California | Anthem Blue Cross | Medi-Cal Managed Care

Doula Program Provider Guide

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Using this manual

This provider manual is designed to inform and assist doulas who are joining Anthem's Doula Program. The Doula Program Provider Guide outlines the requirements and expectations for doula providers. Included are policies and procedures that are known today. Anthem may provide an updated version of this Doula Program Provider Guide in the future. The Doula Program Provider Guide is a companion to the Department of Health Care Services (DHCS) policies, which can be found on the DHCS Doula Services webpage. This guide is intended to help doula providers interpret DHCS policies within the context of the Anthem and doula provider relationship. It is not intended to be comprehensive nor to replace DHCS policies and guidance. Doula providers are solely responsible for ensuring that they are compliant with all applicable state and federal laws and regulations and all doula requirements.

Introduction to the doula benefit

DHCS added doula services as a covered benefit on January 1, 2023. Per State Plan Amendment (SPA) 22-0002, doula services are provided as preventive services pursuant to Title 42 Code of Federal Regulations (CFR) Section 440.130(c). They must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Doulas provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of members while adhering to evidence-based best practices. Doula services aim to prevent perinatal complications and improve health outcomes for birthing parents and infants.

Doulas are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion. Doulas are not licensed, and they do not require supervision.

Doulas also offer various types of support, including health navigation, lactation support, development of a birth plan, and linkages to community-based resources.

Getting ready: The doula

Doula definitions and roles

- **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 the 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

Provider experience and qualifications

Required minimum qualifications of all doulas are:

- Be at least 18 years old.
- Provide proof of an adult and infant cardiopulmonary resuscitation (for example, CPR) certification from the American Red Cross or American Heart Association.
- Attest to completion of basic Health Insurance Portability and Accountability Act training.

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

1. Training pathway:
    a. Certificate of completion for a minimum of 16 hours of training that includes all of the following topics:
        i. Lactation support
        ii. Childbirth education
        iii. Foundations on the anatomy of pregnancy and childbirth
        iv. Nonmedical comfort measures, prenatal support, and labor support techniques
        v. Developing a community resource list
    b. Attest that they have provided support at a minimum of three births
2. Experience pathway — all of the following:
    a. Attest that they have provided services in the capacity of a doula, either a paid or volunteer capacity, for at least five years. The five years of experience in the capacity of a doula must have occurred within the last seven years.
    b. 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. An enrolled doula means a doula enrolled either through DHCS or through a managed care plan (MCP).

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

Medi-Cal enrollment

This section provides an overview of the process for enrolling members in Anthem's Doula Program.

Doula providers must apply for enrollment directly with Medi-Cal. Doulas must first submit an electronic application through the Provider Application for Validation and Enrollment (PAVE)

online enrollment platform and include all supporting documentation. For more information, see DHCS Doula Application Information.

Contracting

After obtaining DHCS approval to become an enrolled Medi-Cal provider, the doula will be included as a provider on a regularly updated list of PAVE-approved doulas that DHCS shares with Anthem. Approved doulas who are interested in contracting with Anthem can contact Anthem to initiate the contracting process. Required contracting documents include, but are not limited to:

- Scope of work.
- Disclosure of ownership (DOO).
- W-9 form.
- Proof of CPR Certificate from the American Heart Association or the American Red Cross.
- Proof of insurance (general, professional, workers' compensation, commercial auto, if applicable).
- Background Check Attestation.
- Roster.

The contracting process involves an organization-level administrative certification process that is separate from, and in addition to, the certification application process. A doula applicant must provide the following information to complete the contracting process:

- **National Provider Identifier (DHCS NPI Application Guidance):** A doula must have at least one 10-digit organization-level (Type 2) NPI number to complete the contracting process. The doula will submit claims at the NPI level. The state requires an NPI to enroll as a Medi-Cal provider. Anthem's member assignment algorithm considers a member's geographic proximity to providers. Providers serving multiple counties or working from multiple locations are encouraged to register multiple NPIs.
- **NPI taxonomy:** If an organization already has an NPI, it can use that NPI for a doula. However, please verify that the taxonomy codes listed in the organization's NPI profile are current and reflect the licenses and services it will provide as part of its participation as a doula. If you need to add a code to reflect a doula, please consider Taxonomy Code: 374J00000X — Doula. Taxonomy is used to process claims and properly place your organization in Anthem's provider directory. For more information on taxonomy, please visit DHCS's NPI Application Guidance on Medi-Cal provider identifier. All doulas must enroll as a Medi-Cal provider through the DHCS Enrollment Division's PAVE system:
- Credentialing pursuant to All Plan Letter (APL) 22-013 licensed staff members who will be working as a doula must submit their credentials to Anthem. Anthem requests that credentialed staff members enroll and submit their credentials via Council of Affordable Quality Healthcare, Inc. (CAQH). This requirement extends to the licensed staff of any doula subcontractors, if applicable.

Provider capacity

Telehealth

Doulas should refer to the telehealth section in part two of the provider manual for guidance regarding providing services via telehealth for prenatal or postpartum visits, labor and delivery support, and abortion and miscarriage support. Doulas may bill for telehealth services using modifier 93 for synchronous audio-only or modifier 95 for synchronous video. See more in the appendix.

Place of service

There are no restrictions on the place of service for doula services.

Member eligibility criteria for doula services

Providers should verify the recipient's Medi-Cal eligibility for the month of service for fee-for-service claims. To meet the medical necessity criteria for a recommendation for doula services, a member:

- Should be pregnant.
- Should be pregnant within the past year.
- Would either benefit from doula services or request doula services

Doula services can only be provided during pregnancy, labor, and delivery, including stillbirth, miscarriage, abortion, and within one year of the end of a member's pregnancy.

Doula covered and non-covered services

Covered doula 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 — These extended three-hour postpartum visits provided after the end of pregnancy do not require the member 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 9 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.

Services not included in the doula benefit

Services not part of the doula benefit include, but are not limited to, the following Medi-Cal services:

- Behavioral health services
- Belly binding after cesarean section by clinical personnel
- Clinical case coordination
- Healthcare services related to pregnancy, birth, and the postpartum period
- Childbirth education group classes
- Comprehensive health education, including orientation, assessment, and 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

If a member requests or requires one of the pregnancy-related services listed above that is not covered under the doula benefit, the doula should work with the member's primary care provider or work with Anthem to refer the member to an in-network provider who can render the service.

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 member is not billed for the assistive or supportive service.

Non-covered doula services

Doulas can teach classes to Anthem members for whom they are providing doula services at no extra cost to the member.

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 (for example, 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 the diagnosis of medical conditions, the provision of medical advice, or any type of clinical assessment, exam, or procedure.

Doula referrals

Referrals to doulas can occur through several different ways:

- Anthem internal referrals — Anthem's Doula Program team will refer a member directly to the doula.
- Anthem affiliated providers — Providers can complete a written recommendation form to refer a member to doula services (Appendix 1).
- External partners — Qualified community organizations and partners may refer a member directly to a doula:
  - If the referral was sent directly to the doula, the doula will have to inform the Doula Program team.

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 an in-network provider with Anthem. The initial recommendation can be provided through the following methods:

- Written recommendation in the member's record.
- Standing recommendation for doula services by MCP, physician group, or other group by a licensed provider:
  - The standing recommendation issued by DHCS on November 1, 2023, fulfills this requirement until the time it is rescinded or modified (Appendix 1).
- Standard form signed by a licensed provider that a member can provide to a doula:
  - There are two written recommendation forms that can be used:
    - Doula Services Benefit Recommendation Form (preferred)
    - Doula Medi-Cal Doula Services Recommendation (Appendix 1)

For members who need additional visits during the postpartum period, a second recommendation is required. A recommendation for additional visits during the postpartum period cannot be established by a standing order or DHCS's standing recommendation, so Anthem's Doula Services Recommendation Form or DHCS's Doula Services Recommendation Form should be used. The additional recommendation authorizes nine or fewer additional postpartum visits, billed with HCPCS code Z1038.

Doulas are required to document the dates and times/durations 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 member that day. For example, documentation might state, discussed childbirth education with member and discussed and developed a birth plan for one hour.

Documentation should be integrated into the member's medical record and available for encounter data reporting. The doula's NPI number should be included in the documentation. Documentation must be accessible to Anthem and DHCS upon request.

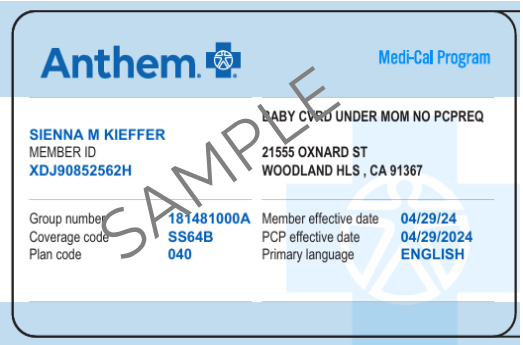
Verifying eligibility

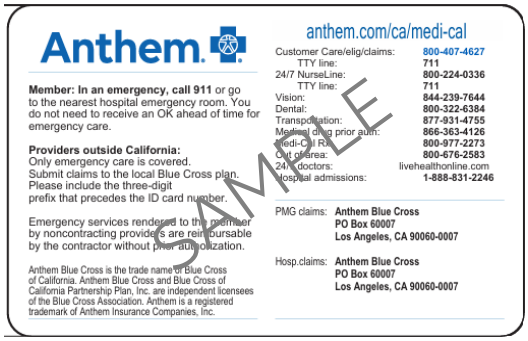
Anthem providers are required to verify a person's eligibility and identity at each visit. Providers must ask to see a Medi-Cal ID to verify eligibility.

Because eligibility can change, eligibility should be verified at every visit. Claims submitted for services rendered to a member who is not eligible are not reimbursable.

Anthem member ID cards

Here is an example of Anthem's Medi-Cal member ID card:





Generally, the member ID starts with the prefix **JQC** or **XDJ** followed by nine characters.

To verify Medi-Cal member eligibility, choose one of the following options:

- Preferred method — Log on to the secure Availity Essentials platform at https://Availity.com.
- From the top navigation bar, select **Patient Registration**.
- Select **Eligibility and Benefits Inquiry**.
- Select **Payer: Anthem-CA**.
- Enter your NPI.
- Complete the *Patient Information section.*

Note: Items with an asterisk (*) are required.

Required information on Availity includes:

- Member ID and the alpha prefix.
- Member's date of birth or member first and last name.
- Date of service (defaults to current date).
- Selection of defined HIPAA service types.
- An active member will show a term date of 12/31/9999.

Use the automatic eligibility verification system (AEVS) by calling AEVS at **800-456-2387**.

Log on to the Medi-Cal website at provider-portal.apps.prd.cammis.medi-cal.ca.gov/email:

- Enter your user ID and password.
- Select **Submit**, which will take you to the *Real Time Internet Eligibility* page.
- Enter member information, including subscriber ID, birth date, issue date, and service date.

If the above three options are not effective, connect with the Doula Program team.
Availity Essentials platform

To gain access to Availity Essentials, go to https://Availity.com:

- Select **Register**.
- Select **Get Started**.
- Complete the online registration form.

If you have questions about registering for Availity Essentials, contact Availity Essentials Client Services at **800-282-4548**.

Billing, claims submissions, and payment

In order for doulas to receive payment for the services performed, a claim must be submitted to Anthem.

Reimbursement policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem benefit plan. These policies can be accessed on our website at providers.anthem.com/california-provider/claims/reimbursement-policies/medicaid-mmp.

Special Instructions for members enrolled in the Anthem MediBlue Full Dual Advantage plan
The Anthem MediBlue Full Dual Advantage plan is an exclusively aligned enrollment dual special needs program that integrates the member's Medicare Advantage and Medi-Cal care coordination, benefits, and services under one plan. This plan is currently available in Santa Clara. Los Angeles, Fresno, Kings, Sacramento, Madera, and Tulare counties. Under this plan, Anthem issues members one ID card for Medicare and Medi-Cal services. The county Medi-Cal offices are also issuing a copy of their Medi-Cal card or benefits identification (BIC) card.

The member ID on the Anthem-issued card is necessary to file your doula claims. Using the Medi-Cal or original Medicare ID will result in claims being rejected. Anthem MediBlue Full Dual Advantage members:

- Use the member's unique ID:
  - Example: MNL123W12345
- Can be found by:
  - Member insurance card
- Exclusively Aligned Enrollment (EAE) DSNP (Anthem MediBlue Full Dual Advantage) customer service: **833-707-3129**

You must follow proper billing and submission guidelines. You are required to use industry-standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Deem the claim not eligible for reimbursement.
- Recover and/or recoup claim payment

Additional training and information regarding the billing and claims process will be available to provide further assistance.

Billing codes

Category	Code	Description
Prenatal and Postpartum Visits	Z1032	Extended initial visit 90 minutes
	Z1034	Prenatal and postpartum visit
	Z1038	Additional Postpartum visits (up to 9 total)*
	T1032	Extended postpartum doula support, per 15 minutes

*Requires an additional recommendation form from a physician or other licensed practitioner of the healing art. Cannot use the standing DHCS recommendation form.

Please note:

- The extended initial visit must be for 90 minutes to bill with Z1032. All visits are limited to one per day, per member.
- Only one doula may bill for a visit provided to the same member 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 member, provided on separate days.

Category	Code	Description
Labor and Delivery Support	CPT 59409	Doula support during vaginal delivery only
	CPT 59612	Doula support during vaginal delivery after a previous caesarean section
	CPT 59620	Doula support during caesarean 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.

Category	Code	Description
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.

Methods for claims submission

There are two methods for submitting a claim:

- Electronically through electronic data interchange (preferred)
- Paper or hard copy

Electronic claims

Electronic filing methods are preferred for accuracy, convenience, and speed. Electronic submitters will receive an electronic acknowledgement of the claim that has been submitted within 24 hours of receipt at Anthem. Electronic claims can be submitted through Availity Essentials at https://Availity.com.

Paper claims

If the service is the responsibility of Anthem and you are unable to submit the claim electronically, please mail paper claims to:

Claims and Billing
Anthem
P.O. Box 60007
Los Angeles, CA 90060-0007

Paper claims must be legible and submitted in the proper format. Follow the guidelines below:

- Use the correct form and be sure the form meets CMA standards.
- Use black or blue ink (do not use red ink as the scanner may not be able to read it).
- Use the *Remarks* field for messages.
- Do not stamp or write over boxes on the claim form.
- Send the original claim form to Anthem and retain a copy for your records.
- Separate each individual claim form. Do not staple original claims together — Anthem will consider the second claim as an attachment and not an original claim to be processed separately.
- Remove all perforated sides from the form; leave a one-quarter-inch border on the left and right sides of the form after removing perforated sides. This helps our scanning equipment scan accurately.
- Type information within the designated field. Be sure the type falls completely within the text space and is properly aligned.
- Handwritten claims need to use all capital letters and do not go outside of boxes into red areas. Use black ink and not markers.
- Do not highlight any fields on the claim forms or attachments; doing so makes it more difficult to create a clear electronic copy when scanned.
- If using a dot matrix printer, do not use draft mode since the characters generally do not have enough distinction and clarity for the optical scanner to read accurately.
- If you submit paper claims, you must include the following provider information:
  - Provider name
  - Rendering provider group or billing provider
  - Federal provider TIN
  - NPI

- License number (if applicable)

A claim may be rejected or denied if it is submitted with incomplete or invalid information. It is the responsibility of the provider to submit accurate and timely information. Refer to *Appendix 4* for instructions on how to fill out paper claims.

Claims follow-up/resubmissions

Providers can initiate a follow-up to check claim status in Availity Essentials. From the *Claims and Payments* menu, there are options to view the status of the claim and submit a dispute, view the status of submitted disputes, submit a corrected claim electronically, or submit a medical record in support of a pended or denied claim.

There are several reasons why a claim may not be proceeded with:

- Member ineligibility
- Incorrect codes
- Illegible writing/machine has trouble reading it
- Multiple services billed on the same day

Note: Contact the Doula Program team for further assistance.

When resubmitting a claim by paper, take the following steps:

- Complete all required fields as originally submitted and mark the change(s) clearly.
- Write or stamp **Corrected Claim** across the top of the form.
- Attach a copy of the Remittance Advice/Explanation of Benefits and state the reason for resubmission.
- Attach all supporting documentation.
- Send to:
  Anthem
  P.O. Box 60007
  Los Angeles, CA 90060-0007

Electronic funds transfer

Anthem allows electronic funds transfer for claims payment transactions. This means that claims payments can be deposited directly into a previously selected bank account. Providers can enroll in this service by visiting CAQH EnrollHub or contacting them at **844-815-9763**.

Referrals to other Anthem programs

There are several Anthem programs available for members who may need other forms of aid. Refer to Appendix 3 for a list of programs.

Note: Contact the Doula Program team for further assistance and tracking of referrals. Referrals to other programs should be assessed during the intake phase.

Complaints, grievances, and appeals

Member complaints, grievances, and appeals

The standard grievance and appeals processes apply to doula services for all members. If a member has concerns or complaints, the member can contact Member Services. If the member feels that they have been wrongfully denied service authorization, or wrongfully disenrolled from doula services, the member can initiate an appeal via Anthem's complaints, grievances, and appeals process by calling the Customer Care Center Monday through Friday, from 7 a.m. to 7 p.m. at **800-407-4627** (**TTY 711**) for members outside of L.A. County, or at **888-285-7801** (**TTY 711**) for members in L.A. County. A member grievance must be filed within 60 calendar days from the date of the letter notifying the member of a denial, deferral, or modification of a request for services.

A doula provider may assist a member in filing complaints, grievances, and appeals or may file a complaint, grievance, or appeal on behalf of a member.

Provider grievances, appeals, and disputes

Providers may also submit complaints, grievances, and appeals. (See the Grievance, Appeals, Disputes section of the provider manual.) Provider grievances and appeals are classified into the following two categories:

- Grievances relating to the operation of the plan, including benefit interpretation, claim processing, and reimbursement
- Provider appeals of claim determinations, including medical reviews related to adverse benefit determinations

Marketing

There are certain guidelines we must abide by as they pertain to marketing and recruiting members into the program.

Anthem providers are prohibited from making marketing presentations and advising or recommending to an eligible individual that they select membership in a particular plan.

These policies also prohibit network providers from taking the following actions:

- Making marketing presentations or allowing Anthem representatives to make marketing presentations to prospective members.
- Offering or giving away any form of compensation, reward, or loan to a prospective member to induce or procure member enrollment in a specific healthcare plan.
- Engaging in direct marketing to members designed to increase enrollment in a particular healthcare plan. The prohibition should not constrain providers from engaging in permissible marketing activities consistent with broad outreach objectives and application assistance. Using any list of members obtained originally for enrollment purposes from confidential state or county data sources or from the data sources of other contractors.
- Employing marketing practices that discriminate against potential members based on marital status, age, religion, sex, gender identity, national origin, language, sexual orientation, ancestry, or pre-existing psychiatric or medical conditions (such as pregnancy, disability, or acquired immune deficiency syndrome), other than those specifically excluded from coverage under our contract.
- Reproducing or signing an enrollment application for the member.
- Displaying materials only from the provider's contracted managed health care organizations and excluding others.
- Engaging in any marketing activity on behalf of Anthem on state or county premises or at event locations such as health fairs and festivals, athletic events, recreational activities, and plan-sponsored events. Providers are permitted to:
- Distribute copies of applications to potential members.
- Assist members in finding out what programs they qualify for and then direct them to call appropriate resources for more information.

Note: If there are any concerns or questions regarding marketing, contact the Doula Program team.

Quality, monitoring, and oversight

Anthem will conduct oversight of its participation in doula services to ensure the quality of doula services and ongoing compliance with program requirements, which may include site visits, audits, and/or corrective actions. Doula service providers shall respond to all Anthem requests for information and documentation to permit ongoing monitoring of doula services. Program (for example, Doula Services Director) and organization-level (for example, CFO) leadership shall, at a minimum, attend bi-annual performance review meetings.

Anthem may continue to monitor the Doula Program at the program and administrative levels. Anthem will collect and track required data from doulas to manage and evaluate the effectiveness of services provided. Doulas receive performance reports that provide the basis for addressing opportunities for improvement.

Data collected may include, but is not limited to:

- Demographic data.
- Processes, including outreach and engagement, delivery of services, and services provided.
- Tracking health outcomes, including utilization and HEDIS® quality measures.
- Financial measures.
- Other measures and outcome data to be reported for the state's evaluation process.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Anthem may use the information obtained to define and drive improvement through interventions and education for targeted providers with unique or outlier issues, or for identified trends across multiple provider groups.

The Doula Provider acknowledges that Anthem may conduct oversight of participation in the Doula Program to ensure the quality of doula services and ongoing compliance with program requirements, including audits and/or corrective actions. The doula provider must respond to all Anthem requests for information and documentation in a timely manner to permit ongoing monitoring of doula services. The Anthem team may provide a feedback report to the Doula Provider team, highlighting the positive trends as well as identifying opportunities for improvement.

Program-level monitoring may encompass the following areas:

- Individual case audits to ensure compliance with doula services
- Performance reviews of quality and performance metrics, including but not limited to:
  - Member use of services
  - Timeliness of services
  - Outcomes of services

Administrative monitoring may encompass the following areas:

- Timely claims/invoice submission
- Network adequacy

- Innovation — creative problem solving that can lead to work processes, systems, and solutions that support the success of the program
- Collaboration — engaging productively and efficiently to work toward a specific outcome or work product that supports the success of the program
- Program oversight — ongoing assessment of program-level requirements, which examines and evaluates the ongoing efficacy of the Doula Program

Anthem may use a real-time dashboard to continuously measure baseline utilization and identify key performance indicators. This will help Anthem ensure that doula services will be provided in a culturally relevant and person-centered manner. Anthem may use this data to support increased utilization within its members. Additionally, after the first year of implementation, the dashboard may be used to compare historical data for a population comparison. To conduct this comparison, the following indicators will be used to increase utilization, identify new providers for gaps, and engage with our provider network. Anthem may also use the same information to ensure that they will contract with a sufficient number of doula providers within the plan's covered ZIP codes and adjacent areas accessible to enrollees.

The dashboard will include the following information:

- Referrals
- Claims
- View the source of referrals at the member and provider level
- Reasons for recommendations for services or additional units
- County-level data
- Claims data (number of visits)
- Medical and social drivers of health diagnosis
- Race/ethnicity
- Primary language
- Other characteristics of the underserved populations

Additionally, Anthem may use Community Advisory Committee meetings, lead MOU meetings, and lead CalAIM stakeholder meetings to collaborate with community health centers, counties, and stakeholders. There may be monthly webinars that will allow Anthem to tap into its network to provide provider recommendations, conduct face-to-face meet and greet sessions, and conduct field visits to ensure a mutual fit to meet the community's needs.

Anthem will provide continuing education to providers, community organizations, and other stakeholders through webinars, bi-annual performance review meetings, and through the member website. Supervising providers will respond to Anthem's requests for documentation of community health worker training, qualifications, and supervision.

Appendix 1: Doula services recommendation forms

Referral Form Providers referring members into the program	• Doula Services Benefit Recommendation Form (preferred): It is preferred that the form is typed, but legible handwriting is acceptable; please complete and return to CADoulaServices@anthem.com. • Medi-Cal Doula Services Recommendation Form: It is preferred that the form is typed, but legible handwriting is acceptable; please complete and return to CADoulaServices@anthem.com. • DHCS standing recommendation for doula services: For use in place of a written recommendation completed by a licensed practitioner operating within the scope of practice under state law.

Appendix 2: Doula release of medical records sample form

Release of medical records

The doula may already have this form; otherwise, the member and the doula should sign this so the doula can file claims on an ongoing basis. See boxes 12 and 13.

Patient's or authorized person's signature: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party that accepts the assignment below.

Member's name (printed): _____
Member's signature: _____
Date: _____

Doula's name (printed): _____
Doula's signature: _____
Date: _____

Appendix 3: Additional Medi-Cal resources

Support programs — overview	This is a high-level overview of the different supporting programs available for members.
Case Management Referral Form	If a member needs additional resources or needs access to basic needs, they can be referred to Case Management (CM). If eligible, CM will reach out to the member. This form can also be used to connect a member to a doula by indicating the need for a doula in the *Other* section.
Intimate partner violence screening form DV Screening Tool	These questions, from the National Domestic Violence Hotline, screen for intimate partner violence (IPV) and include a local resource if the member is experiencing IPV.
New Baby, New Life℠ Pregnancy and Beyond Resource Guide	A one-page flyer is sent out to members early in their pregnancy via mail. Flier includes the market website and the QRG code to access the book via the member website. The flyer has information on incentives, pregnancy, postpartum care, and care for the new baby.
Caring for Diverse Populations	Book on communicating with cultural sensitivity.
LiveHealth ONLINE	Members can have 24/7 access to care, including mental health services, from their smartphone.
Language Assistance Program Quick Reference Guide	Interpreter services are available to members on the phone or in person.
Transportation Flyer	If members need transportation to appointments or other necessary services, they can contact Logisticare five days in advance.

Appendix 4: Doula claims billing guide

Note: File claims using CMS-1500 forms — use the revised 02-12 version.

Steps to complete a claims form for doula services with Medi-Cal:

Box 1	Medicaid
Box 1a	Fill out the member's Medicaid ID number (usually begins with JQC or XDJ)
Boxes 2-5	Self-explanatory (member's name and insured's name should be the same)
Box 6	Self
Box 7	Member's address, number, and street (no P.O. Box)
Box 8-11	Fill in **N/A** here
Box 12 and 13	Write in *On file,* but be sure to have the member sign the Release of medical records at the intake appointment. See example below.
Box 14	LMP not required
Box 15 and 16	Skip
Box 17	Fill out only if referred by a doctor, but it is not required.
Boxes 18-20	Skip
Box 21	ICD diagnosis codes — Check ICDdata.com, but generally you'll use Z3A followed by the number of weeks pregnant at billing: • 37 weeks = Z3A37 • 32 weeks = Z3A32 For Labor and Delivery — CPT code 99499 Primary diagnosis codes: • O80 Encounter for Full-Term Uncomplicated Delivery • O81 Vaginal • O82 Cesarean section Z370 for normal labor and delivery of a single live birth Z39.2 for postpartum
Box 22 and 23	Skip
Box 24A	Date(s) of service, whether it be class, delivery, or appointment.
Box 24B	Place of service use the following codes: • #02 = telehealth • #12 = home • #21 = in-patient hospital • #25 = birthing center • #99 = other
Box 24C	Skip
Box 24D	Use CPT codes outlined in the contract: • S9445 for prenatal and postpartum education • 99499 for labor support
Box 24E	Important that this diagnosis pointer corresponds to Box 21.

	The CPT code listed here will point back to the ICD-10-CM code listed in Box 21 (for example, A matches to A, B matches up to charge in B, C matches up to charge in C), so you'll insert the appropriate letter in column E.
Box 24F	Insert payment expected per the Medi-Cal fee schedule.
Box 24G	Detail how many sessions are being billed at once: • For example, two prenatal and postpartum education sessions, list 2 in column G
Box 24H and I	Skip
Box 24J	Doula's NPI
Box 25	Doula's tax ID number
Box 26	Patient's account number (if assigned by doula); otherwise, this box can be skipped
Box 27	Select **Yes**
Box 28	Important to total up charges (Be sure if there are multiple sessions being billed in column G that you multiply by the fee for the session.)
Boxes 29 and 30	Skip
Box 31	Doula to sign and date
Box 32	Doula's business address
Box 32A and 32B	Skip
Box 33	Doula's business address again and phone number
Box 33A and 33B	Skip

Appendix 5: Doula billing codes table

All doula services must be coded according to DHCS Coding Guidelines. Claims for doula services do not require a diagnosis code. The codes below may be used for all covered services when submitting claims. DHCS outlines the following coding structure:

Prenatal and postpartum visits

Description	Code	Modifier	Place of service	Unit	Limit
Extended initial visit 90 minutes	Z1032	XP	No restrictions	1 unit = 90 min.	Once per day, per member
Prenatal and postpartum visit	Z1034	XP	No restrictions	1 unit = 1 visit	Once per day, per member
Additional Postpartum visits	Z1038	XP	No restrictions	1 unit = 1 visit	9 units
Extended postpartum doula support, per 15 minutes	T1032	XP	No restrictions	1 unit = 15 min.	24 units (up to 12 units in one day, twice a year)

Labor and delivery support

Description	Code	Modifier	Place of service	Unit	Limit
Doula support during vaginal delivery only	59409	XP	No restrictions	1 unit = 1 support session	Once per pregnancy
Doula support during vaginal delivery after a previous caesarean section	59612	XP	No restrictions	1 unit = 1 support session	Once per pregnancy
Doula support during caesarean section	59620	XP	No restrictions	1 unit = 1 support session	Once per pregnancy

Abortion or miscarriage support

Description	Code	Modifier	Place of service	Unit	Limit
Doula support during or after miscarriage	T1033	XP	No restrictions	1 unit = 1 support session	Once per pregnancy

Doula support during or after abortion	59840	XP	No restrictions	1 unit = 1 support session	Once per pregnancy

Refer to the most recent doula APL for current covered codes and refer to the Medi-Cal fee schedule for current reimbursable rates.

There is no place of service restriction for doula services, but below are some code suggestions:

Place of service code	Place of service name
02	Telehealth
12	Home
21	Inpatient hospital
25	Birthing center
99	Other

Appendix 6: Claims submission access quick reference

	Specifications	Process
Availity Essentials	Electronic claims	1. Register with Availity 2. Log in 3. Online user interface
837	1. 837P – Claims 2. 837P - Encounters	Availity Companion Guide
Paper	Use the current standard ***RED CMS Form 1500*** (02-12) for professional claims and the ***UB-04 (CMS-1450)*** for facility claims	For additional guidance, see Medi-Cal Managed Care (Medi-Cal) Provider Manual (P128) Submit paper claims to: Claims and Billing Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007

References

- Doula Services Benefit Recommendation Form
- APL 22-013: Provider credentialing/re-credentialing and screening/enrollment
- APL 23-024: Doula services
- Billing Tips for Doula Providers
- Doula Services Frequently Asked Questions
- Doulas — Training as Medi-Cal Providers
- Medi-Cal provider manual for doula services
- Medi-Cal Doula Services Recommendation form (to be signed by licensed provider)
- Standing recommendation for doula services issued by DHCS State Plan Amendment 22-0002: Doula services