



## Doula Services for Pregnant & Postpartum Individuals - ACLA

In Lieu Of Policy ID: ILO.03

Recent review date: 2/2023

Next review date: 1/2024

Policy contains: Doula Services

*AmeriHealth Caritas has developed In Lieu Of policies to assist with making coverage determinations for medically appropriate services outside required MCO Covered Services or settings (or beyond the service limits established by LDH for MCO Covered Services. AmeriHealth Caritas' In Lieu Of services are provided to Enrollees, at their option, as a cost-effective alternative to an MCO Covered Service or Setting.*

*LDH has determined that this In Lieu Of service is a medically appropriate and cost-effective substitute for the MCO Covered Service or setting under the Louisiana Medicaid State Plan.*

### Coverage policy

Doulas are non-clinical health care personnel who provide physical, emotional, and informational support during prenatal, intrapartum and postpartum periods. As non-clinical providers, a doula cannot replace a trained, licensed medical professional, and cannot perform clinical tasks. Doulas serve to augment the care provided by the clinical providers.

Doula services are clinically available and appropriate for pregnant individuals under an in lieu of agreement when the following criteria are met:

- Any pregnant members age 19 or less when not enrolled in Nurse Family Partnership or other intensive care management program.
- For pregnant members aged 16-50 with high risk SDOH factors as identified by Bright Start, and not enrolled in Nurse Family Partnership or other intensive care management program.
- Doula services consist of prenatal, intrapartum and postpartum support (up to 60 days postpartum). Targeted length of service is 6-8 months.
- Doula services and providers shall meet the following qualifications-
  - Doula training of at least 40 hours, and attending at least 2 births.
  - Certification by nationally recognized Doula Organization (CBI, DONA , ICEA, CAPP, DTI, Bebo Mia, IDI, Lamaze, Bradley or Madriella).
  - Registered with Louisiana Doula Registry Board (when Board registration is available).
  - The doula provider must have a National Provider Identifier (NPI) number, an active Louisiana Medicaid ID and enrolled with ACLA.

- Doula services have the requirement of prior authorization and member engagement in Bright Start ACLA Case Management. Referrals and requests for doula services may come from obstetrical providers, ACLA case management or from direct member request.
- The member’s obstetrical provider must agree to member participation in the doula program

Doulas have a responsibility to refer to a post-partum doula or lactation specialist for post-natal concerns outside their scope of practice. Lactation classes will be conducted by either an IBCLC, CLC, or CBS certified lactation consultant

### Doula Levels of Care

Two models of doula care are available, a standard care and enhanced doula care mode:

- Standard doula care is comprised of up to 7 visits total during the prenatal and postpartum period, in addition to the intrapartum support (7+1 model). Attendance at the labor/delivery is anticipated and reimbursed separately.
- Enhanced doula care will be available to women who are age 19 or less with no prior births. Our Bright Start case management team may also enrolled other identified high-risk members into the enhanced model of care. Enhanced doula care is comprised of up to 10 visits total during the prenatal and postpartum period, in addition to the intrapartum support (10+1 model). Attendance at the labor/delivery is anticipated and reimbursed separately.

Services covered in both models consist of prenatal, intrapartum and postpartum support (up to 60 days postpartum). Targeted length of service is 6-8 months.

Both models of care require prior authorization.

Service	Service Code	Standard Model- Maximum Units per Pregnancy and Postpartum Period (7+1)*	Enhanced Model- Maximum Units per Pregnancy and Postpartum Period (10+1)**	Anticipated duration of visit (minutes)
Prenatal / postpartum education, non- physician	S9445	Any combination of 7	Any combination of 10	60
Birthing class, non-physician provider	S9442	Any combination of 7	Any combination of 10	60
Lactation class, non-physician provider	S9443	Any combination of 7	Any combination of 10	60
Parenting class, non-physician provider	S9444	Any combination of 7	Any combination of 10	60
Doula intrapartum support for vaginal delivery	99199 (modifier)	1	1	Flat fee

\*7 + 1 = Maximum of 7 doula visits during prenatal and postpartum periods, plus 1 intrapartum support. The 7 visits can be any combination of S9442, S9443, S9444, and/or S9445. Maximum rate based on all visits at \$65 each

\*\*10 + 1 = Enhanced model. Maximum of 10 doula visits during prenatal and postpartum periods, plus 1 intrapartum support. The 10 visits can be any combination of S9442, S9443, S9444, and/or S9445. Maximum reimbursement based on all visits at \$65 each

## Background

Louisiana has one of the highest pregnancy morbidity/mortality and infant mortality rates in the United States. The rate of Cesarean delivery is also one of the highest in the nation. This is worsened by a significant disparity in pregnancy outcomes for African American births. Support from a doula during labor and delivery is associated with lower Cesarean rates and fewer obstetric interventions, fewer complications, less pain medication, shorter labor hours, higher infant APGAR scores, and also shows potential for reducing racial-ethnic and socioeconomic disparities in breastfeeding initiation. Doula care, especially when provided by a race concordant doula coordinated with comprehensive woman care, has been shown to result in improved outcomes and lower disparity.

Community-based doula support to the target population of pregnant and postpartum women to enhance pregnancy outcomes, specifically to increase adherence to provider visits, reduce preterm births/ reduce low birth weight, higher newborn Apgar scores, and reduce Cesarean Section deliveries. Doulas can also serve to increase member participation in breast feeding and completing postpartum care. Doulas shall refer to a post-partum doula or lactation specialist for post-natal concerns outside their scope of practice. Lactation classes will be conducted by either an IBCLC, CLC, or CBS certified lactation consultant. Doulas, especially those who are race/ethnic concordant with the member, have also been shown to decrease the disparity in maternity outcomes.

## Reporting

CPT codes S9442, S9443, S9444, S9445, 99199 (modifier required)

## Expected Outcomes

The goal of the ILO is to offer community-based doula support to the target population of pregnant and postpartum women to enhance pregnancy outcomes, specifically to increase adherence to provider visits, reduce preterm births/ reduce low birth weight, higher newborn Apgar scores, and reduce Cesarean Section deliveries. There will also be a goal to increase member participation in breast feeding and completing postpartum care. Doulas shall refer to a post-partum doula or lactation specialist for post-natal concerns outside their scope of practice. Lactation classes will be conducted by either an IBCLC, CLC, or CBS certified lactation consultant. Doulas, especially those who are race/ethnic concordant with the member, have also been shown to decrease the disparity in maternity outcomes.

Anticipated outcomes under this ILO include:

- Greater adherence to prenatal and postpartum visits
- Increased participant referrals and utilization of community-based services
- Enhanced patient experience, lessened anxiety and improved overall well-being
- Reduction in total cost of care for ILO participants, driven by lower rates of preterm birth/ low birth weight infants, higher Apgar scores, and reduced rates of Cesarean births
- Enhanced member breast feeding awareness and initiation of breast feeding of newborn
- Reduction in disparity of pregnancy outcomes

## Policy updates

2/2023: initial review date and ILO policy effective date: 2/2023