

Doula Services

Policy REIMB-042

Origination Date: 02/26/2025

Reviewed/Revised Date: 03/13/2025

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Current Effective Date: 05/13/2025

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Doulas are trained professionals who provide continuous physical, emotional, and informational support during the perinatal period. Their care is associated with improved maternal and infant outcomes, including decreased preterm birth, increased breastfeeding initiation, and higher patient satisfaction. Research suggests that doula support is a promising strategy to mitigate racial disparities in maternal and infant health outcomes. The literature shows that doula support increases vaginal delivery rates while decreasing preterm birth and low birth weight. Studies also indicate that doula support is particularly effective for Black patients and is a promising strategy to reduce healthcare inequities.

Despite decades of medical advancements, maternal and infant health risks have not improved as expected, especially in communities of color and low-income areas. There is growing evidence that non-clinical doula care influences healthy pregnancies and positive outcomes, leading to increased support of adoption and doula services.

Policy Statement and Criteria

1. Commercial Plans

Please check members Specific Plan Determination (SPD) for coverage services.

U of U Health Plans will provide coverage for doula labor support services in approved settings (hospital or birthing center) to enhance maternal health outcomes and support birthing individuals. Doula labor support will not be covered in home settings unless an employer group specifically allows a home setting. Coverage eligibility and reimbursement for doula services will be subject to prior authorization and adherence to approved provider requirements.

U of U Health Plans may reimburse for doula services consisting of prenatal and postpartum visits and 1 labor and delivery visit to eligible pregnant members.

- A. A total of 16 units **(T1032)** totaling 240 minutes are allowed per pregnancy for prenatal visits; including telehealth visits
- B. A total of 12 units **(T1032)** totaling 180 minutes are allowed per pregnancy for postpartum visits; including telehealth visits
- C. Only 1 labor support visit **(T1033)** is allowed during labor and delivery, for a flat rate, regardless of length of time;
- D. Doula care is also available for a pregnancy that ends in a miscarriage, stillbirth, or termination of pregnancy;
- E. Provider may request additional postpartum services beyond 12 units or 180 minutes with authorization;
- F. Provider may request additional prenatal services beyond 16 units or 240 minutes with authorization;
- G. Claims must be received within 12 months after date of service.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Clinical Rationale

Research suggests that doula support is a promising strategy to mitigate racial disparities in maternal and infant health outcomes. The literature shows that doula support increases vaginal delivery rates while decreasing preterm birth and low birth weight. Studies also indicate that doula support is particularly effective for Black patients and is a promising strategy to reduce healthcare inequities.

A 2016 National Institute of Health (NIH) study (Kozhimannil et. al.) found that doula care is associated with a 22% lower risk of preterm birth. The study analyzed data from two sources: Medicaid-funded singleton births in hospitals across the West North Central and East North Central US (n=65,147) in 2012, and births supported by a community-based doula organization in the Upper Midwest (n=1,935) from 2010–2014. Results showed that women with doula support had lower rates of preterm births (4.7% vs. 6.3%) and cesarean births (20.4% vs. 34.2%) compared to regional Medicaid beneficiaries. After adjusting for covariates, the odds of preterm birth were 22% lower for women with doula care (AOR=0.77, 95% CI[0.61–0.96]).

A 2017 Cochrane systematic review (National Partnership for Women and Families) of 27 randomized controlled trials involving nearly 16,000 women found that continuous labor support, especially from a doula rather than hospital staff or the woman's social network, provided significant benefits with no associated harms. Women with continuous support were more likely to have spontaneous vaginal births and shorter duration of labors, have more positive birth experiences, use less labor pain medication, require less epidural/spinal analgesia, and have less instrumental vaginal births and cesarean births, or low 5-minute Apgar scores. The authors found that more benefits occurred when continuous support was provided by someone in a doula role versus a member of the hospital staff or the woman's social network.

Recent studies highlight the impact of doulas in improving maternal health outcomes. According to a Cochrane Review (Bohren et. al., 2017), continuous labor support by a doula is associated with 39% reduction in cesarean births and 15% increase in spontaneous vaginal births.

A 2021 study of 149 pregnant women assessed prenatal trait-anxiety, acute stress two days post-partum, and post-traumatic stress one month post-partum (Rousseau et.al.). Results showed that prenatal anxiety indirectly led to post-traumatic stress through acute stress after childbirth. Preliminary analysis suggested that doula care might reduce this risk.

Applicable Coding

*All Doula care claims should be billed with either ICD-10 diagnosis code **Z33.1** when used to identify prenatal visits and labor support or **Z39.2** when used to identify postpartum visits.*

CPT Codes

No applicable codes

HCPCS Codes

T1032 Services performed by a doula birth worker, per 15 minutes

T1033 Services performed by a doula birth worker, per diem

ICD-10 Codes

Z33.1 Pregnant state, incidental

Z39.2 Encounter for routine postpartum follow-up

Modifiers

FQ The service was furnished using audio-only communication technology

- FR** The supervising practitioner was present through two-way, audio/video communication technology
- 93** Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
- 95** Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

References:

1. Bohren, M.A., Hofmeyr, G.J., Sakala, C., Fukuzawa, R.K., & Cuthbert, A. (2017). Continuous support for women during childbirth. Cochrane Database of Systematic Reviews.
2. Kozhimannil, K.B., Hardeman, R.R., Alarid-Escudero, F., Vogelsang, C.A., Blauer-Peterson, C., & Howell, E.A. (2016). Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and cesarean delivery. *Birth: Issues in Perinatal Care*.
3. National Partnership for, W. and Families (2018). "Continuous Support for Women During Childbirth: 2017 Cochrane Review Update Key Takeaways." *J Perinat Educ* 27(4): 193-197.
4. Ramey-Collier K, Jackson M, Malloy A, McMillan C, Scraders-Pyatt A, Wheeler SM. Doula Care: A Review of Outcomes and Impact on Birth Experience. *Obstet Gynecol Surv*. 2023 Feb;78(2):124-127. doi: 10.1097/OGX.0000000000001103. PMID: 36786720.
5. Rousseau S, Katz D, Shlomi-Polachek I, Frenkel TI. Prospective risk from prenatal anxiety to post traumatic stress following childbirth: The mediating effects of acute stress assessed during the postnatal hospital stay and preliminary evidence for moderating effects of doula care. *Midwifery*. 2021 Dec;103:103143. doi: 10.1016/j.midw.2021.103143. Epub 2021 Sep 14. PMID: 34610495.
6. Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. *Cureus*. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163.

Disclaimer:

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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