



BIRTH DOULA

SUMMARY OF ELIGIBILITY,
TRAINING, BILLING, +
MORE

JUNE 2025



INTRODUCING THE TEAM

1

Keri Peterson
Contracting Manager

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Provider Relations Manager

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Emily Bird
Provider Relations Consultant

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Mary Carbaugh
Provider Relations Consultant

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Sandra Campbell
Provider Relations Consultant

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Brenda Groves
Provider Contracting Executive

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Stephanie Haws
Provider Contracting Executive

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Troy Fuller
Provider Contracting Executive

ELIGIBILITY FOR DOULA SERVICES

- Pregnant members or dependents enrolled in a University of Utah Health Plans employer-sponsored or individual plan.
- **NOTE:** Members should check plan benefits or contact Member Services.
- Healthy U Medicaid members will be eligible for doula services effective January 2026.



REQUIRED TRAINING FOR DOULAS

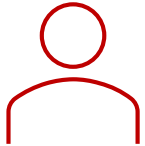
**Certification from one of the following agencies
and hold a Basic Life Support (BLS) certification:**

- Birth Boot Camp
- CAPPA – Childbirth and Postpartum Professional Association
- CBI – Childbirth International
- DONA International
- ICEA – International Childbirth Education Association
- NDCB – National Doula Certification Board
- ProDoula

CONTRACT WITH U OF U HEALTH PLANS



COMPLETE THE PROVIDER APPLICATION AT:
uhealthplan.utah.edu/providers/contracting



CONTACT THE CONTRACT EXECUTIVE IN YOUR SERVICE AREA:

- **SALT LAKE COUNTY:** Troy Fuller: troy.fuller@hsc.utah.edu
- **UTAH COUNTY / SOUTHERN UTAH:** Stephanie Haws: stephanie.haws@hsc.utah.edu
- **DAVIS COUNTY / NORTHERN UTAH:** Brenda Groves: brenda.groves@hsc.utah.edu

BILLING AND CODING

- Submit claims using the **HCFA 1500 claim form** within 12 months after the date of service. Submit paper claims via email or fax to one of the following:
 - **Email:** uuhp@hsc.utah.edu
 - **Fax:** 801-281-6121
- All doula claims should be billed with the ICD-10 diagnosis codes and the corresponding HCPCS codes outlined below:

Diagnosis Codes (ICD-10)	Services (HCPCS)
Z33.1 – Pregnant State	T1033 – Labor Support
	T1032 – Prenatal Support
Z39.2 – Standard Postpartum	T1032 – Postpartum Support

BENEFIT LIMITS

Service	Benefit Limits
Labor Support (T1033)	1 labor support visit per pregnancy
Prenatal Support (T1032)	Per 15 minutes, up to 240 minutes (16 units)
Postpartum Support (T1032)	Per 15 minutes, up to 180 minutes (12 units)

CMS 1500 FORM

LABOR SUPPORT

- You will need to bill T1032 and T1033 on separate claims because they are different locations. Use place of service 21 (hospital) for T1033. Box 18 will need to have the hospital admission date listed.
- This claim example is for a member that has other (secondary) insurance.

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/02

PIC#

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK (LNU) OTHER 1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO 11. INSURED'S POLICY GROUP OR FECA NUMBER

12. 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 who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) 15. OTHER DATE (MM/DD/YY) 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD-10 0

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE FROM MM/DD/YY TO MM/DD/YY B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-10 PT/PTA I. ICD-10 QUAL J. REFERRING PROVIDER ID #

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES NO 28. TOTAL CHARGE 29. AMOUNT PAID 30. Refid for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # (801) 123-4567

34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 00.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED CMS-0936-1197-01 (Rev. 10-12)

nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2024_07-v12.pdf

PRENATAL AND POSTPARTUM SUPPORT

- You will need to bill T1032 and T1033 on separate claims because they are different locations. Use place of service 12 (home) for T1032.
- This claim example is for a member that does **not** have other (secondary) insurance.

© UNIVERSITY OF UTAH HEALTH PLANS

| HEALTH INSURANCE CLAIM FORM | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------|--|
| APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (8/00) 02/12 | | | | | | | | | | | |
| PICA | | | | | | | | | | PICA | |
| 1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BY LUNG OTHER
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Jane Doe | | | | | | | | | | | |
| 3. PATIENT'S BIRTH DATE
1 1 1985 | | | | | | | | | | | |
| 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Doe, Jon | | | | | | | | | | | |
| 5. PATIENT'S ADDRESS (No., Street)
1234 Miracle Way | | | | | | | | | | | |
| 6. PATIENT RELATIONSHIP TO INSURED
<input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | | | | | | | | | | | |
| 7. INSURED'S ADDRESS (No., Street)
1234 Miracle Way | | | | | | | | | | | |
| 8. RESERVED FOR NUCC USE | | | | | | | | | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | | | | | | | | | | |
| 10. IS PATIENT'S CONDITION RELATED TO: | | | | | | | | | | | |
| 11. INSURED'S POLICY GROUP OR FECA NUMBER | | | | | | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | | | | | | | | | | | |
| b. RESERVED FOR NUCC USE | | | | | | | | | | | |
| c. RESERVED FOR NUCC USE | | | | | | | | | | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME | | | | | | | | | | | |
| 12. 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 who accepts assignment below. | | | | | | | | | | | |
| 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | | | | | | | | | | | |
| READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. | | | | | | | | | | | |
| 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) | | | | | | | | | | | |
| 15. OTHER DATE (MM/DD/YY) | | | | | | | | | | | |
| 16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (MM/DD/YY) | | | | | | | | | | | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | | | | | | | | | | |
| 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM/DD/YY) | | | | | | | | | | | |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | | | | | | | | | | | |
| 20. OUTSIDE LAB? | | | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (245) | | | | | | | | | | | |
| 22. RESUBMISSION CODE | | | | | | | | | | | |
| 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | | | | |
| 24. A. DATE(S) OF SERVICE TO B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS F. G. DATE ON UNITS H. I. ID. QUAL J. RENDERING PROVIDER ID. # | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER SSN EIN | | | | | | | | | | | |
| 26. PATIENT'S ACCOUNT NO. | | | | | | | | | | | |
| 27. ACCEPT ASSIGNMENT? | | | | | | | | | | | |
| 28. TOTAL CHARGE | | | | | | | | | | | |
| 29. AMOUNT PAID | | | | | | | | | | | |
| 30. Paid for NUCC Use | | | | | | | | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | | | | | | | | | | |
| 32. SERVICE FACILITY LOCATION INFORMATION | | | | | | | | | | | |
| 33. BILLING PROVIDER INFO & PH # | | | | | | | | | | | |
| Signature | | | | | | | | | | | |
| Date | | | | | | | | | | | |
| a. b. | | | | | | | | | | | |

UTAH HOSPITALS

| NPI | Hospital | Street Address | City | State | Zip |
|------------|---------------------------------------------------|------------------------------|------------------|-------|-------|
| 1447296249 | Ashley Regional Medical Center | 150 West 100 North | Vernal | UT | 84078 |
| 1245282227 | Brigham City Community Hospital | 950 South Medical Drive | Brigham City | UT | 84302 |
| 1952703472 | Cache Valley Hospital | 2380 North 400 East | North Logan | UT | 84341 |
| 1417064205 | Castleview Hospital | 300 North Hospital Drive | Price | UT | 84501 |
| 1538178801 | Cedar City Hospital | 1303 North Main Street | Cedar City | UT | 84721 |
| 1346945839 | Holy Cross Hospital - Davis | 1600 West Antelope Drive | Layton | UT | 84041 |
| 1801591391 | Holy Cross Hospital - Jordan Valley | 3580 West 9000 South | West Jordan | UT | 84088 |
| 1801591391 | Holy Cross Hospital - Mountain Point | 3000 North Triumph Boulevard | Lehi | UT | 84043 |
| 1043915523 | Holy Cross Hospital - Salt Lake | 1050 East South Temple | Salt Lake City | UT | 84102 |
| 1801591391 | Holy Cross Hospital - West Valley | 3460 South 4155 West | West Valley City | UT | 84120 |
| 1588656870 | Huntsman Cancer Institute | 2000 Circle of Hope | Salt Lake City | UT | 84112 |
| 1962412486 | Intermountain Health Alta View Hospital | 9660 South 1300 East | Sandy | UT | 84094 |
| 1912014358 | Intermountain Health American Fork Hospital | 170 North 1100 East | American Fork | UT | 84003 |
| 1679582944 | Intermountain Health Bear River Valley Hospital | 905 North 1000 West | Tremonton | UT | 84337 |
| 1043220650 | Intermountain Health Intermountain Medical Center | 5121 South Cottonwood Street | Murray | UT | 84107 |
| 1417460205 | Intermountain Health Layton Hospital | 201 West Layton Parkway | Layton | UT | 84041 |
| 1831108497 | Intermountain Health Logan Regional Hospital | 500 East 1400 North | Logan | UT | 84341 |

CONTINUED

| NPI | Hospital | Street Address | City | State | Zip |
|------------|----------------------------------------------|--------------------------------|----------------|-------|-------|
| 1194749580 | Intermountain Health McKay-Dee Hospital | 4401 Harrison Boulevard | Ogden | UT | 84403 |
| 1801903240 | Intermountain Health Orem Community Hospital | 331 North 400 West | Orem | UT | 84057 |
| 1851530984 | Intermountain Health Park City Hospital | 900 Round Valley Drive | Park City | UT | 84060 |
| 1154551919 | Intermountain Health Riverton Hospital | 3741 West 12600 South | Riverton | UT | 84065 |
| 1336256775 | Intermountain Health Sevier Valley Hospital | 1000 North Main Street | Richfield | UT | 84701 |
| 1124661384 | Intermountain Health Spanish Fork Hospital | 765 East Market Place Drive | Spanish Fork | UT | 84660 |
| 1528010451 | Lakeview Hospital | 630 East Medical Drive | Bountiful | UT | 84010 |
| 1528078581 | LDS Hospital | 8th Avenue & C Street | Salt Lake City | UT | 84113 |
| 1770821571 | Lone Peak Hospital | 11925 South State Street | Draper | UT | 84020 |
| 1487607669 | Mountain View Hospital | 1000 East 100 North | Payson | UT | 84651 |
| 1124090659 | Mountain West Medical Center | 2055 North Main Street | Tooele | UT | 84074 |
| 1720031636 | Ogden Regional Medical Center | 5475 South 500 East | Ogden | UT | 84405 |
| 1942251459 | San Juan Hospital | 380 West 100 North | Monticello | UT | 84535 |
| 1366452880 | St. George Regional Hospital | 1380 East Medical Center Drive | St George | UT | 84790 |
| 1164469243 | St. Mark's Hospital | 1200 East 3900 South | Salt Lake City | UT | 84124 |
| 1497702195 | Timpanogos Regional Hospital | 750 West 800 North | Orem | UT | 84057 |
| 1871556217 | Uintah Basin Medical Center | 250 West 300 North | Roosevelt | UT | 84066 |
| 1588656870 | University of Utah Hospital | 50 North Medical Drive | Salt Lake City | UT | 84132 |
| 1114025491 | Utah Valley Hospital | 1034 North 500 West | Provo | UT | 84604 |

FINDING THE NETWORK

WHERE TO FIND THE NETWORK ON THE MEMBER ID CARD

- Not all hospitals listed in the presentation will be in-network, depending on the benefit plan.
- To check if a hospital is in-network, identify the network on the Member ID Card.

| U HEALTH PLANS
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UNIVERSITY OF UTAH |
|--------------------------------------|---------------------------------------|
| Test Plan Name | Group #: |
| John Q. Sample
ID: 123456789 | Healthy Premier Network |
| Dependent One | Copay: Cat 1 / Cat 2 / Out-Net |
| Dependent Two | PCP: \$10 / \$35 / 50% AD |
| Dependent Three | Specialist: \$25 / \$45 / 50% AD |
| Dependent Four | Urgent: \$10; \$25 / \$75 / 50% AD |
| Dependent Five | Emergency Room: \$150 |
| Dependent Six | Max OOP: Medical / Mental |
| Pharmacy | Ind: \$2,800 / \$2,800 |
| RXBIN/PCN: 610830/REALRX | Fam: \$5,600 / \$5,600 |
| Ind Max OOP: \$1,750 | Deductible: In-Net / Out-Net |
| Fam Max OOP: \$3,500 | Ind (Medical): \$750 / \$1,500 |
| | Fam (Medical): \$1,500 / \$3,000 |
| | Ind (Mental): \$500 / \$1,000 |
| | Fam (Mental): \$1,000 / \$2,000 |

PROVIDER DIRECTORY

HOW TO CHECK IF A HOSPITAL IS IN-NETWORK

- Visit uhealthplan.utah.edu
- Click "Find a Doctor" in the upper right corner of the web page
- In the "Search by Provider Network" box, select the network in the drop-down menu
- Make sure "Hospital" is selected in the specialty box
- Click the red "Search Providers" button
- **NOTE:** On the second page, you can type the name of the hospital in the search bar.

The screenshot shows the 'Find a Doctor' search interface. At the top, there is a 'Network *' section with a dropdown menu labeled 'Select a Product/Network'. A red arrow points to this dropdown. Below this is a section titled '2. Search by Location.' with the prompt 'Tell us where you would like to search.' It includes input fields for 'ZIP Code' (with a location pin icon), 'Distance' (set to '10 Miles'), and 'State', separated by an 'OR' label. The bottom section is titled '3. Search by Specialty.' with the prompt 'Tell us the type of provider you would like to visit.' It features six radio button options: 'Medical Provider', 'Behavioral Health Provider', 'Hospital' (which is selected and has a red arrow pointing to it), 'Urgent Care', 'Clinics', and 'Telemedicine Services' (with 'Other Providers' below it). A red 'Search Providers' button is at the bottom.

PAYMENT FOR SERVICES

Payment will be sent via electronic funds transfer (EFT) if you enroll electronically. If you are not enrolled, paper checks will be sent to the address on your W-9.

NOTE: EDI and EFT are required starting September 2025. We will share detailed setup instructions in the coming months.

We process clean claims within 30 days of submission. However, our average turnaround time is:

- 7-10 business days (electronic)
- 12-15 business days (paper)

For more information on EDI and EFT, visit: uhealthplan.utah.edu/providers/edi or uhin.org/

ADDITIONAL INFORMATION

- Non-contracted backup doulas who meet credentialing criteria are reimbursed at the contracted rate.
- U of U Health Plans promotes doula services in enrollment materials and member/provider newsletters.
- **Covered Services:** If you are present for at least the 1st and 4th stages of labor, you may bill for labor support. If you are present after the placenta is delivered, bill for postpartum care.
 - **Labor support:** hospital only
 - **Prenatal and postpartum support:** hospital, home, or birthing center
- No separate deductible.
- Prior authorization is only required for visits that exceed the member's benefit limit.

QUESTIONS? WE'RE HERE TO HELP

PLEASE CONTACT YOUR PROVIDER RELATIONS CONSULTANT



- **SALT LAKE COUNTY**
Emily Bird
emily.bird@hsc.utah.edu
- **UTAH COUNTY / SOUTHERN UTAH**
Sandra Campbell
sandra.campbell@hsc.utah.edu
- **DAVIS COUNTY / NORTHERN UTAH**
Mary Carbaugh
mary.carbaugh@hsc.utah.edu

THANK YOU