to beneficiaries. Documentation should also reflect information on the nature of the care and service(s) provided and support the length of time spent with the beneficiary that day.

For example, documentation might state, "Discussed childbirth education with beneficiary and discussed and developed a birth plan for 1 hour." Documentation shall be accessible to DHCS upon request.

Eligibility Criteria

Providers should verify the recipient's Medi-Cal eligibility for the month of service for fee-for-service claims. A beneficiary who is pregnant, or was pregnant within the past year, and would either benefit from doula services or requests doula services, would meet the medical necessity criteria for a recommendation for doula services. Doula services may only be provided during pregnancy; during labor and delivery, miscarriage, and abortion; and within one year of the end of a beneficiary's pregnancy.

Place of Service

There are no Place of Service restrictions for doula services.

Claim Submission

Fee-for-service claims for doula services must be submitted by a doula enrolled in Medi-Cal or an enrolled doula group.

Doula Minimum Qualifications:

All doulas must be at least 18 years old, possess an adult/infant CPR certification, and have completed basic HIPAA training.

In addition, a doula must meet either of the following qualification pathways:

Training Pathway:

- Complete a minimum of 16 hours of training in the following areas:
 - Lactation support
 - Childbirth education
 - Foundations on anatomy of pregnancy and childbirth
 - Nonmedical comfort measures, prenatal support and labor support techniques
 - Developing a community resource list
- Provide support at a minimum of three births

Experience Pathway:

- Or all of the following:
 - At least five years of active doula experience in either a paid or volunteer capacity within the previous seven years.
 - Attestation to skills in prenatal, labor, and postpartum care as demonstrated by three written client testimonial letters or professional letters of recommendation from any of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization. Letters must be written within the last seven years. One letter must be from either a licensed provider, a community-based organization, or an enrolled doula.

Doulas must complete three hours of continuing education in maternal, perinatal and/or infant care every three years. Doulas shall maintain evidence of completed training to be made available to DHCS upon request.

Recommended Trainings:

Doulas need to be able to serve the unique needs of Medi-Cal beneficiaries. As such, supplemental training that is recommended but not required, includes, but is not limited to, the following:

- Perinatal support
- Hands-on support with clients
- Trauma-informed care
- Cultural sensitivity or competency, implicit bias or anti-racism or social determinants of health for birthing populations
- Perinatal mood and anxiety disorders
- Intimate partner violence
- Postpartum care/support
- Infant and newborn care
- Perinatal loss and bereavement support

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.