

Doula Services Benefit Recommendation Form

California | Anthem Blue Cross | Medi-Cal Managed Care

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.

Doula services can be provided virtually or in-person with locations in any setting including but not limited to homes, office visits, hospitals, or alternative birth centers.

Anthem members may receive doula services if they are pregnant or were pregnant within the past year (12 months). All requests for doula services can be submitted directly to the contracted doula organization or the independent doula by a licensed professional.

Please do not use this form for Kaiser Permanente, Blue Shield Promise Health Plan, and/or any non-Anthem members.

Date of recommendation:	
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An initial recommendation for doula services includes the following visits:

- One initial visit
- Up to eight additional visits that can 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

Doula support requested for:	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Postpartum <input type="checkbox"/> High-risk pregnancy
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A second recommendation is required for up to nine additional visits during the postpartum period.

Is this a second recommendation for this member's pregnancy? Mark <i>Yes</i> only if an initial recommendation was already submitted for this member previously.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Member information

Member's first name:		Member's last name:	
Member ID/CIN:		DOB:	
Due date:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> non-binary transgender

Race/ethnicity:		<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Amerasian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian/Pacific Islander <input type="checkbox"/> Unknown	
Language(s) spoken:		Language(s) written:	
Mailing address:			
County:	Phone number:		

Recommending provider information

Doula services require a written recommendation submitted by a provider who is a physician or other licensed practitioner of the healing arts acting within their scope of practice. The licensed practitioner does not have to be enrolled in Medi-Cal Managed Care or be a network provider. **If this section cannot be completed by a licensed practitioner, the standing recommendation issued by DHCS on November 1, 2023, fulfills this requirement until the time it is rescinded or modified. Please attach that form to this recommendation in place of completion of recommending provider information.**

Please mark the type of license you hold.

<input type="checkbox"/> Clinical nurse specialist	<input type="checkbox"/> Licensed marriage and family therapist	<input type="checkbox"/> Participating physician group
<input type="checkbox"/> Licensed clinical social worker	<input type="checkbox"/> Nurse midwife	<input type="checkbox"/> Primary care physician
<input type="checkbox"/> Licensed midwife	<input type="checkbox"/> Nurse practitioner	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Licensed professional clinical counselor	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Public health nurse
<input type="checkbox"/> Licensed vocational nurse	<input type="checkbox"/> Physician assistant	<input type="checkbox"/> Registered nurse
<input type="checkbox"/> Other (specify):		

Recommending provider's first name:			
Recommending provider's last name:			
Title:		Agency name, if any:	
NPI #:		Email address:	
Phone #:		Fax #:	

Reason for recommendation (additional information/summary of member issue(s), need(s), and concern(s):
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Doula information

Name of organization/ independent doula:			
NPI:			
Address:			
Phone number:		Fax number:	
Email address:			

Independent doula/doula organization: Submit a copy of this completed form and any questions to CADoulaServices@anthem.com.