

MAY 2024

## KMAP GENERAL BULLETIN 24099

# Doulas Enrollment and Coverage

Effective with enrollment dates on and after June 1, 2024, Kansas Medicaid will recognize Doulas as non-physician providers and cover doula services from the date of confirmed conception through the postpartum period (1 year after delivery). The coverage will be effective with dates of service on and after July 1, 2024. Coverage will include different types of doula services:

- Community-based doulas
- Prenatal doulas
- Labor and birth doulas
- Postpartum doulas

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

### **Documentation and Service Recommendation Requirements:**

A physician or other licensed healthcare provider must recommend doula services. The licensed healthcare providers qualified to recommend doula services are those licensed in the state of Kansas as registered nurses, clinical social workers, nurse practitioners, physician assistants, certified nurse midwives, or physicians.

The initial recommendation can be provided through the following methods:

- Written recommendation in member's record,
- Standing order for doula services by plan, physician group, or another group by a licensed provider, or
- Use a standard [Doula Services Referral Form](#) from the Kansas Medical Assistance Program (KMAP) website that a member can provide to the licensed provider, or a doula can provide to a member to obtain the licensed provider's signature.

Doula must obtain the signed form before the service and maintain documentation of the recommendation.

#### **KMAP**

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

#### **Customer Service**

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

Gainwell Technologies is the fiscal agent for KMAP.



## Doulas Enrollment and Coverage continued

### Enrollment Requirements for Doulas:

- Online enrollment application in one of the ways listed below:
  1. Practice and bill independently, OR
  2. Practice and bill as part of a doula group.
- Each Doula must enroll with their own National Provider Identifier (NPI) (type 1) to provide the covered services with taxonomy code **374J00000X**.
- Doula will be enrolled with a new provider type/provider specialty (PT/PS) 32/212 (Non-physician/Doula).
- Doula must be certified with a doula training organization (training pathway 1) OR complete a minimum of 30 hours of training (training pathway 2).
- The required documents should be attached to the application. The enrolling Doula will complete the Primary Doula Attestation Form to attest that they have provided support at a minimum of three births.

Download the Doula Attestation Form packet [here](#) for full instructions.

### Covered Doula Services:

The following services are covered for Doulas:

| Visit Type                       | Code        | Primary Diagnosis Code | Limit per Pregnancy  | Rate             |
|----------------------------------|-------------|------------------------|----------------------|------------------|
| Prenatal Visits                  | T1032       | Z33.1                  | 28 (15-minute units) | \$15.00 per unit |
| Attendance at Labor and Delivery | T1033       | Z33.1                  | 1 Visit              | \$500            |
| Postpartum Visits                | T1032<br>TS | Z39.2                  | 25 (15-minute units) | \$15.00 per unit |

Doulas are allowed to bill T1033 once per 280 days. If billed more frequently, documentation must accompany the claim to indicate that these charges represent another pregnancy. If no documentation is attached, the claim will be denied, and any prenatal or postpartum visits related to that time frame will be recouped.

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## Douglas Enrollment and Coverage continued

\* The rates noted in this bulletin are subject to future changes. Providers should check the KMAP website for the most up-to-date rates.

**Note:** The effective date of the policy is June 1, 2024. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

For the changes resulting from this provider bulletin, view the updated *Professional Fee-for-Service Provider Manual*, Section 8400, pages 8-19 through 8-22.

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